



# CANADIAN HEALTH CARE AGENCY

*EXPERIENCE THE NORTH*

## **PAYROLL FORMS: TIMES SHEETS, OVERTIME ETC.**

### **Attached:**

- Direct Deposit Request Form
- Time Sheet Sample
- Time Sheet Blank
- Overtime Sheet Sample
- Overtime Sheet Blank
- TD1
- TD1ON
- Pay Period Schedule

You are required to:

- Provide a VOID cheque
- Complete and sign a Direct Deposit Request
- Complete and sign TD1 and TD1ON forms and return to Sandy.

### **PAY STUB**

Once you have received your first pay, a copy of your pay stub will be emailed to you, along with instruction on how to access future pay statements.

### **GROUP RRSP**

You will be eligible to contribute to the Group RRSP immediately upon the first day of your first contract. Please contact Sandy Baptie at [sandy@chc-a.ca](mailto:sandy@chc-a.ca) for further details.

### **EXTENDED HEALTH BENEFITS (dental, drug, life etc.) through Desjardins**

You will be eligible three months from the first day of your first contract. Conditions apply. Please contact Sandy Baptie at [sandy@chc-a.ca](mailto:sandy@chc-a.ca) for further details.

### **EMPLOYEE AND FAMILY ASSISTANCE PROGRAM (EFAP) through Shepell**

Access to EFAP is an additional, complimentary benefit for all our employees and their immediate family members. EFAP includes:

- Short-term Professional Counselling
- Family Support Services
- Legal Support Services
- Financial Support Services
- Naturopathic Services
- Nutritional Services
- Health Coaching
- Fitness Coach Connects
- Specialized Counselling and Online Programs
- Free download of My EAP app at <http://shepellfgi.com/myeap>



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## DIRECT DEPOSIT REQUEST

Canadian Health Care Agency Ltd. Offers DIRECT DEPOSIT of your bi-weekly pay cheques to any Canadian chartered bank (CIBC, ScotiaBank, TD Canada Trust, Royal Bank, Bank of Montreal and Credit Unions). You may have your earnings deposited to your personal savings or chequing account. These monies will then be available to you at the banks' opening on each payday. You will continue to receive a statement of earnings.

Complete the attached form and return it to your payroll coordinator.

### How Direct Deposit Works:

**YOU:** Authorize us to deposit your pay directly into your personal account with any Canadian Branch of charters banks by completing the attached enrolment form. To ensue that your account number is correct, you must enclose a personalized deposit slip, or cheque cancelled with "VOID".

**WE:** Provide account information together with the amount to be deposited to your bank.

**BANK:** Deposits your pay directly into your account on payday at your specified branch in Canada.

### ADDITIONAL INFORMATION YOU MAY REQUIRE:

- Bank account must be with a Canadian Financial Institution.
- Pay can be deposited into one account only.
- You may change accounts/ banks at any time giving CHCA 4 to 6 weeks written notice.

## **REQUEST FOR PAYMENT BY DIRECT DEPOSIT**

Employee Name:		
S.I.N.:	D.O.B.:	
Email address for pay stub:		
Bank Name:		Bank Location:
Transit Number (5 Digits):	Bank/ Institution Number (3 digits):	Account Number:
Canadian Health Care Agency Ltd. Is hereby authorized and requested to credit payroll amounts due me to my account with the bank designated above, until cancelled by me in writing. If this banking institution is outside of Ontario, I understand there may be a delay in the funds reaching my account. In the event that such a delay is the result of funds being directed to the wrong account through an error caused by the bank, I agree that Canadian Health Care Agency Ltd. Will not issue a replacement cheque until such funds have been electronically returned to the CHCA bank account.		
Signature of Employee _____		Date _____