

New Employee Checklist

To be returned prior to your employment start date:

- Signed Employment Offer & Employment Agreement

- Confirmation of Social Insurance Number (photocopy or government document acceptable)
 - include copy of work or student VISA with expiry date if SIN begins with "9"

- Completed Release and Declaration Form

- Proof of Education (Photocopy of final transcript) & Registration (if applicable)

- Completed New Employee Information Form

- Completed Banking Information (Including void cheque or direct deposit form)

- Completed Tax Forms
 - TD1 (Federal)
 - TD1ON (Provincial)

- Completed Benefit Enrolment Forms for eligible employees
 - Benefits & Beneficiary Designation Confirmation
 - Coordination of Benefits (If applicable)

- Signed Statement of Confidentiality

Tasks to be completed before your first day at KHSC

Apply for a Criminal Reference Check/Vulnerable Sector Screening with local Police Service or Kingston Police (this can be completed online)

- Please note that this request may take up to two weeks or longer to be processed.
- Fees associated with obtaining CRC / VSS are the responsibility of the employee. If the check has not yet been completed, you will be asked to sign an affidavit attesting to the fact that you are meeting the screening requirements.

Visit family physician or local clinic to ensure required immunizations are current

- Please note that two separate visits may be necessary to complete the required TB testing (for further information, please refer to the Communicable Disease Screening Information page). Testing costs will vary.
- Fees associated with the completion of any required immunizations are the responsibility of the employee.

Attend appointment with Occupational Health, Safety and Wellness department

- You must complete the health screening document & ensure the required immunizations are complete before your preplacement appointment. Bring the completed Health Screening Form & your immunization records with you to the appointment. This information can be faxed to Occupational Health ahead of your appointment.

Obtain hospital photo ID and IT Access

- Visit the Security Office on Dietary 1 (Open Monday-Friday between the hours of 8:00 a.m. and 12:00 p.m.)

Review content and policies on the New Employee Website

- (<https://kingstonhsc.ca/working-and-volunteering/new-employee-information>)
- Review policies on Code of Conduct, Dress Code, Safe Footwear, Scents, and Whistleblowing. All employees must comply with these policies starting on their first day of work at KHSC.

For further questions, contact the the Total Rewards Team (Watkins 4) at 613-549-6666 x 6595

Please submit completed New Hire Package to PSForms@kingstonhsc.ca

New Employee Information

Kingston Health
Sciences Centre

Last Name: First Name:

Primary Phone Number:

Secondary Phone Number:

Emergency Contact

Contact Name:

Day Phone Number:

Evening Phone Number:

Healthcare of Ontario Pension Plan (HOOPP)

HOOPP is one of the largest and most respected defined benefit (DB) pension plans in Canada with over 50 years of providing retirement income security to healthcare professionals across the province. An employee pays 6.9% of earnings which are less than/equal to current CPP ceiling and 9.2% of earnings in excess or above. The Employer (KHSC) contributes 126% of this amount. Normal retirement under HOOPP is 65 but retirement as early as 55 is possible, subject to a reduction in the accrued pension.

If you are a permanent full-time employee of KHSC you will be automatically enrolled into HOOPP effective your date of hire.

If you are a part-time and/or temporary employee of KHSC you have the option of enrolling with HOOPP immediately upon hire or at a later date. Enrolling in HOOPP may have an impact to your percentage in lieu of benefits.

Please indicate below if you wish to enroll with HOOPP effective your hire date at KHSC:

No **Yes**

If you are currently participating in HOOPP at another employer, or have been within the past 6 months, you will be re-enrolled into HOOPP immediately at KHSC. It is an employee's responsibility to notify People Services when they have enrolled in HOOPP at another employer.

Please indicate below if you are currently participating in HOOPP at another employer or within the previous six months from your hire date at KHSC:

No **Yes**

Please indicate below if you are enrolled in a pension plan prior to being hired at KHSC and wish to transfer funds over to HOOPP:

No **Yes**

Employee Signature:

Date (yyyy/mm/dd):

Benefits & Beneficiary Designation Confirmation

**Kingston Health
Sciences Centre**

Employee Name:

Status: Full Time Part Time Pro Rata

Medavie Blue Cross You have 30 days from your start date to sign up. Late applications subject to evidence of insurability.

Benefit Type	Check Box: single, family or decline		
	Single	Family	Decline
Major Medical/Pay Direct Drug Benefit (Prescription & Vision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi Private Hospital Room Coverage (100% paid by employer)	<input type="checkbox"/>		

If family coverage is chosen, list the individuals to be covered under your benefit plan:

Name	Relationship	Gender	Birth date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Will you be coordinating your benefits with another person? Yes No

Insurance Policy - Manulife Financial

List the individuals you would like to name as life insurance beneficiaries:

Name	Percentage of Benefit (must = 100%)	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby revoke any previous beneficiary designation in relation to my foregoing coverage (s) and designate the person (s) named above. I reserve the right to change the appointed beneficiaries subject to any legal restrictions. I agree to comply with the terms and conditions of the carriers' policies. I authorize payroll deductions by my employer if required and consent to the use of my Social Insurance Number by the benefit carriers for the purpose of benefit administration. By signing this form I acknowledge I have received information on the above benefit programs.

Employee Signature:

Date (yyyy/mm/dd):

Coordination of Benefits (I9167)

If you have chosen Family Benefit Coverage and would like to coordinate your benefits with your spouse, please indicate the details below and return to Human Resources Services.

Under coordination of benefits claims should be submitted to each individual's insurance company first. When the receipt is received, the remainder may be claimed under your spouse's benefit plan. For children, claims need to be submitted under the individual's insurance company whose birthday takes place first in the year.

For example, if Jane's birthday is June and John's is February claims for children should be submitted to John's insurance company first and any remainder would be submitted to Jane's insurance company.

Provider			
Insurance Company			
Policy Number			
Subscriber			
Identification No.			
Name			
Date of Birth			
Additional Coverage	Indicate for each option		
Dental	Single	Family	No Coverage
Extended Health	Single	Family	No Coverage
Vision	Single	Family	No Coverage
Drugs	Single	Family	No Coverage
Supplementary Hosp.	Single	Family	No Coverage
Insured:	All	Member & Dependent	Member & Spouse

Employee Banking Information

Employee Information

Name (please print):

If changing your bank account please do not close your current account until after your first pay has been deposited into your new account.

Please complete section A or B or attach your institutions pre authorized direct deposit form.

A: Void cheque

Please staple your void cheque here

B: To be filled out by your bank teller

To be completed **in full** by your financial institution.

Bank Name

Transit #

Institution

Account #

Teller's Signature

Bank teller's stamp

Employee ID (Office Use Only):

Statement Of Confidentiality And Hospital Principles

It is Hospital Policy and law that all Hospital information is confidential. An employee, a member of the medical staff, volunteer, student or affiliate are agents of the Hospital and this statement applies to all agents. As an agent associated with the Hospital, you will have access to information and material relating to patients, employees, other individuals or the Hospital that is of a private and confidential nature.

1. The mission, principles and philosophy of the Hospital will be followed in accordance with the Hospital's rules and standards of conduct. At all times you will respect the privacy and dignity of patients and their families, employees and all associated individuals.
2. You will treat all Hospital administrative, financial, patient, employee and other records, whether written, verbal or electronically stored, as confidential material and you will protect it to ensure full confidentiality. You will not access records, discuss or use such information unless there is a legitimate purpose to do so in your normal Hospital duties and responsibilities. All hardware, software and other equipment are to be used for business purposes only. The Hospital may conduct periodic audits to ensure compliance and to ensure data integrity.
3. Any system User-ID(s) issued to you and/or any Password(s) created and personally entered by you into Hospital Information Systems are unique codes to identify you to the Hospital Information Systems. All access/entries made will be associated with your identity. You will protect the security of your signature code and you will not use the code of another person, or enable another person to know or use your code.

Confidentiality is the right of every patient and everyone affiliated with the Hospital. Each of us is expected to respect that right. A breach of any of these conditions will result in disciplinary action up to and including termination of employment, loss of privileges or similar action appropriate to your position with the Hospital.

I have read and understand the conditions outlined in this statement. I have also been made aware of the Hospital's policies on security, privacy and confidentiality. I agree to abide by the Hospital Policy as a condition of my work with the Hospital.

Please indicate your Hospital agent type:

Employee Medical Staff Volunteer Student Affiliate

Employee's Name (Please Print)

Signature

Date

Witness Name (Please Print)

Signature

Date

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only Country of permanent residence	Social insurance number

1. Basic personal amount – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2024, see "More than one employer or payer at the same time" on page 2. **12,399**

2. Age amount – If you will be 65 or older on December 31, 2024, and your net income will be \$45,068 or less, enter \$6,054. You may enter a partial amount if your net income for the year will be between \$45,068 and \$85,428. To calculate a partial amount, fill out the line 2 section of Form TD1ON-WS, Worksheet for the 2024 Ontario Personal Tax Credits Return.

3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter **whichever is less**: \$1,714 or your estimated annual pension.

4. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$10,017.

5. Spouse or common-law partner amount – Enter \$10,528 if you are supporting your spouse or common-law partner and **both** of the following conditions apply:

- Your spouse or common-law partner lives with you
- Your spouse or common-law partner's net income for the year will be \$1,053 or less

You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,053 and \$11,581. To calculate a partial amount, fill out the line 5 section of Form TD1ON-WS.

6. Amount for an eligible dependant – Enter \$10,528 if you are supporting an eligible dependant and **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- The dependant is related to you and lives with you
- The dependant's net income for the year will be \$1,053 or less

You may enter a partial amount if the eligible dependant's net income for the year will be between \$1,053 and \$11,581. To calculate a partial amount, fill out the line 6 section of Form TD1ON-WS.

7. Ontario caregiver amount – You may claim this amount if you are supporting an eligible infirm dependant aged 18 or older:

- your child or your grandchild (or your spouse or common-law partner);
- your parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada (or your spouse or common-law partner)

To calculate this amount, fill out the line 7 section of Form TD1ON-WS.

8. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.

9. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.

10. TOTAL CLAIM AMOUNT – Add lines 1 to 9.
Your employer or payer will use this amount to determine the amount of your provincial tax deductions.

Filling out Form TD1ON

Fill out this form only if you are an employee working in Ontario or a pensioner residing in Ontario and **any** of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

- If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 2024, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1ON, check this box, enter "0" on line 10 and do not fill in lines 2 to 9.

Total income is less than the total claim amount

- Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 10. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD.

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.



2024 Personal Tax Credits Return

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name		First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address		Postal code	For non-residents only Country of permanent residence	Social insurance number

1. Basic personal amount – Every resident of Canada can enter a basic personal amount of \$15,705. However, if your net income from all sources will be greater than \$173,205 and you enter \$15,705, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$173,205 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2024 Personal Tax Credits Return, and enter the calculated amount here.

2. Canada caregiver amount for infirm children under age 18 – Only one parent may claim \$2,616 for each infirm child born in 2007 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

3. Age amount – If you will be 65 or older on December 31, 2024, and your net income for the year from **all** sources will be \$44,325 or less, enter \$8,790. You may enter a partial amount if your net income for the year will be between \$44,325 and \$102,925. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: \$2,000 or your estimated annual pension income.

5. Tuition (full-time and part-time) – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

6. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,872.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is **infirm**) and your spouse's or common-law partner's estimated net income for the year if **two** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of \$28,041 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your eligible dependant is **infirm**) and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant)

In all cases, go to line 9 if your dependant is **18 years or older, infirm**, and has a net income for the year of \$28,041 or less.

9. Canada caregiver amount for eligible dependant or spouse or common-law partner – Fill out this section if, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) **or** an **infirm** spouse or common-law partner whose net income for the year will be \$28,041 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than** the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$18,321) whose net income for the year will be \$19,666 or less, enter \$8,375. You may enter a partial amount if their net income for the year will be between \$19,666 and \$28,041. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

12. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

13. TOTAL CLAIM AMOUNT – Add lines 1 to 12.
Your employer or payer will use this amount to determine the amount of your tax deductions.

Filling out Form TD1

Fill out this form **only** if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2024, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

Total income is less than the total claim amount

Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

For non-resident only (Tick the box that applies to you.)

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2024?

Yes (Fill out the previous page.)

No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

Provincial or territorial personal tax credits return

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,705. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

Note: You may be able to claim the child amount on Form TD1SK, 2024 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2024. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2024:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.

For more information, go to canada.ca/taxes-northern-residents.

\$

Additional tax to be deducted

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call **1-800-959-5525**.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.

WORKING REMOTELY

Overview

This document ensures that KHSC employees and/or affiliates understand the considerations of working remotely (i.e. offsite).

All employees and/or affiliates of the organization are considered health care workers and are integral to the provision of our essential services. I understand that I can be recalled to the work site at any time should the hospital make the request.

I understand that preserving service delivery to patients and clients supersedes the priority for me to work remotely. The organization may need to prioritize the allocation of technology based on the availability of required technologies and system licenses, as well as based on operational needs. Technology required to deliver hospital services can be recovered at any time by the hospital to ensure ongoing service delivery, possibly requiring me to return to work on site.

If I am working remotely using hospital technology and that technology fails, suffers enough service degradation to affect the practicality of working remotely, or needs to be recovered by the organization for any purpose it sees fit, I agree to return the technology and report to the work site.

I understand that working remotely assumes reasonable access to technology resources (phone, internet, etc.) at my own expense and is expected to perform adequately for me to complete my work with the same quality as when I am on site. Any evidence that this is not that case may require me to return to the work site immediately.

Approvals for working remotely are subject to change based on operational needs. If the approval is revoked for any reason I may be required to return to work on site immediately.

All health care workers, including indirect care workers, may be needed to perform alternate work in the organization. If the hospital identifies the need to have staff readily available to respond to urgent needs, my imminent return to the work site may be necessary.

My manager has discussed with me that my performance and productivity can be monitored and managed remotely. Failure to sustain high performance can result in me being required to return to the work site immediately or be subject to appropriate disciplinary action according to

Agreement Document

WORKING REMOTELY

hospital policy.

I have provided assurances reasonable to my manager that an appropriate workstation configuration is in place at the remote work location to enable me to work with minimal risk of injury.

I will provide myself reasonable breaks in my work that are consistent with my usual work patterns when I am on site.

I have provided assurances reasonable to my manager that confidential information can be properly protected in the remote work location which includes **no printing**.

I have provided assurances reasonable to my manager that the remote location will contain limited distractions for me to perform my work.

I agree to take calls relating to my work as seen fit by my manager (including possibly regular check-ins) within the hours of my regular work day.

I understand that I must return any missed phone calls relating to my job within __ minutes.

I understand that, should the hospital require me to return to the work site for any reason, including redeployment, that I will arrive on site within __ minutes.

I understand the agreement above, and commit to the requirements therein as an employee or affiliate of KHSC.

Printed Name _____

Signature _____

RELEASE AND DECLARATION

- Kingston General Hospital Site
- Hotel Dieu Hospital Site
- Satellite Site



RELEASE AND DECLARATION

1. I hereby grant permission to Kingston Health Sciences Centre (KHSC) to contact my previous and present employers for verification of information on my application and/or resume.
2. I hereby authorize my current and former employers to give information as requested, to the above organization. I hereby release from all liability, those individuals or companies who provide such information.
3. I hereby understand that it is my responsibility to complete a Criminal Reference Check/Vulnerable Sector Screen through the local Police Station, and I understand that any associated costs are my own responsibility. Furthermore, I understand that this Criminal Reference Check/Vulnerable Sector Screen must be successfully completed prior to the commencement of my employment with KHSC. **This process can take approximately two weeks to four months**, due to delays in processing the high volume of requests with the RCMP. (Applicable to external candidates only)
4. I agree to provide KHSC with proof of registration/licensing with the applicable college and to provide evidence of ongoing registration/licensing on an annual basis.
5. I declare that all of the information I have provided to KHSC in my application for employment including any related documentation that I have provided to accompany my application is complete and true in every respect. I understand that any failure to supply complete, accurate and truthful documentation, or any failure to completely and truthfully answer questions asked of me, when discovered will constitute sufficient grounds for my dismissal.

Date: _____

Signature: _____

CRIMINAL REFERENCE CHECK/VULNERABLE SECTOR SCREEN PROCESS

Should you be successful in gaining employment with KHSC, you will be responsible for successfully completing the **Criminal Reference Check/Vulnerable Sector Screen Process**.

1. Either apply on line at <https://www.kingstonpolice.ca/services/online/background-check/> or attend in person at your local Police Station. You will be required to present two pieces of identification, one being a government issued photo ID. Complete the Criminal Reference Check/Vulnerable Sector Screen form. When applying in person, you may receive the results of your Canadian Police Information Centre (CPIC) Records Check immediately or you may be required to return to the local Police Station to retrieve the Records Check.
2. Where “No Criminal Record was identified in the National Criminal Records repository”, please return the form, with the embossed Police Force Seal, to our People Services Centre, Armstrong 0.
3. Where the Records Check of the CPIC indicates that “There may or may not be a Criminal Record in the National Criminal Records repository” or that “There are additional relevant Police Records”, you will be required to complete the finger printing process to verify whether there is, or is not, a Criminal Record in the National Criminal Records repository. **This process could take up to four months**, due to delays in processing the high volume of requests with the RCMP.
4. Should there be a possibility of a Criminal Record in the National Criminal Records repository, you may self- disclose to KHSC the nature of the record so that KHSC may make a determination as to the status of your conditional offer of employment, during this finger printing process.
5. If you indicate that there is an error with the record, it will be up to you to review this with the Police Station and obtain clearance stating that, “No Criminal Record was identified in the National Criminal Records repository”. Once clearance has been obtained and “No Criminal Record was identified in the National Criminal Records repository”, return the form with the embossed Police Seal, to our People Services Centre, Armstrong 0.

Should you indicate that there is an error with your record and it is later determined that in fact, there is a Criminal Record in the National Criminal Records repository, your employment may be subject to immediate termination for cause, recognized at law.

Name (print): _____

Position Applied For: _____

Kingston Health Sciences Centre



Welcome to KHSC!

As a member of the KHSC team, you are encouraged to take advantage of the many services and programs made available to you. Further information on the following can be accessed either at the People Services department on Watkins 4 (KGH site) or on the Intranet.

Kingston Hospitals Work Perks:

Our discount program available to all staff and volunteers at KHSC & Providence Care hospitals. This program gives you access to unique savings programs, offers and value-added services from brand name companies and those smaller shops around your home and work that you love to visit. This includes everything from computers and insurance to shoes and travel. For further information, please visit <http://www.kingstonhospitals.venngo.com>.





Staff Wellness Program:

At KHSC we are committed to building a healthy and safe work environment that enables our staff to be the best that they can be. Through our wellness programs and resources, we aim to promote the physical and mental well-being of our staff and create an organization that supports psychological health and safety. Some of the resources available to our staff include:

- A robust Employee & Family Assistance Program which, in addition to professional and confidential counselling as well as online assessments, tools and resources, provides staff and their families with a number of Life Smart Coaching Services such as financial and career counselling, legal consultation, nutritional coaching, child and elder care resources, etc.
- Occupational Health Nurses, an Ergonomist, Mental Wellness Practitioner, and Disability Management and Health & Safety professionals who provide an array of occupational health services to KHSC staff
- A Peer Partner Program LifeSpeak digital wellness platform
- An onsite Fitness Centre and discounted memberships to local fitness clubs
- On site Massage Therapy and Animal Therapy
- Staff Wellness Centres and a Outdoor Staff Courtyard
- Various Health & Safety programs including a Psychological Health & Safety policy

For more information please visit the Staff Wellness website at:

<https://wellness.kingstonhsc.ca/>

Education Loans & Bursaries:

The KHSC offers financial assistance to employees through a number of different bursaries and loans. Some of these include the Peter Glynn Education Bursary, Life Long Learning Fund, KGH Auxiliary Millennium Bursary Fund and our Interest Free Education Loans. For further information and to learn how to become eligible, please visit our People Services department on Watkins 4 or visit the KHSC site Intranet.

Kingston Transit Transpass - Payroll Deduction:



KHSC employees are eligible to register for the Kingston Transit Transpass program through payroll deduction at any time (prior to the 20th of each month if you wish to register for the upcoming month). The cost can vary depending on the number of employees registered, however, the approximate cost is currently \$55/month. For more information or to register in the program please visit the Security Office located on Dietary 1.

Discounted Fitness Memberships:



Currently, KHSC offers competitive discounts on fitness memberships at GoodLife Fitness Club, Omega Fit Club, and the Queen's Athletic and Recreation Facility. For more information and to see if you would be eligible, please contact Occupational Health, Safety & Wellness at ext. 4389 or visit their office on Armstrong 1.

The University Hospitals Kingston Foundation



The University Hospitals Kingston Foundation (UHKF) is the charitable arm of KHSC and is responsible for raising funds to purchase equipment, staff education, research and more. When your patients are looking for a special way to say thanks, connect them with UHKF's onsite staff on Watkins 2 (formally Nickle 2) or at www.uhkf.ca

There are several meaningful ways you can connect with UHKF:

- Join the bi-weekly Kingston Hospitals Staff Lottery for your chance to win \$1,000!
- Give back for the health of your community through convenient payroll deduction as part of the Employee Giving program.
- You can also get recognized for doing a great job through UHKF's Honour A Caregiver program.
- Keep informed about how community residents are supporting the hospital by connecting with UHKF on Twitter and Facebook

Ministry of Labour, Training and Skills Development

Employment Standards in Ontario

The *Employment Standards Act, 2000* (ESA) protects employees and sets minimum standards for most workplaces in Ontario. **Employers are prohibited from penalizing employees in any way for exercising their rights under the ESA.**

What you need to know

Public holidays

Ontario has a number of public holidays each year. Most employees are entitled to take these days off work and be paid public holiday pay. Visit Ontario.ca/publicolidays.

Hours of work and overtime

There are daily and weekly limits on hours of work. There are also rules around meal breaks, rest periods and overtime. Visit Ontario.ca/hoursofwork and Ontario.ca/overtime.

Termination notice and pay

In most cases when terminating employment, employers must give employees advance written notice of termination or termination pay instead of notice. Visit Ontario.ca/terminationofemployment.

Vacation time and pay

There are rules around the amount of vacation time and pay employees earn. Most employees can take vacation time after every 12 months of work. Visit Ontario.ca/vacation.

Leaves of absence

There are a number of job-protected leaves of absence in Ontario. Examples include sick leave, pregnancy leave, parental leave and family caregiver leave. Visit Ontario.ca/ESAGuide.

Minimum wage

Most employees are entitled to be paid at least the minimum wage. For current rates visit Ontario.ca/minimumwage.

Other employment rights, exemptions and special rules

There are other rights, exemptions and special rules not listed on this poster, including rights to severance pay and special rules for assignment employees of temporary help agencies.

Subscribe to our newsletter and stay up to date on the latest news that can affect you and your workplace. Visit Ontario.ca/labournews.

Learn more about your rights at:

Ontario.ca/employmentstandards
1-800-531-5551 or TTY 1-866-567-8893

 @ONTatwork  @OntarioAtWork  @Ontarioatwork

Normes d'emploi en Ontario

La Loi de 2000 sur les normes d'emploi (LNE) protège les employés et énonce les normes minimales s'appliquant à la plupart des lieux de travail en Ontario. **Il est interdit aux employeurs de pénaliser de quelque façon que ce soit des employés parce qu'ils exercent leurs droits prévus par la LNE.**

Ce que vous devez savoir

Jours fériés

L'Ontario a institué un certain nombre de jours fériés par année. La plupart des employés ont le droit de prendre ces jours de congé et de recevoir le salaire pour jour férié. Pour plus de renseignements, consultez le site Ontario.ca/joursferies.

Vacances et Indemnité de vacances

Il existe des règles sur la période et l'indemnité de vacances auxquelles un employé est admissible. La plupart des employés peuvent prendre des vacances après chaque période de travail de 12 mois. Pour plus de renseignements, consultez le site Ontario.ca/vacances.

Heures de travail et heures supplémentaires

Il existe des limites quotidiennes et hebdomadaires pour les heures de travail. Il existe aussi des règles sur les pauses-repas, les périodes de repos et les heures supplémentaires. Pour plus de renseignements, consultez les sites Ontario.ca/heuresdetravail et Ontario.ca/heures supplementaires.

Congés

Il y a divers congés avec protection de l'emploi en Ontario. Par exemple : congé de maladie, congé de maternité, congé parental et congé familial pour les aidants naturels. Pour plus de renseignements, consultez le site Ontario.ca/conges.

Préavis et Indemnité de licenciement

Dans la plupart des cas, les employeurs qui licencient des employés doivent leur donner un préavis écrit de licenciement ou une indemnité de licenciement tenant lieu de préavis. Pour plus de renseignements, consultez le site Ontario.ca/licenciement.

Salaires minimum

La plupart des employés ont le droit de recevoir au moins le salaire minimum. Pour connaître les taux actuels, visitez Ontario.ca/salaireminimum.

Autres droits, exemptions et règles spéciales en matière d'emploi

Il existe d'autres droits, exemptions et règles spéciales qui ne sont pas indiqués sur la présente affiche, dont le droit à une indemnité de cessation d'emploi et des règles spéciales pour les employés ponctuels d'agences de placement temporaire.

Inscrivez-vous pour être au courant des dernières nouvelles qui pourraient vous concerner et concerner votre lieu de travail : Ontario.ca/infostravail.

Pour plus de renseignements sur vos droits :

Ontario.ca/normesdemploi

1 800 531-5551 ou 1 866 567-8893 (ATS)

[@ONTautravail](https://twitter.com/ONTautravail) [@Ontarioautravail](https://www.facebook.com/ONTautravail) [@lieuxdetravaildelontario](https://www.instagram.com/lieuxdetravaildelontario)