

UTM: WORK STUDY Section 1&3

CONFIDENTIAL

EMPLOYEE INFORMATION FORM

HUMAN RESOURCES ACADEMIC ANNEX, RM 112

	1 – TO BE COMPLETED BY THE	E EMPLOYEE	
Are you a <u>FULL-TIME</u> UofT student regis	stered in a degree program?	Yes	No
If yes, what is your expected graduation	date:		
If you are currently a <u>FULL-TIME</u> UofT st your manager.		n, and this status (changes, please advise
Work/Study Permit: Yes * If yes, please provide: Passport #	-	y permit, you must att y Date (dd/mm/yy)	tach a copy to this form.
Personnel # (blank if new)	Student #	SIN	
Form of Address Mr Mr	Ms Other (Specify)	Birthdate (dd/	/mm/yy)
Last Name	First Name		
Permanent/Official Tax Address			
Suite/Unit #	City	Prov.	Postal Code
Sessional Address			
Suite/Unit #	City	Prov.	Postal Code
Phone/Cell #	Email	_	
	working in multiple departments, plea	ase provide the in	nformation below
Department 2	Supervisor #2 (Name)		
Phone Number #2	Description of Work #2		
Department 3	Supervisor #3 (Name)		
Phone Number #3	Description of Work #3		
Please Note: You will be paid via Di	irect Deposit. Please attach a void	I cheque or pre-a	authorized deposit slip.
I HEREBY CER	TIFY THAT THE ABOVE INFORMAT	TION IS CORREC	CT.
Employee's Signature		Date Signed	
SECTIONS 2 – 3 BEI	LOW TO BE COMPLETED BY M.	ANAGER/SUPE	ERVISOR
2. Financial Information			
Hourly Rate \$ Anticipa	ated Weekly Hours	Anticipated Mo	nthly Hours
Fund Centre Cost Cen	Fund	0	order
3. Required Documents & Verification	<u></u>		
·		eque/ Deposit Slip	Letter of Offer
Manager's Name	Manager's Signature		Date



UNIVERSITY OF TORONTO MISSISSAUGA

- PAYROLL BANK AUTHORIZATION FORM for DIRECT DEPOSIT -

- 1. To ensure accuracy of your account number, please enclose a cheque marked "VOID" or a personalized deposit slip.
- 2. Please be sure to include all "0" and "—" when recording your account number.
- 3. Effective Date: Indicate when the deposit is to be effective (this is subject to Payroll deadlines)
- 4. Return the completed form to: Human Resources, Academic Annex, Room 112 AX 112

			1	
First Name	Last Name		Perso	nnel Number
Requested Action (check	one only)			
New Direct Depo	osit (first time set-	up)	ange Direct	Deposit
Effective Date (DD/MM/YY	/YY) :	_		
()	,			
Bank or Financial Institu	tion Informati	<u>on</u>		
"" O O O II"	012340	01.	1234	5 B ··· 7 /II•
	Transit # Inst	itution #	Acc	count #
Name of Bank or Financial Institution #:				
Bank Transit #:				
Bank Account #:				
Bank Address: (Canadian Branches only)				
City:		Post	al Code:	
I hereby authorize the University of Toronto to deposit my payroll payment in the bank or financial institution designated and I hereby authorize the bank or financial institution designated to release my bank account number to the University of Toronto Payroll Department.				
Signature Date			 e	

2023 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	Casial incurrence number			
Address	Postal code	Country of permanent resider	Social insurance number			
Basic personal amount – Every resident of Canad from all sources will be greater than \$165,430 and you return at the end of the tax year. If your income from a partial claim. To do so, fill in the appropriate section of the calculated amount here. Canada caregiver amount for infirm children under the calculated amount for infirm children under the calcul	enter \$15,000, you may ha Il sources will be greater the Form TD1-WS, Worksheet	ave an amount owing on your inc an \$165,430, you have the option for the 2023 Personal Tax Cred	come tax and benefit n to calculate a its Return, and enter			
2006 or later who lives with both parents throughout th parent who has the right to claim the "Amount for an el the child.	e year. If the child does no ligible dependant" on line 8	t live with both parents throughou may also claim the Canada care	ut the year, the egiver amount for			
3. Age amount – If you will be 65 or older on Decemb or less, enter \$8,396. You may enter a partial amount calculate a partial amount, fill out the line 3 section of I	if your net income for the year	ear will be between \$42,335 and	\$98,309. To			
 Pension income amount – If you will receive regul Pension Plan, Quebec Pension Plan, old age security, \$2,000 or your estimated annual pension income. 	or guaranteed income sup	plement payments), enter which	ever is less:			
5. Tuition (full-time and part-time) – Fill in this section certified by Employment and Social Development Cantotal tuition fees that you will pay if you are a full-time of the control of the contro	ada, and you will pay more					
6. Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$9,428.	mount on your income tax a	and benefit return by using Form	T2201, Disability			
 7. Spouse or common-law partner amount – Enter to common-law partner is infirm) and your spouse's of following conditions apply: You are supporting your spouse or common-law p 	r common-law partner's est					
Your spouse or common-law partner's net income spouse or common-law partner is infirm)	•	in the amount on line 1 (line 1 plu	us \$2,499 if your			
In all cases, go to line 9 if your spouse or common-law	nartner is infirm and has a	a net income for the year of \$26	782 or less			
8. Amount for an eligible dependant – Enter the diffe dependant is infirm) and your eligible dependant's est	erence between the amoun	t on line 1 (line 1 plus \$2,499 if y	our eligible			
 You do not have a spouse or common-law partne who you are not supporting or being supported by 		common-law partner who does r	not live with you and			
 You are supporting the dependant who is related t 	o you and lives with you					
 The dependant's net income for the year will be le you cannot claim the Canada caregiver amount 						
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 \$26,	782 or less.			
year, you support an infirm eligible dependant (aged 1	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 \$26,782 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 \$17,499) whose net income for the year will be \$18,783 or less, enter \$7,999. You may enter a partial amount if their net income for the year will be between \$18,783 and \$26,782. 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 com their age amount, pension income amount, tuition amounused 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 determ	ine the amount of your tax	deductions.				



Pro	otected B when complete
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 benefit or any other remuneration 	ts,
 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 a you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on an 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 will not deduct tax from your earnings.	. Your employer or payer
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 2023 Yes (Fill out the previous page.)	3?
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 \$15,000. Use the Form TD1 territory of employment if you are an employee. Use the Form TD1 for your province or territory of residence if you are a pensione will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deduction	r. Your employer or payer
Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if yo personal amount only .	ou are claiming the basic
Note: You may be able to claim the child amount on Form TD1SK, 2023 Saskatchewan Personal Tax Credits Return if you are supporting children under 18 at any time during 2023. Therefore, you may want to fill out Form TD1SK even if you are only clai 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 norther months in a row beginning or ending in 2023: • \$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	n zone for more than six
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 o periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, an amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at 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 y RRSP contributions from your salary.	d tuition and education Source, to get a letter of
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 for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or 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 Info Source at canada.ca/cra-information-about-programs.

Certification	on	
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.	

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2023 Ontario Personal Tax Credits Return

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	er		
Address	Postal code	For non-residents only	S	ocial insurance number		
		Country of permanent resider	nce			
1. Basic personal amount – Every person employed if you will have more than one employer or payer at the on page 2.	e same time in 2023, see "N	Nore than one employer or payer	at the same time"	11,865		
2. Age amount – If you will be 65 or older on December enter a partial amount if your net income for the year willing 2 section of Form TD10N-WS, Worksheet for the 2	rill be between \$43,127 and	\$81,747. To calculate a partial a		<u> </u>		
3. Pension income amount – If you will receive regular Plan, Quebec Pension Plan, Old Age Security, or Guar your estimated annual pension.	ar pension payments from a ranteed Income Supplemen	a pension plan or fund (not includ t payments), enter whichever is	ing Canada Pension less: \$1,641 or	on		
4. Disability amount – If you will claim the disability ar Tax Credit Certificate, enter \$9,586.	mount on your income tax a	and benefit return by using Form ⁻	T2201, Disability			
5. Spouse or common-law partner amount – Enter \$ the following conditions apply:	310,075 if you are supportin	g your spouse or common-law pa	artner and both of			
Your spouse or common-law partner lives with you	I					
Your spouse or common-law partner's net income	for the year will be \$1,007	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 \$1,007 and \$11,082. To calculate a partial amount, fill out the line 5 section of Form TD1ON-WS.					
6. Amount for an eligible dependant – Enter \$10,075 conditions apply:	if you are supporting an el	ligible dependant and all of the fo	ollowing			
 You do not have a spouse or common-law partner who you are not supporting or being supported by 	 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 is related to you and lives with you					
The dependant's net income for the year will be \$1	,007 or less					
	You may enter a partial amount if the eligible dependant's net income for the year will be between \$1,007 and \$11,082. To calculate a partial amount, fill out the line 6 section of Form TD10N-WS.					
7. Ontario caregiver amount – You may claim this amount if you are supporting an eligible infirm dependant aged 18 or older who is your or your spouse's or common-law partner's:						
child or grandchild						
• parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada						
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	ne the amount of your prov	incial tax deductions.				

Filling out Form TD10N 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 • 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 2023, 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

Forms and publications

RRSP contributions from your salary.

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 for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or 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 Info Source at canada.ca/cra-information-about-programs.

Certification	on		
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.		
Signature	It is a serious offence to make a false return.	Date	

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2023 UTM Payroll Schedules

These schedules are UTM payroll deadline schedules and available at 2023 UTM Payroll Deadlines.

UTM Biweekly Payroll Schedule

Pay Period	Start Date	End Date	UTM Payroll Timesheet Deadline
10	08.05.2023	13.05.2023	May 11, 2023
11	14.05.2023	27.05.2023	May 25, 2023
12	28.05.2023	10.06.2023	June 8, 2023
13	11.06.2023	24.06.2023	June 22, 2023
14	25.06.2023	08.07.2023	July 6, 2023
15	09.07.2023	22.07.2023	July 20, 2023
16	23.07.2023	05.08.2023	August 2, 2023
17	06.08.2023	14.08.2023	August 17, 2023

UTM Monthly Payroll Schedule

Pay Period	Start Date	End Date	UTM Payroll Timesheet Deadline
5	08.05.2023	31.05.2023	May 12, 2023
6	01.06.2023	30.06.2023	June 15, 2023
7	01.07.2023	31.07.2023	July 14, 2023
8	01.08.2023	14.08.2023	August 16, 2023

Work Study hours must be worked between **May 8, 2023 and August 14, 2023 only** and processed prior to the final August payroll run.

UTM - Work Study Guidelines:

Complete timesheets in the actual pay periods incurred.

Submit approved timesheets on (or before) the deadlines indicated above.

Follow UTM's Payroll Deadline schedule.

Supervisors and students are responsible for their own hours worked record keeping.

Work-Study timesheet minutes must be recorded as: 0.25 for 15 min, 0.50 for half an hour and 0.75 for 45 min increment.

University of Toronto Work Study Program HRIS Casual Bi-Weekly Timesheet

Payroll should be processed in the actual Pay Periods incurred. DO NOT DELAY submitting your timesheet

Work Study Guidelines:

- Maximum 100 hours for Summer; no more than 15 hours per week
- Not entitled to Statutory Holiday Pay
- Once this form is completed and approved please send it to your departmental payroll processor

A. Student Information

Personnel Number:	Student Number:
Surname:	First Name:
Pay Period Start Date:	Pay Period End Date:

B. Payroll Details

Payroll Processor to use Wage Type 0923; ATT/ATB Type = Work Study Hrs; V. Basis = 15.90. Employer Cost Ctr/Fund Ctr is required for Wage Type 0923 – Work Study hrs.

Use Wage Type 223 for top-up and hours worked over maximum allowance (Summer = 100 hours)

Week 1 Hours

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		

Week 2 Hours

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		

Total Week 1 Hours: Total Week 2 Hours:

TOTAL BI-WEEKLY HOURS:	Top-Up Hourly Rate (if applicable):		
Cost Centre/Internal Order: C. Required Signatures	Fund Centre:	Fund:	
Student Signature		Date	
Employer Name	Employer Signature	Date	

University of Toronto Work Study Program HRIS Casual Monthly Timesheet

Payroll should be processed in the actual Pay Periods incurred. DO NOT DELAY submitting your timesheet

Work Study Guidelines:

- Maximum 100 hours for Summer; no more than 15 hours per week
- Not entitled to Statutory Holiday Pay
- Once this form is completed and approved please send it to your departmental payroll processor

A. Student Information

Personnel Number:	Student Number:
Surname:	First Name:
Pay Month:	

B. Payroll Details

Payroll Processor to use Wage Type 0923; ATT/ATB Type = Work Study Hrs; V. Basis = 15.90. Employer Cost Ctr/Fund Ctr is required for Wage Type 0923 – Work Study hrs.

Use Wage Type 223 for top-up and hours worked over maximum allowance (Summer = 100 hours)

Week 1 Hours

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		

Week 2 Hours

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		

Week 3 Hours

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		

Week 4 Hours

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		

Month Week 5 Hours

Day	Date	Hours
Sun		
Mon		
Tues		
Wed		
Thurs		
Fri		
Sat		

Sat			
TOTAL MONTH HOURS:	Top-Up Hourly Rate (if applicable):		
Cost Centre/Internal Order: C. Required Signatures	Fund Centre: Fu	und:	
Student Signature		Date	
Employer Name	Employer Signature	Date	