

Section 1 – EMPLOYEE DATA

Employee ID 33080	Name Prefix	Last Name Jack	First Name Michael	Middle Name
Other Ministry ID (Badge No., Prof. Dt., Year of Call) 12690	Gender	Applicant ID SIN# 530393230	Job Requisition No.	

Section 2 – TYPE OF TRANSACTION

If this transaction requires an update to the employee's WIN or IFIS-related access, complete the "WIN Access Authorization" form 7540-2034 available from the Forms Repository on MyOPS (<http://intra.ops.myops.gov.on.ca>) for WIN access and the "IFIS User Account Maintenance Request (UAMR)" form that is available through your IFIS Ministry/OSS Enrolment Co-ordinator for IFIS-related access.

<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Paid	<input type="checkbox"/> Unpaid	<input type="checkbox"/> Reclassification	Unclassified Service Contract
<input checked="" type="checkbox"/> New Hire			<input type="checkbox"/> Return from Leave	<input type="checkbox"/> New or Amended
<input type="checkbox"/> Pay Rate Change			<input type="checkbox"/> Termination	<input type="checkbox"/> Extension of Contract
<input type="checkbox"/> Probationary to Regular Staff			Reason:	Temporary Assignment
<input type="checkbox"/> Oath of Allegiance on file			<input type="checkbox"/> Other changes	<input type="checkbox"/> New Assignment
<input type="checkbox"/> Re-assignment to Position			(indicate details in Section 4 below)	<input type="checkbox"/> Return to Home Position

Section 3 – EMPLOYEE STATUS

Current Status		New Status (identify changes from current status only)	
Ministry/Company Community Safety & Correctional Services	Branch/Section/Unit Name Peterborough County	Ministry/Company	Branch/Section/Unit Name
Work/Mailing Address (or Code) 5520	CORPAY Payroll Account No. 5520B	Work/Mailing Address (or code)	CORPAY Payroll Account No.
Position Title Law Enforcement Officer	Dept. & Position No. (e.g. 189201-00030437) 5522-151828	Position Title	Dept. & Position No. (e.g. 189201-00030437)
Job Code 05600	Job Code Title Probationary Constable	Job Code	Job Code Title
Employee Class Classified	Assignment Condition	Employee Class	Assignment Condition
Appointment Status Classified/Regular PR - Probationary Unclassified	Assignment Type ENTERED 8/25/08	Appointment Status Classified/Regular Unclassified	Assignment Type
Hours Per Week Hours <input type="checkbox"/> Positive Pay <input type="checkbox"/> Shift/Scheduled	Salary Allowance Code	Hours Per Week Hours <input type="checkbox"/> Positive Pay <input type="checkbox"/> Shift/Scheduled	Salary Allowance Code
Salary \$ 19.97 per	Next Merit Date (yyyy/mm) 1/5/2009	Salary \$ per	Next Merit Date (yyyy/mm) /01
End Date of Temporary Assignment/ Contract/Leave of Absence	(yyyy/mm/dd)	End Date of Temporary Assignment/ Contract/Leave of Absence	(yyyy/mm/dd)

Section 4 – COMMENTS (Please indicate Other Changes, Special Status or Circumstances – e.g. red-circled, underfill, etc.)

New Recruit, Class # 411
PRI - 8/25/2008, CSD - 8/25/2008, Vacation Credit Date - 8/25/2008

Section 5 – UNCLASSIFIED SERVICE CONTRACT (This contract includes Sections 1, 2, 3, 6 and Appendix A on Page 2)

The individual named in this contract is hereby expressly appointed as a public servant pursuant to subsection 8.1(2) of the Public Service Act.

This is an individual contract (provided for in Section 6 of Regulation 977/90, R.R.O., 1990, as amended and authorized under ss.8 (1) as amended, of the Public Service Act, R.S.O. 1990 Chapter P.47) between you and the Government of Ontario. Before its date of termination, this contract may be terminated on two weeks notice, or such greater notice as may be required by the *Employment Standards Act* (ESA), the PSA, any applicable Collective Agreement, Management Board of Cabinet policies and any terms and conditions unique to the Ministry on whose behalf this contract is entered into.

The parties agree that all amounts which the employee is required to repay to the Crown have been repaid and if it is subsequently determined that all amounts have not been repaid, this contract is null and void.

Employee Statements/Signature	
A	<input type="checkbox"/> I certify that I AM NOT a classified employee; and understand that I will be entitled only to the benefits set out in Appendix A on Page 2. <input type="checkbox"/> I certify that I AM a classified employee and that I have received approval from the Civil Service Commission to work in the Unclassified service. I retain my Civil Servant status while employed in the Unclassified service.
B	I understand that my contract is effective FROM (yyyy/mm/dd) TO (yyyy/mm/dd) inclusive, under the terms of employment for: (check <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full-Time Management (PSA) <input type="checkbox"/> Part-Time Management (PSA) <input type="checkbox"/> Collective Agreement – Specify (e.g. OPSEU)
C	Employee's Signature _____ Date (yyyy/mm/dd) _____

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 AUG 18 2008
 PAYROLL

Section 6 – AUTHORIZATION

Manager's Name (please print) Insp. Sandy Thomas	Telephone Number 705-329-6722	Signature 	Date (yyyy/mm/dd) AUG 15 2008
Higher Level Manager's Name (if applicable)	Telephone Number	Signature	Date (yyyy/mm/dd)
Contact Name (if different from Manager) Tina Henshall	Telephone Number 705-329-6724		

Section 7 – HR/OSS INFORMATION (as required)

HR – Reviewed by (if applicable)	Date (yyyy/mm/dd)
OSS – Entered to WIN by	Date (yyyy/mm/dd)

P. Cal

Section A – Employee Identification

Employee ID: _____

New Application Change Existing Data Add Additional Direct Deposit

Last Name: **JACK** First Name: **MICHAEL** Initial: _____

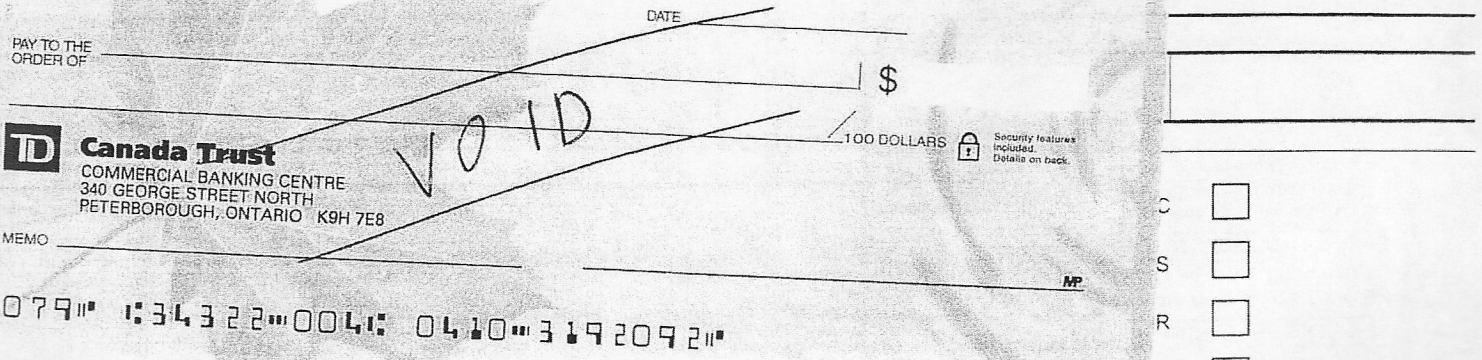
Ministry: **MCS & CS** Branch/Regional Office: **OPP**

Business Telephone Number (incl. Area Code): _____ Home Telephone Number (incl. Area Code): **705-740-5765**

Section B – Net Pay Disbursement (Net pay Deposit Information)

Institution Number 0 0 4 _____	Branch Number 3 4 3 2 _____	Ministry/OSS Use Only Cheque Distribution Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Account Number 3 1 9 2 0 9 2 _____		
Name of Financial Institution		

MR MICHAEL JACK
1049 PRIMROSE LANE
PETERBOROUGH, ON K9J 6X5



Branch Name: _____ SFL (Self-Funded Leave) L:

Branch Address: _____

Amount: _____ Additional Direct Deposit (circle 1): 1 | 2 | 3 | 4 | 5 Gross To Net Number: _____

Institution Number 0 _____	Branch Number _____	RECEIVED AUG 26 2008 PAYROLL
Account Number _____		
Type of Account (Check <input checked="" type="checkbox"/> One) <input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> RRSP <input type="checkbox"/> Credit Union <input type="checkbox"/> Self-Funded Leave	Chequing C: <input type="checkbox"/> Savings S: <input type="checkbox"/> RRSP R: <input type="checkbox"/> Credit Union U: <input type="checkbox"/> SFL (Self-Funded Leave) L: <input type="checkbox"/>	
Name of Financial Institution		
Branch Name		

Until further notice, I authorize direct deposit of payment into the above-designated account(s).

Employee's Signature: *[Signature]* Date (yyyy-mm-dd): **2008-08-25** Form 1 of _____

APPLICATION FOR DIRECT DEPOSIT(S)

In addition to the direct deposit of net pay, employees are now allowed up to five (5) additional direct deposits. Each additional direct deposit is processed as a deduction from the employee's net pay.

INSTRUCTION TO EMPLOYEES:

- Please print clearly.
- Information must be entered accurately. Incorrect information could cause delays in processing.
- If form is being submitted as change of existing information, **DO NOT CLOSE** your old account until your direct deposit arrives at your new account.

1. NET PAY DIRECT DEPOSIT:

- Complete Section "A".
- Attach a blank personal cheque/deposit slip with 'VOID' written on it AND complete Section "B";
 - **OR** if you do not have a voided cheque/deposit slip, have Section B completed by your financial institution.
 - Your account can be a savings or chequing account with any financial institution in Canada.

2. ADDITIONAL DIRECT DEPOSIT(S):

- Complete Section "A".
- Attach a blank personal cheque/deposit slip with 'VOID' written on it AND complete Section "C" Circle the Direct Deposit number;
 - **OR** if you do not have a voided cheque/deposit slip, have Section "C" completed by your financial institution.
 - Your account can be a chequing, savings, RRSP, credit union or self-funded leave account. **This is the description that will be printed on the pay stub.**
- This form can accommodate up to two (2) additional direct deposits. Up to five (5) direct deposits are allowed. If you want more than 2 additional direct deposits simply use another form **AND** forward the forms to your ministry's Payroll/HR office **with precise instructions.**

INSTRUCTIONS TO OSS Pay & Benefits:

Use this form as the source document when entering the employee's data into the WIN CORPAY Direct Deposit panel.

Field Name	DESCRIPTIONS/CODES	ONLINE EDITS
Part 1: HEADING INFORMATION		
CHEQUE DISTRIBUTION CODE	Enter Department Number for cheque distribution.	
Part 2: NET PAY DIRECT DEPOSIT		
CP TRANSIT #/BANK	Required if direct deposit. 9 - character alphanumeric: Pos. 1 = 0 (Constant = Zero) Pos. 2 - 4 = Financial Institution No. Pos. 5 - 9 = Branch Number	<ul style="list-style-type: none"> • Must be found in Financial Inst. Table • The combination of Transit No. and Account No. must not be the same combination used in any of the Additional Direct Deposit entries.
ACCOUNT NUMBER	Required if direct deposit. 12-character alphanumeric. Enter employee's Account Number	See above edit on Transit No.
Part 3: ADDITIONAL DIRECT DEPOSIT		
GTN NUMBER	Required if direct deposit. 3-character alphanumeric. Values: A.D.D. = 181 to 184 CSB = 185 SFL = 112	A GTN Number cannot be used on more than one additional direct deposit.
DESCRIPTION CODE	Required C = Chequing; S = Savings; R = RRSP; U = Credit Union; L = Self-Funded Leave	
CP TRANSIT NUMBER & ACCOUNT NUMBER	SAME AS ABOVE	

7540-1385 (04/2005)

The personal information you have provided on this form is necessary for the proper administration of the Payroll Payments Operating Policy (February 1997), and will be used for the sole purpose of processing payments to the employee. Questions regarding the collection of this information should be directed to the Ontario Shared Services, Pay and Benefits Representative for your Ministry.

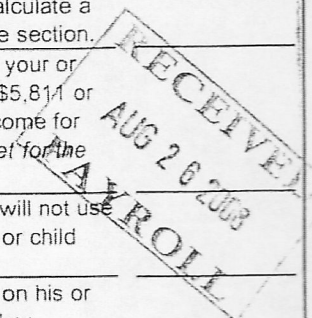


Read the back before completing this form. Complete this form based on the best estimate of your circumstances.

Last name JACK	First name and initial(s) MICHAEL	Date of birth (YYYY/MM/DD) 1972/12/16	Employee number
Address including postal code 1049 PRIMROSE LAKE RR #4 PETERBOROUGH ON K9J 6X5		For non-residents only - Country of permanent residence	Social insurance number 53 03 93 23 0

<p>1. Basic personal amount – Every resident of Canada can claim this amount. If you will have more than one employer or payer at the same time in 2008, see "Completing the TD1" on the back. If you are a non-resident, see "Non-residents" on the back.</p>	9,600
<p>2. Child amount – If a child born in 1991 or later resides with both parents throughout the year, either parent (but not both) may claim \$2,038 per child. Any unused portion can be transferred to that parent's spouse or common-law partner. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the amount for an eligible dependant can claim the child amount.</p>	
<p>3. Age amount – If you will be 65 or older on December 31, 2008, and your net income for the year from all sources will be \$31,524 or less, enter \$5,276. If your net income for the year will be between \$31,524 and \$66,697 and you want to calculate a partial claim, get the TD1-WS, <i>Worksheet for the 2008 Personal Tax Credits Return</i> and complete the appropriate section.</p>	
<p>4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.</p>	
<p>5. Tuition, education and textbook amounts (full time and part time) – If you are a student enrolled at a university, college, or educational institution certified by Human Resources and Social Development, and you will pay more than \$100 per institution in tuition fees, complete this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$400 for each month that you will be enrolled, plus \$65 per month for textbooks. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$120 for each month that you will be enrolled part time, plus \$20 per month for textbooks.</p>	
<p>6. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, <i>Disability Tax Credit Certificate</i>, enter \$7,021.</p>	
<p>7. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you, and whose net income for the year will be less than \$9,600, enter the difference between \$9,600 and his or her estimated net income. If your spouse's or common-law partner's net income for the year will be \$9,600 or more, you cannot claim this amount.</p>	
<p>8. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you, and whose net income for the year will be less than \$9,600, enter the difference between \$9,600 and his or her estimated net income. If your eligible dependant's net income for the year will be \$9,600 or more, you cannot claim this amount.</p>	
<p>9. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$13,986 or less, and who is either your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> • parent or grandparent (aged 65 or older), or • relative (aged 18 or older) who is dependent on you because of an infirmity, <p>enter \$4,095. If the dependant's net income for the year will be between \$13,986 and \$18,081 and you want to calculate a partial claim, get the TD1-WS, <i>Worksheet for the 2008 Personal Tax Credits Return</i> and complete the appropriate section.</p>	
<p>10. Amount for infirm dependants age 18 or older – If you support an infirm dependant age 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$5,811 or less, enter \$4,095. You cannot claim an amount for a dependant you claimed on line 9. If the dependant's net income for the year will be between \$5,811 and \$9,906 and you want to calculate a partial claim, get the TD1-WS, <i>Worksheet for the 2008 Personal Tax Credits Return</i> and complete the appropriate section.</p>	
<p>11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition, education and textbook amounts, disability amount or child amount on his or her income tax return, enter the unused amount.</p>	
<p>12. Amounts transferred from a dependant – If your dependant will not use all of his or her disability amount on his or her income tax return, enter the unused amount. If your or your spouse or common-law partner's dependent child or grandchild will not use all of his or her tuition, education and textbook amounts on his or her income tax return, enter the unused amount.</p>	
<p>13. TOTAL CLAIM AMOUNT – Add lines 1 through line 12. Your employer or payer will use this amount to determine the amount of your tax deductions.</p>	9600

Form continues on the back →



Complete this form **only** if:

- you want to change amounts you previously claimed;
- 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 claim the deduction for living in a prescribed zone; or
- 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 have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another TD1 form for 2008, you can choose not to claim them again. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, enter "0" on line 13 on the front page and do not complete lines 2 to 12.

If you do not complete a TD1 form, your new employer or payer will deduct taxes after allowing the basic personal amount **only**.

Total income less than total claim amount

Check 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. Then your employer or payer will not deduct tax from your earnings.

Non-residents

Are you a non-resident of Canada who will include 90% or more of your world income when determining your taxable income earned in Canada in 2008? If you are unsure of your residency status, call the International Tax Services Office at **1-800-267-5177**.

- If *yes*, complete the front page.
- If *no*, enter "0" on line 13 and do not complete lines 2 to 12, as you are not entitled to the personal tax credits.

Provincial or territorial personal tax credits return

If your claim amount on line 13 is more than \$9,600, you also have to complete a provincial or territorial personal tax credit return. If you are an employee, use the TD1 form for your province or territory of employment. If you are a pensioner, use the TD1 form for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial TD1 form to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$9,600), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2008, you may be able to claim the child amount on the TD1SK, *2008 Saskatchewan Personal Tax Credits Return*. Therefore, you may want to complete the TD1SK form even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

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 2008, you can claim:

- \$7.50 for each day that you live in the prescribed northern zone, or
- \$15 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 can claim 50% of the total of the above amounts.

For more information, get Form T2222, *Northern Residents Deductions*, and the Publication T4039, *Northern Residents Deductions – Places in Prescribed Zones*.

Additional tax to be deducted

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or Old Age Security pension. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, complete a new TD1 form.

\$

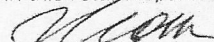
Reduction in tax deductions

You can ask to have less tax deducted if on your income tax return 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, and charitable donations). To make this request, complete 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.

Certification

I certify that the information given in this return is, to the best of my knowledge, correct and complete.

Signature _____



Date 2008/AUG/25

It is a serious offence to make a false return.

io

2008 ONTARIO PERSONAL TAX CREDITS RETURN

Before completing this form, Complete this form based on the best estimate of your circumstances.

Postal code R0S0 LANE RR#4 SUGAR, ON K9J 6X5	First name and initial(s) MICHAEL	Date of birth (YYYY/MM/DD) 1972/12/16	Employee number
		For non-residents only - Country of permanent residence	Social insurance number 530393231

Spouse amount - Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will be 65 or older on December 31, 2008, and your net income from all sources will be \$31,554 or less, enter \$31,554. If you will be between 65 and 69 on December 31, 2008, and your net income from all sources will be \$31,554 or more, enter \$15,777. If you will be 70 or older on December 31, 2008, and your net income from all sources will be \$31,554 or more, enter \$7,889. If you have more than one employer or payer at the same time in 2008, see the section called "Completing the form" on the back page. 8,681

Home amount - If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,201 or your net pension income, whichever is less.

Education amounts (full time and part time) - If you are a student enrolled at a university, college, or institution certified by Human Resources and Social Development, and you will pay more than \$100 per month for tuition fees, complete this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$468 for each month that you will be enrolled. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$468 for each month that you will be enrolled part time.

Disability amount - If you will claim the disability amount on your income tax return by using Form T2201, *Disability Tax Credit*, enter \$7,014.

Spouse or common-law partner amount - If you are supporting your spouse or common-law partner who lives with you, and whose net income for the year will be \$737 or less, enter \$7,371. If his or her net income for the year will be more than \$737 and \$8,108 and you want to calculate a partial claim, get the TD1ON-WS, *Worksheet for the 2008 Ontario Personal Tax Credits Return*, and complete the appropriate section.

Amount for an eligible dependant - If you do not have a spouse or common-law partner and you support a dependant who lives with you, and whose net income for the year will be \$737 or less, enter \$7,371. If his or her net income for the year will be more than \$737 and \$8,108 and you want to calculate a partial claim, get the TD1ON-WS, *Worksheet for the 2008 Ontario Personal Tax Credits Return*, and complete the appropriate section.

Spouse or common-law partner amount for a dependant - If you are taking care of a dependant who lives with you, whose net income for the year will be \$737 or less, and who is either your or your spouse's or common-law partner's:

- spouse or common-law partner (aged 65 or older), or
- parent (aged 18 or older) who is dependent on you because of an infirmity, or
- grandparent (aged 18 or older) who is dependent on you because of an infirmity,

 and whose net income for the year will be between \$13,999 and \$18,091 and you want to calculate a partial claim, get the TD1ON-WS, *Worksheet for the 2008 Ontario Personal Tax Credits Return*, and complete the appropriate section.

Amount for infirm dependants age 18 or older - If you are supporting an infirm dependant aged 18 or older who is your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$737 or less, enter \$4,091. You cannot claim an amount for a dependant you claimed on line 8. If the dependant's net income for the year will be between \$5,817 and \$9,908 and you want to calculate a partial claim, get the TD1ON-WS, *Worksheet for the 2008 Ontario Personal Tax Credits Return*, and complete the appropriate section.

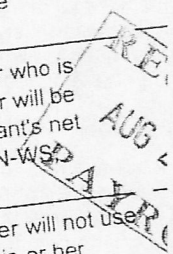
Unused amounts transferred from your spouse or common-law partner - If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition and education amounts, or disability amount on his or her income tax return, enter the unused amount.

Unused amounts transferred from a dependant - If your dependant will not use all of his or her disability amount on his or her income tax return, enter the unused amount. If your or your spouse or common-law partner's dependent child or grandchild will not use all of his or her tuition and education amounts on his or her income tax return, enter the unused amount.

TOTAL CLAIM AMOUNT - Add lines 1 through line 11.

Enter the amount from line 11 on your income tax return to determine the amount of your provincial tax deductions.

Form continues



Completing the Ontario TD1ON form

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

- you want to change amounts you previously claimed;
- 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 increase the amount of tax deducted at source.

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

If you have more than one employer or payer at the same time and you have **already claimed** personal tax credit amounts on another Ontario TD1ON form for 2008, you can choose not to claim them again. By **doing this**, you may not have to pay as much tax when you file your income tax return. To choose this option, enter "0" on line 12 on the front page and do not complete lines 2 to 11.

If you do not complete an Ontario TD1ON form, your new employer or payer will deduct taxes after allowing the basic personal amount **only**.

Why is there an Ontario TD1ON form?

Your employer or payer uses the personal tax credit amounts you claim on your TD1ON form to calculate how much **provincial** tax to deduct from each payment.

Total income less than total claim amount

Check this box if your total income for the year from all employers and payers will be less than your total claim amount on line 12. Then your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you wish to have more tax deducted, complete the section called "Additional tax to be deducted" on the federal TD1 form.

Reduction in tax deductions

You can ask to have less tax deducted if on your income tax return 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, and charitable donations). To make this request, complete 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

You can get forms and publications on our Web site at www.cra.gc.ca/forms or by calling 1-800-959-2221.

Certification

I certify that the information given in this return is, to the best of my knowledge, correct and complete.

Signature

W. Chan

Date

2008/AUG/25

It is a serious offence to make a false return.



Human Resources
Development Canada

Développement des
ressources humaines Canada

SOCIAL
INSURANCE
NUMBER

NUMÉRO
D'ASSURANCE
SOCIALE

530 393 230

MICHAEL JACK

SIGNATURE

- SIGN THIS CARD.
- KEEP ON YOUR PERSON.
- TO CHANGE YOUR NAME AS SHOWN ON THIS CARD, OBTAIN THE NECESSARY FORM FROM ANY CANADA HUMAN RESOURCE CENTRE.
- SIGNEZ CETTE CARTE.
- GARDEZ-LA SUR VOUS.
- POUR FAIRE CHANGER LE NOM APPARAISSANT SUR CETTE CARTE, DEMANDEZ LE FORMULAIRE APPROPRIÉ À TOUT CENTRE DE RESSOURCES HUMAINES DU CANADA.

NAS 2683 (01-97) B(07-99-3)

Canada

RECEIVED
AUG 26 2003
PAYROLL

CERTIFICATION OF DECLARATION

מסמך אישורי הצהרה

MARK GUTHARTS
ADVOCATE - NOTARY
TEL-AVIV, HAALIA 12

מרק גוטהארט
עו"ד - נוטריון

I the undersigned,
Notary, at _____ hereby certify that on

25 OCT 1998

אני החימו, _____
תל-אביב, רח" העליה 12
מאשר בזה כי ביום _____

there appeared before me at my office Mr./Mrs./Miss
Hait Ellada

ניצב (ה) לפני במשרדי (מרת). חאליט אלדה

who is known to me personally, (whose identity was
proved to me by his/her certificate of identity No. 310407309
Passport No. _____ issued by Ministry of Interior

הידוע (ה) לי אישית (שהותו(ה) הוכחה לי על פי תעודת זהות(ה))
מס' 310407309 (תדכון מס' _____)
שניתן (ה) מאת משרד הפנים

and being satisfied that he/she knows the
Hebrew, Ukrainian, Russian, English
language and read in my presence the
declaration attached hereto and marked "A".
(the declaration appearing overleaf)

ולאחר שנוכחתי שהוא... יודע... את השפה(ים) רוסית, אוקראינית
אנגלית ועברית
וקרא... בנוכחותי את ההצהרה המצורפת
והמסומנת באות "א", (מעבר לדף).

(and after I translated the declaration attached hereto and
marked "A" (the declaration appearing overleaf) into the
language which he/she knows).

ולאחר שתרגמתי לו(ה) לשפה...
שהוא(היא) יודע... אותה את ההצהרה המצורפת והמסומנת
באות "א" (מעבר לדף).

and after Mr./Mrs./Miss Hait Ellada

ולאחר שפרגב' חאליט אלדה

who is known to me personally (whose identity was proved
to me by _____) and who is
sufficient to my satisfaction in _____

הידוע... לי אישית (שהותו(ה) הוכחה לי על פי (_____
(ספר ההצהרה) להנחת דעתי בשפה
(ובשפה) תרגם... לו(ה)

ordin _____ (the language of declaration)
the declaration attached hereto and marked "A" (the dec-
laration appearing overleaf) into the
language which he/she knows)

לשפה... שהוא (היא) יודע...
אותה את ההצהרה המצורפת והמסומנת באות "א" (מעבר לדף).

and after I enquired and satisfied myself that the above
named Mr. (Mrs., Miss) Hait Ellada

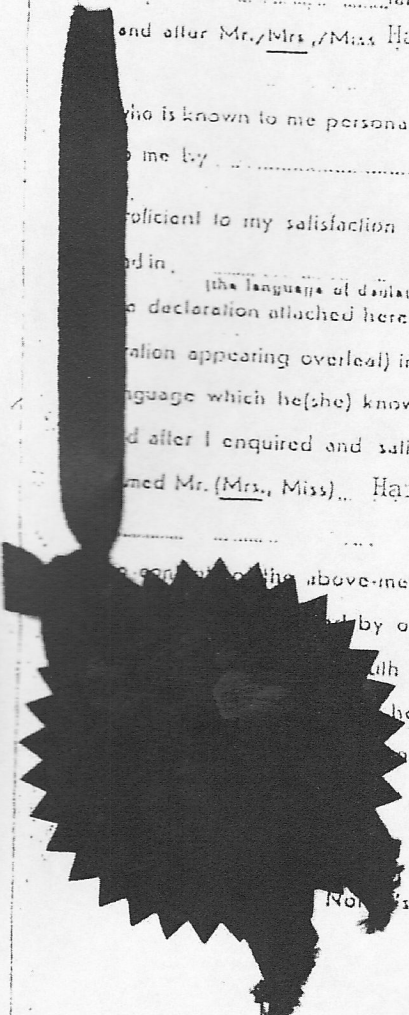
ולאחר שבידתי ונוכחתי כי פרגב' חאליט אלדה

understood
the above-mentioned declaration,
by oath (declared) (declared by
with of the above declaration.

הניל הבין... את תוכן ההצהרה הנ"ל, נשבע... כחוק
(הבהיר... בכן צדק) על אמיתות ההצהרה הנ"ל.

hereto set my signature and

ולראיה באתי על התחום בהתיימה ידי ובחתימי היום
לחודש...
שכר בסך שקל... שולם.

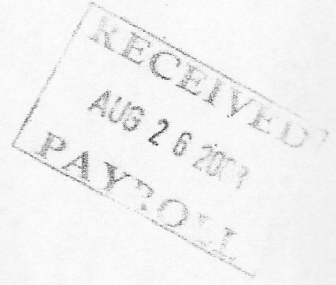


חומת
Notary's Seal

Handwritten signature of Mark Gutharts.



חתימה
Signature



Translated from Russian

BIRTH CERTIFICATE

Citizen Jack Michael Yuryevich
was born on 16.12.1972

Place of birth: Leningrad city, RSFSR

Birth registration was made according to the Law, on 02.01.1973.

Parents :

Father (Last name, first name, patronymic): Jack Yury Alexandrovich
(Nationality): Byelorussian

Mother (Last name, first name, patronymic): Jack Tatyana Vladimirovna
(Nationality): Russian

Registration place : Kirovsky district Registry Office, Leningrad city
Date issued: 28.12.1989

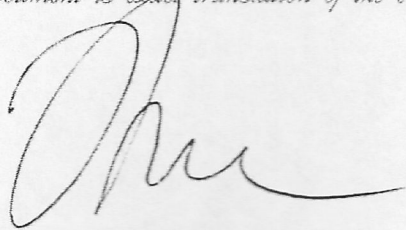
Director of Registry Office Department (signature)
DIZ I-AK No. 013814
Seal of Registry Office

The present document is legalized in the Representatives of the Ministry
of the Interior of the USSR on 28.12.1989 under No.572/8526.
Signature of the Representative in Leningrad city/ seal

A TRUE TRANSLATION
OF THE ORIGINAL DOCUMENT
MAG - TRANSLATIONS

Affidavit

*I, the undersigned, Hani Ellada, holder of ID Card No. 310407309 from MAG
Translations Office, Allenby St. 130, Tel-Aviv, fluent in Russian, Ukrainian, English and
Hebrew languages, hereby declare that this document is exact translation of the original.*



RECEIVED
AUG 26 2003
PAYROLL

СВИДЕТЕЛЬСТВО О РОЖДЕНИИ

Гражданин (ка) Жак (фамилия)

Михаил Иванович (фамилия, имя, отчество)

родился (лась) 16.11.1978 шестнадцатого (число, месяц, год)

10 декабря тысяча девятисот (цифрами и прописью)

семидесяти второго года

Место рождения РСФСР (республика, край, область, город)

Венгская

Регистрация рождения произведена

в соответствии с Законом 19 73 года

января месяца 01 числа

РОДИТЕЛИ

Отец Жак (фамилия)

Иван Иванович (фамилия, имя, отчество)

национальность русские

Мать Жак (фамилия)

Евгения Владимировна (фамилия, имя, отчество)

национальность русские

Место регистрации отдел ЗМС (наименование)

Жирновское района (наименование)

Удостоверяющее орган записи Венгская (наименование)

19 89 г.



RECEIVED
AUG 26 1978
PAYMENT

2110 250-343-054 2000

Section A - Employee Identification

WIN Employee ID _____ New Application Change Existing Data Add Additional Direct Deposit

Last Name Jack First Name Michael Initial _____

Ministry Community Safety Branch/Regional Office RECRUIT PETERBOROUGH CENTRAL

Business Telephone Number (incl. Area Code and Ext.) _____ Home Telephone Number (incl. Area Code) _____

Section B - Net Pay Disbursement (Net pay Deposit Information)

Institution Number _____ Branch Number _____

Account Number _____

Name of Financial Institution _____

Branch Name _____

Branch Address _____

Ministry/OSS Use Only

Cheque Distribution Code

RECEIVED
SEP 17 2003
PAYROLL

Section C - Additional Direct Deposit(s) (This section does not apply to pensioners)

Amount 00050.00 Additional Direct Deposit (circle 1) 1 2 3 4 5

Institution Number 0828 Branch Number 20272

Account Number 00015282711

Type of Account (Check One)
 Chequing Savings RRSP Credit Union Self-Funded Leave

Name of Financial Institution OPPA Credit Union

Branch Name Barrie

Branch Address 123 Ferris Lane, Barrie, ON L4M 2Y1

Gross to Net Number _____

Description Code

Chequing C

Savings S

RRSP R

Credit Union U

SFL (Self-Funded Leave) L

Amount _____ Additional Direct Deposit (circle 1) 1 2 3 4 5

Institution Number _____ Branch Number _____

Account Number _____

Type of Account (Check One)
 Chequing Savings RRSP Credit Union Self-Funded Leave

Name of Financial Institution _____

Branch Name _____

Branch Address _____

Gross To Net Number _____

Description Code

Chequing C

Savings S

RRSP R

Credit Union U

SFL (Self-Funded Leave) L

Until further notice, I authorize direct deposit of payment into the above-designated account(s).

Employee's Signature As authorized Date (yyyy-mm-dd) Sept 10 08

5520

Section A - Employee Identification

WIN Employee ID: 3 1 9 | 3 | 0 | 8 | 0 New Application Change Existing Data Add Additional Direct Deposit

Last Name: Jack First Name: Michael Initial: []

Ministry: Community Safety Branch/Regional Office: Peterborough CR

Business Telephone Number (incl. Area Code and Ext.): [] Home Telephone Number (incl. Area Code): []

Section B - Net Pay Disbursement (Net pay Deposit Information)

Institution Number	Branch Number	Ministry/OSS Use Only Cheque Distribution Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Account Number		
Name of Financial Institution		
Branch Name		
Branch Address		

Section C - Additional Direct Deposit(s) (This section does not apply to pensioners)

Amount: 50500.00	Additional Direct Deposit (circle 1): 2 3 4 5	Gross to Net Number
Institution Number: 0 8 2 8	Branch Number: 2 0 2 7 2	Description Code
Account Number: 000015282711	Type of Account (Check <input checked="" type="checkbox"/> One)	Chequing <input type="checkbox"/>
Name of Financial Institution: OPPA Credit Union	<input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> RRSP <input checked="" type="checkbox"/> Credit Union <input type="checkbox"/> Self-Funded Leave	Savings <input type="checkbox"/>
Branch Name: Barrie	Name of Financial Institution	RRSP <input type="checkbox"/>
Branch Address: 123 Ferris Lane, Barrie, ON L4M 2Y1	Branch Name	Credit Union <input type="checkbox"/>
	Branch Address	SFL (Self-Funded Leave) <input type="checkbox"/>

Amount	Additional Direct Deposit (circle 1): 1 2 3 4 5	Gross To Net Number
Institution Number	Branch Number	Description Code
Account Number	Type of Account (Check <input checked="" type="checkbox"/> One)	Chequing <input type="checkbox"/>
Name of Financial Institution	<input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> RRSP <input type="checkbox"/> Credit Union <input type="checkbox"/> Self-Funded Leave	Savings <input type="checkbox"/>
Branch Name	Name of Financial Institution	RRSP <input type="checkbox"/>
Branch Address	Branch Name	Credit Union <input type="checkbox"/>
	Branch Address	SFL (Self-Funded Leave) <input type="checkbox"/>

Until further notice, I authorize direct deposit of payment into the above-designated account(s).

Employee's Signature: [Signature] Date (yyyy-mm-dd): Dec 23/08



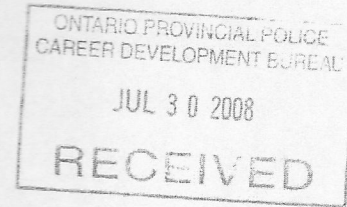
Phone: (705) 329-6663

225 - 080558

18 July 2008

Mr. Michael Jack

Dear Michael,



Congratulations! On behalf of the Commissioner, I am pleased to inform you that as a successful candidate for appointment to the Ontario Provincial Police, you are invited to report to the OPP Headquarters, Provincial Police Academy, 777 Memorial Avenue, Orillia on Sunday August 24, 2008 between 1700 and 2100 hours.

- You will attend the Provincial Police Academy for Orientation Training from Monday August 25, 2008 until Friday August 29, 2008.
- You will then be required to report to the Ontario Police College at Aylmer, Ontario on Tuesday September 2, 2008 between 1600 and 2200 hours for Level II Recruit Training starting Wednesday September 3, 2008 until Thursday November 27, 2008.
- You will then report to the Provincial Police Academy on Sunday November 30, 2008 between 1600 and 2200 hours to complete Orientation Training from Monday December 1, 2008 to Friday January 2, 2009, after which you will join your assigned detachment which has been identified as Peterborough County located in Central Region.
- Upon commencement of your employment with the OPP, you will be classified as a 5th Class Recruit Constable. After successfully completing the requirements of the initial period of training at the Ontario Police College and the Provincial Police Academy, you will be promoted to a 4th Class Recruit Constable with a corresponding wage increase unless otherwise affected by a pre-existing OPS contract.
- Your probationary period will begin on the day that you report to your detachment/home location upon successful completion of your training and will last for 1 year from that reporting date.
- All OPP officers must be willing to serve anywhere in the province of Ontario. By accepting this offer you are also accepting this condition as part of your employment.

JOINING INSTRUCTIONS ARE ENCLOSED AND SHOULD BE READ CAREFULLY.

Please complete the acknowledgement and immediately return one copy of this invitation in the pre-addressed envelope. Retain the originals for your reference.

Sandy Thomas
Inspector
Manager, Uniform Recruitment

- Note: This offer of employment is revocable should any information detrimental to your file come to our attention between this date and the end of your probationary period.
- Note: A Medical Evaluation received by the Ontario Provincial Police after an offer of employment, that does not support your appointment, will impact on your continued employment.

ACKNOWLEDGEMENT: Mark the appropriate box with an (X)

I Michael Jack agree with the conditions of appointment
Signature

Date of Signature: 24-JUL-08 will not report

Ontario
Provincial
Police

Police
provinciale
de l'Ontario



Career Development Bureau
Bureau de l'avancement professionnel

777 Memorial Ave.
Orillia, ON L3V 7V3

777, av. Memorial
Orillia ON L3V 7V3

Tel: (705) 329-6725
Fax: (705) 329-6188

Tél: (705) 329-6725
Télé: (705) 329-6188

Reference No/N° de dossier:

August 25, 2008

MEMORANDUM TO:

Michael Jack
Badge #12690

Re: **PERFORMANCE AND CONDUCT REQUIREMENTS
OF A RECRUIT CONSTABLE**

On behalf of Commissioner Julian Fantino, I welcome you to the Ontario Provincial Police (OPP) as one of our newest Policing Services Constables. It is the intent of the OPP to give our new employees every opportunity to succeed and we feel that clearly stated expectations of performance and conduct are fundamental ingredients in this process.

This memorandum describes the OPP's performance and conduct requirements for all recruit constables. Performance and conduct matters include academic performance, performance in an operational setting, and conduct both on and off duty. A position description for Policing Services Constable is attached for your reference.

As described in your Offer of Employment, you will hold the rank of 5th Class Recruit Constable until you successfully complete the training requirements of the Ontario Police College (OPC) and the Provincial Police Academy (PPA).

Successful completion of all components of the Basic Constable Training Program at the Ontario Police College is a mandatory requirement for every recruit constable. **It is important to note that the OPP will be seeking your release from employment should any of the following circumstances arise:**

- If you do not achieve a passing grade (75% or higher) in three or more examinations, a recommendation will be made to the Commander, Career Development Bureau, that you be released from employment.
- If you do not achieve a passing grade (75% or higher) in one or two examinations, you will be allowed one opportunity to re-write those examinations to obtain a passing grade of 75% or higher. If you do not achieve a passing grade (75% or higher) on these examination re-writes, a recommendation will be made to the Commander, Career Development Bureau, that you be released from employment.

- If you do not achieve the required standard in Police Vehicle Operations (PVO), you will be allowed one additional testing opportunity to achieve this standard. If you do not achieve the required standard in PVO during the re-test, a recommendation will be made to the Commander, Career Development Bureau, that you be released from employment.
- If you do not achieve the required standard in Firearms, Defensive Tactics, or the Physical Readiness Evaluation for Police (PREP) test, you will be allowed one additional testing opportunity to achieve this standard. If you do not achieve the required standard during this re-test, a recommendation will be made to the Commander, Career Development Bureau, that you be released from employment.

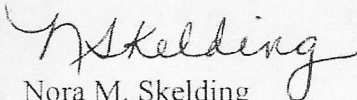
When you successfully complete all of the requirements of both OPC and PPA training, you will proceed to your assigned detachment. Your one-year probation period will commence and you will be promoted to a 4th Class Recruit Constable status with a corresponding wage increase (unless otherwise affected by a pre-existing OPS contract).

Your performance and conduct will be assessed and documented by a Coach Officer. Performance evaluations will assess your development and performance as a recruit constable. All of these evaluations will be shared with you and any performance rating in the "Does not meet" category will be brought to your attention. You will be given every opportunity to improve any identified performance deficiencies.

In order for your employment with the OPP to be confirmed beyond the probationary period, the evaluation of your work performance and conduct must demonstrate that you meet the requirements of this position. A recommendation to confirm your appointment as a Provincial Constable will be made after the tenth (10) month of your probationary period.

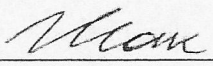
Pursuant to the Public Service of Ontario Act, a recommendation that you be released from employment for failure to meet the requirements of your position, based on unsatisfactory work performance or inappropriate conduct, may be made at any time during your training and probation period.

I extend my very best wishes for a successful and fulfilling career.

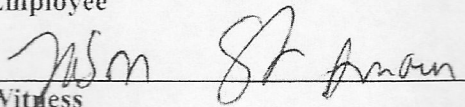

 Nora M. Skelding
 Chief Superintendent
 Bureau Commander

ACKNOWLEDGEMENT

I, MICHAEL JACK have read, understand and accept the contents of this memorandum "PERFORMANCE AND CONDUCT REQUIREMENTS OF A RECRUIT CONSTABLE", Rev: Aug 2008.


 Employee

25/08/08
 Date


 Witness

25/08/08
 Date



RECRUIT LEADERSHIP ASSESSMENT TOOL

Name: Jack, Michael

Badge: 12690

Detachment: Peterborough County

OPP Class #: 411

291 FILE

General Observations

- ◆ Overall performance met standards at OPC and Provincial Police Academy. Continued development and training in field is required for further assessment.

Average Rating: 3

Leading Others

Decision Making and Problem Solving

Identifies and analyzes problems. Uses facts and input from others and sound reasoning.

- ◆ Scenario Evaluation - Fraud: Good comms. With partner. He asked good investigative questions about the dog. In dealing with fraud activities he and his partner recognized the illegal activities, asked good questions and affected an arrest.
- ◆ Assisted in support of Chase medical issue - Followed direction with minimal input- initiative to perform his assigned task
- ◆ Barricaded person Scenario: Failed to listen to partner and made own decisions that could have cost him his "life" in a real life situation. Many concerns with his comments "I can take him out" meaning shoot him.

Average Rating: 3

Team Building

Encourages co-operation, pride, trust and group identity and builds commitment, team spirit and strong relationships.

- ◆ IRD: Enthusiasm re learning in instructional environment structured for all skill levels has come into question on more than one occasion. EG: while instructing C8 refresher manipulation skills student was seen to yawn in a way instructor perceived as boredom with information. Recruit was debriefed on this and further debriefed on the student/instructor perception of him being a team player in question. Recruit was receptive to the debrief (Sgt. Morphet/Peacock) which included reiteration of core lethal confrontation training of shooting center body mass to stop the threat in a justifiable circumstance as articulated with the assistance of the Ontario Use of Force Model.

Average Rating: 1

Leading Self

Enthusiasm

Sincere interest and exuberance in performance of duties – willing to accept challenges.

- ♦ Drug Lecture: Participated well in class and also officer safety class volunteered
- ♦ IRD: Enthusiasm re learning in instructional environment structured for all skill levels has come into question on more than one occasion. EG: while instructing C8 refresher manipulation skills student was seen to yawn in a way instructor perceived as boredom with information. Recruit was debriefed on this and further debriefed on the student/instructor perception of him being a team player in question.
- ♦ Radar Practical: Works very hard to overcome accent issues.

Average Rating: 3.3

Judgement

Ability to think about things clearly and make good decisions. Identifies and analyzes problems.

- ♦ Night survival: During the night shoot did not go for cover his trouble articulating his decisions
- ♦ OPC Performance: difficulty in PVO during difficult environmental driving conditions and was unsuccessful

Average Rating: 1.5

Technically and Tactically Competent

Demonstrates knowledge, skills and ability through academic and practical applications.

- ♦ Firearms/Tactics: Skill set level above average in firearms and tactics. One of the class "top dog" pistol shooters.
- ♦ Night Occurrence - EDU: Recognition of items as explosives. Used appropriate TAC Com. Safe handling of items/subject. Proper use of telecommunication equipment. Proper investigative questioning techniques. Utilized proper call out procedures. Considered safety of subject, public, self & fellow officer.
- ♦ Radar Practical: Needs to practice driving skills & technical skills

Average Rating: 3.3

Additional Comments:

Strong will and excellent fitness level. Has problems working in teams and very driven and self motivated. Failed Night Pursuit PVO. Needs to be placed in primary roles in POST training as may have problems demonstrating discretion. Very direct with his approach to application of law. Communications with others is a problem.



RECRUIT LEADERSHIP ASSESSMENT TOOL

The Provincial Police Academy prepares, trains and develops our members to become fully functional Provincial Police Officers.

As Provincial Police Officers they are trained to be leaders; that process begins in week one of Pre-OPC training and continues for their entire careers.

The Provincial Police Academy has recently developed and implemented a Recruit Leadership Assessment Tool to assist Academy staff in identifying those recruits who have demonstrated the ability to lead themselves and others and class members who have met and exceeded expectations while attending OPC.

This assessment is completed by all OPP Instructors assigned to OPC and overseen by the OPP Staff Sergeant Liaison Officer.

During the Post OPC training, several recruits are given the opportunity to serve their class as leaders. They are given significant responsibilities and are held to a higher standard of accountability for their actions and the actions of others.

While attending the Academy training **ALL** recruits were evaluated by the instructors utilizing this assessment tool and signed off by the Director.

We utilize a 1-5 scale (see below) to assess each class member's leadership potential. There are two categories and several criteria used for assessment and evaluation.

	<u>Level</u>	<u>Demonstrated</u>
1	Low	Never
2	Fair	Very Rare
3	Good	Sometimes
4	Very Good	Most of the time
5	Excellent	Always

Should you have any questions or require further information regarding this assessment tool, please contact Mr. Peter Shipley, Chief Instructor at 705-329-7546.

A. Employee Data			
Surname	Initials	Social Insurance Number	WIN Employee ID
JACK	M.	530 393 230	393080
Branch Name	Section	Location Code	
PETERBOROUGH DETACHMENT Ontario Provincial Police	Central Region		

B. Absence Report					
If absence began prior to current month, indicate date began.	D/M/Y	Medical Certificate (If required):		Previously Submitted	
		<input type="checkbox"/> Attached		<input type="checkbox"/> Submitted	
1. Enter the appropriate information on the absence chart. 2. To avoid overpayment, forward the PCS4 to your Pay and Benefits Rep when absences occur which require reductions or stopping of pay immediately. NIL	First working day of absence	Last working day of absence	Absence Code (see list)	Working days off	Credit to Days Ratio
	D M Y	D M Y			
	01 / 09 / 08	01 / 09 / 08	Y1	1	100

Explanation of Absence
 => For Bereavement leave, indicate relationship of deceased to employee. For other types of leave provide information as appropriate.
 => FOR AN OFF-DUTY INJURY ENTER THE REASON AND DATE OF INJURY.

Certification (To be completed when employee uses banked overtime or Statutory holiday bank to supplement pay to 100% for absences S1 or W7 only)
 Employee's banked overtime or Statutory holiday bank has been reduced by _____ hours.

Election of Benefits under the Short Term Sickness Plan (Only to be completed when initiating an election or changing an employee's existing election.)

I elect to receive 75% of my salary under provisions of the plan, or, New Revised To be effective (Month/Year) _____

100% of my salary supplemented by use of the credit or credits as indicated below: (if more than one credit type is selected, rank your choices A, B, etc.)

Attendance - (CR2 - accumulated attendance credits) M.C.O. - (CR5 - management compensation option)

Vacation - (CR3 - accumulated vacation credits) Statutory holiday bank - (CR8)

C.T.O. - (CR4 - banked overtime)

Date	Manager's signature	Manager's WIN Employee ID
2-OCT-08		
<u>Employee's Signature</u>		

A. Employee Data			
Surname	Initials	Social Insurance Number	WIN Employee ID
JACK	M	530 393 230	39 3080
Branch Name	Section	Location Code	
PETERBOROUGH DETACHMENT Ontario Provincial Police	Central Region		

B. Absence Report			
If absence began prior to current month, indicate date began.	D/M/Y	Medical Certificate (If required):	Previously Submitted
		<input type="checkbox"/> Attached	<input type="checkbox"/> Submitted

1. Enter the appropriate information on the absence chart. 2. To avoid overpayment, forward the PCS4 to your Pay and Benefits Rep when absences occur which require reductions or stopping of pay immediately. STA7 - HOLIDAY NIL	First working day of absence	Last working day of absence	Absence Code (see list)	Working days off	Credit to Days Ratio
	D M Y	D M Y			
	13 10 08	13 10 08	Y1	1	1.00

Explanation of Absence
 => For **Bereavement** leave, indicate relationship of deceased to employee. For other types of leave provide information as appropriate.
 => FOR AN OFF-DUTY INJURY ENTER THE REASON AND DATE OF INJURY.

Certification (To be completed when employee uses banked overtime or Statutory holiday bank to supplement pay to 100% for absences S1 or W7 only)
 Employee's banked overtime or Statutory holiday bank has been reduced by _____ hours.

Election of Benefits under the Short Term Sickness Plan (Only to be completed when initiating an election or changing an employee's existing election)

I elect to receive 75% of my salary under provisions of the plan, or, New Revised To be effective (Month/Year) _____

100% of my salary supplemented by use of the credit or credits as indicated below: (if more than one credit type is selected, rank your choices A, B, etc.)

Attendance - (CR2 - accumulated attendance credits) M.C.O. - (CR5 - management compensation option)

Vacation - (CR3 - accumulated vacation credits) Statutory holiday bank - (CR8)

C.T.O. - (CR4 - banked overtime)

Date	Manager's signature	Manager's WIN Employee ID
06-NOV-08	<i>James Elson</i>	
Employee's Signature		
<i>[Signature]</i>		

A. Employee Data			
Surname	Initials	Social Insurance Number	WIN Employee ID
JACK	M.	530 393 230	39 30 80
Branch Name	Section	Location Code	
PETERBOROUGH DETACHMENT Ontario Provincial Police	Central Region		

B. Absence Report			
If absence began prior to current month, indicate date began.	D/M/Y	Medical Certificate (If required):	Previously Submitted
		<input type="checkbox"/> Attached	<input type="checkbox"/> Submitted

1. Enter the appropriate information on the absence chart. 2. To avoid overpayment, forward the PCS4 to your Pay and Benefits Rep when absences occur which require reductions or stopping of pay immediately. STAT. HOLIDAY NIL	First working day of absence	Last working day of absence	Absence Code (see list)	Working days off	Credit Days Ratio
	D M Y	D M Y			
	10 / 11 / 08	10 / 11 / 08	Y1	1	100

Explanation of Absence
 => For **Bereavement** leave, indicate relationship of deceased to employee. For other types of leave provide information as appropriate.
 => FOR AN OFF-DUTY INJURY ENTER THE REASON AND DATE OF INJURY.

Certification (To be completed when employee uses banked overtime or Statutory holiday bank to supplement pay to 100% for absences S1 or W7 only)
 Employee's banked overtime or Statutory holiday bank has been reduced by _____ hours.

Election of Benefits under the Short Term Sickness Plan (Only to be completed when initiating an election or changing an employee's existing election.)


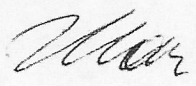
I elect to receive 75% of my salary under provisions of the plan, or, New Revised To be effective (Month/Year) _____

100% of my salary supplemented by use of the credit or credits as indicated below: (if more than one credit type is selected, rank your choices A, B, etc.)

Attendance - (CR2 - accumulated attendance credits) M.C.O. - (CR5 - management compensation option)

Vacation - (CR3 - accumulated vacation credits) Statutory holiday bank - (CR8)

C.T.O. - (CR4 - banked overtime)

Date	Manager's signature	Manager's WIN Employee ID
24-nov-08		174270
Employee's Signature		
		

To: Sgt. Tozser

From: Michael Jack

Date: 15-Dec-08

Memo Re: Failing to sign the 23:00 sign-in sheet on Sunday 14-Dec-08.

I stayed in the residence all weekend. I had and still have influenza. I have been on medication since Thursday of last week. I was in bed heavily medicated by 22:00 on Sunday and neglected to sign the post 23:00 sign-in sheet. I apologize and it will not happen again.

Michael Jack (Badge #: 12690)

A handwritten signature in cursive script, appearing to read "MJ", is positioned to the right of the typed name.