



## Substitute Teacher Application

**NAME:** \_\_\_\_\_  
Last First Middle

**ADDRESS:** \_\_\_\_\_  
Street/Box Town Postal Code

**TELEPHONE #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**S.I.N.** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
yyyy/mm/dd

**ALBERTA TEACHING CERTIFICATE: (Type/Number)** \_\_\_\_\_

**NUMBER OF YEARS TRAINING (TQS):** \_\_\_\_\_ **NUMBER OF YEARS EXPERIENCE:** \_\_\_\_\_

Payment of wages are done by direct deposit. Please complete the attached Direct Deposit form and return with a void cheque. Please note that because of payroll processing time requirements, your pay may be dated within 5 to 7 days after the end of the payroll month. Your direct deposit stubs will be e-mailed to the address you provide. Please notify this office immediately of any banking changes.

I would be interested in substitute teaching in the following schools:

- |  |  |
|--|--|
| <input type="checkbox"/> Ashmont School                            | <input type="checkbox"/> New Myrnam School                                   |
| <input type="checkbox"/> Ecole Mallaig School                      | <input type="checkbox"/> Plain Lake Colony School (located near Two Hills)   |
| <input type="checkbox"/> Elk Point Elementary School               | <input type="checkbox"/> Racette School (St. Paul)                           |
| <input type="checkbox"/> Elk Point Outreach School                 | <input type="checkbox"/> St. Paul Alternate Education Centre                 |
| <input type="checkbox"/> F.G. Miller Jr/Sr High School (Elk Point) | <input type="checkbox"/> St. Paul Elementary School                          |
| <input type="checkbox"/> Glen Avon School (St. Paul)               | <input type="checkbox"/> St. Paul Regional High School                       |
| <input type="checkbox"/> Hairy Hill Colony School                  | <input type="checkbox"/> Stony Creek Colony School (located near St. Brides) |
| <input type="checkbox"/> Heinsburg School                          | <input type="checkbox"/> Two Hills Mennonite School                          |
| <input type="checkbox"/> Myrnam Outreach & Homeschool Centre       | <input type="checkbox"/> Two Hills School                                    |

**COMMENTS:** (e.g. preferred grade level or subject) \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**New Substitute Teacher Applicant documentation required:**

- Current teaching resume
- Copy of Alberta Teacher’s Certificate
- Copy of TQS (Teacher Qualification Services) or proof of application verifying number of years of education
- Certification of Teaching Experience from other Boards completed by their Human Resources Department

**As per Board policy, all new employees are required to provide copies of a current (dated within a year of your application) Criminal Record – Vulnerable Sector Check and an Alberta Children’s Intervention Record Check (completed by Alberta Children’s Services) as a condition of employment.**



**TO: Experienced Teachers Joining the Staff of St. Paul Education (The St. Paul School Division)**

As your previous teaching experience will be used towards the calculation of your salary, it will be necessary for you to obtain signed statements from the Human Resources Department of each school system under whose jurisdiction your teaching experience was previously gained. Please send this form to each of your previous employers.

**CERTIFICATION OF TEACHING EXPERIENCE**

This is to certify that \_\_\_\_\_ was employed at \_\_\_\_\_ as a teacher for the following noted periods:

Period of Employment (indicate commencement and termination dates)							Nature of Employment (indicate full-time or part-time FTE or substitute day(s))	Number of complete full-time school years or number of days if part-time or a partial year
yy	mm	dd	To	yy	mm	dd		

For a total of \_\_\_\_\_ year(s) and \_\_\_\_\_ day(s).

Please confirm the last placement on your salary grid for this individual \_\_\_\_\_

Date of last increment \_\_\_\_\_

Number of carried forward days not applied to the last grid increment \_\_\_\_\_

In order for past teaching experience to be considered for salary purposes, three conditions must be met:

1. Must possess a valid teaching certificate issued by the Provincial Department of Education or equivalent government authority in the case of experience gained outside of Canada.
2. The teaching experience was at an institution in which the curriculum was accredited by the Provincial Department of Education or equivalent state authority.
3. A teaching certificate was a requirement for the above positions.

Does the teaching experience for which the teacher is seeking recognition for salary purposes meet the above requirements? \_\_\_ Yes \_\_\_ No

Information certified by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Jurisdiction

\_\_\_\_\_  
Printed Name & Position

\_\_\_\_\_  
Date

**PLEASE EMAIL DIRECTLY TO ST. PAUL EDUCATION: [human\\_resources@sperd.ca](mailto:human_resources@sperd.ca)**

# CONFIDENTIAL

## DIRECT DEPOSIT FORM

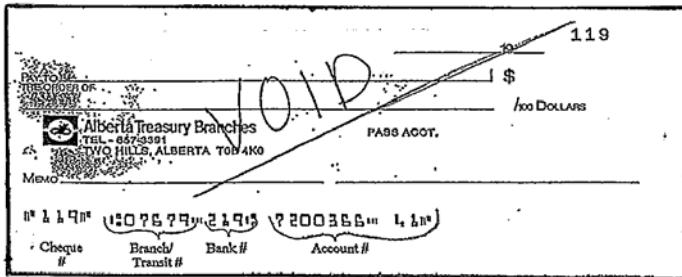
EMPLOYEE NAME: \_\_\_\_\_

PHONE # : \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ (PAY STUBS ARE EMAILED TO THE ADDRESS PROVIDED)

**PLEASE ATTACH A DIRECT DEPOSIT FORM PROVIDED BY YOUR BANK, FOR ACCURACY IN BRANCH/TRANSIT#, BANK # AND ACCOUNT #.**

Branch/ Transit # (5 digits)	Bank # (3 digits)	Account #	Name of Bank	ADDRESS OF BANK	DEPOSIT TYPE Indicate <b>B</b> for Balance Indicate <b>F</b> for Flat Amount Indicate <b>P</b> for Percentage	FLAT AMOUNT	Percentage %
						\$	%
						\$	%



\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

# EXAMPLES

➔ Employee wants net cheque to go to noted account.

Branch/ Transit # (5 digits)	Bank # (3 digits)	Account #	Name of Bank	ADDRESS OF BANK	DEPOSIT TYPE Indicate <b>B</b> for Balance Indicate <b>F</b> for Flat Amount Indicate <b>P</b> for Percentage	FLAT AMOUNT	Percentage %
07679	219	7200366	TREASURY BRANCH	Box 440 St. Paul, AB T0A 3A0	P	\$	100 %

➔ Employee wants \$1000 from payroll to go to one account and balance to go to the other.

Branch/ Transit # (5 digits)	Bank # (3 digits)	Account #	Name of Bank	ADDRESS OF BANK	DEPOSIT TYPE Indicate <b>B</b> for Balance Indicate <b>F</b> for Flat Amount Indicate <b>P</b> for Percentage	FLAT AMOUNT	Percentage %
07679	219	7200366	TREASURY BRANCH	Box 280 Two Hills, AB T0B 4K0	F	\$ 1000	%
07679	219	7200398	"	"	B	\$	%

➔ Employee wants 75% of payroll cheque to go to account at Treasury Branch and balance of payroll cheque to go to account at CIBC.

Branch/ Transit # (5 digits)	Bank # (3 digits)	Account #	Name of Bank	ADDRESS OF BANK	DEPOSIT TYPE Indicate <b>B</b> for Balance Indicate <b>F</b> for Flat Amount Indicate <b>P</b> for Percentage	FLAT AMOUNT	Percentage %
07679	219	7200366	TREASURY BRANCH	Box 280 Two Hills, AB T0B 4K0	P	\$	75 %
00189	010	0601235	CIBC	Box 90 St. Paul, AB T0A 3A0	B	\$	%



# 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.

**15,705**

**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 \$15,705) 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 \$15,000. 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](http://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](http://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](http://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.**

**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	<b>For non-residents only</b> Country of permanent residence	Social insurance number

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**1. Basic personal amount** – Every person employed in Alberta and every pensioner residing in Alberta 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

**21,885**

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**2. Age amount** – If you will be 65 or older on December 31, 2024, and your net income from all sources will be \$45,400 or less, enter \$6,099. You may enter a partial amount if your net income for the year will be between \$45,400 and \$86,060. To calculate a partial amount, fill out the line 2 section of Form TD1AB-WS, Worksheet for the Alberta 2024 Personal Tax Credits Return.

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**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:** \$1,685 or your estimated annual pension.

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**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 \$16,882.

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**5. Spouse or common-law partner amount** – Enter the difference between the amount on line 1 and your spouse's or common-law partner's estimated net income for the year if **all** of the following conditions apply:

- You are supporting your spouse or common-law partner
- Your spouse or common-law partner lives with you
- Your spouse's or common-law partner's net income for the year will be less than the amount on line 1

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**6. Amount for an eligible dependant** – Enter the difference between the amount on line 1 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
- The dependant 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

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**7. Caregiver amount** – Enter \$12,669 if you are taking care of a dependant and **all** of the following conditions apply:

- The dependant is your or your spouse's or common-law partner's parent or grandparent (aged 65 or older) or an infirm relative (aged 18 or older)
- The dependant lives with you
- The dependant has a net income of \$20,142 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$20,142 and \$32,811. To calculate a partial amount, fill out the line 7 section of Form TD1AB-WS.

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**8. Amount for infirm dependants age 18 or older** – Enter \$12,669 if you are supporting an **infirm** dependant and **all** of the following conditions apply:

- The dependant lives in Canada and is related to you or your spouse or common-law partner
- The dependant is 18 years or older
- The dependant has a net income of \$8,369 or less for the year

You may enter a partial amount if the infirm dependant's net income for the year will be between \$8,369 and \$21,038. To calculate a partial amount, fill out the line 8 section of Form TD1AB-WS. You **cannot** claim an amount for a dependant you claimed on line 7.

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**9. 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.

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**10. 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.

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**11. TOTAL CLAIM AMOUNT** – Add lines 1 to 10.

Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.

**Filling out Form TD1AB**

Fill out this form if you have income in Alberta 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 TD1AB, 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 TD1AB 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 TD1AB, check this box, enter "0" on line 11 and do not fill in lines 2 to 10

**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 11. 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 TD1.

**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](https://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](https://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.**



## **EMPLOYEE ACCEPTABLE USE AGREEMENT COMPUTERS/INTERNET/INFORMATION SYSTEMS**

St. Paul Education (SPERD) requires that all employees utilizing Division computers, Internet or network infrastructure read and sign this agreement to attest to his/her familiarity with SPERD policies and guidelines which include, but are not limited to, Administrative Procedure 140 Acceptable Technology Use, and Administrative Procedure 141 Portable Technology Security.

This agreement provides general guidelines of prohibited uses but does not attempt to state all required or prohibited activities. Employees who have questions regarding whether a particular activity or use is acceptable should seek further guidance from the Division Technology Coordinator.

Please read this document carefully. When signed by you it becomes a legally binding contract.

### Acceptable Use:

It is expected that employees using SPERD systems will conduct themselves in a responsible, decent, ethical and professional manner consistent with a school setting. The Employee agrees that in using SPERD computers and Internet he/she shall obey all federal and provincial laws and regulations. Access is provided as an aid to employees to enable them to better perform their job responsibilities. Under no circumstances shall an employee's use of SPERD computers and Internet interfere with, or detract from, the performance of his/her job-related duties.

Appropriate personal use of the network and personal owned devices is permitted, provided the use does not interfere with the user's work performance, interfere with any other user's performance, have undue impact on the operation of the network or violate any policy, guideline or standard of SPERD.

### Educational Purposes:

Employee access to SPERD computers, networks and Internet services is provided for administrative and educational purposes consistent with our educational mission, curriculum and instructional goals. Users shall not use Division services for any illegal, immoral, or private commercial purpose.

### Staff Responsibilities to Students:

Teachers and staff members who utilize school computers for instructional purposes with students have a duty of care to reasonably supervise such use. Teachers, staff members and volunteers are expected to be familiar with SPERD policies and rules concerning student computer and Internet use and to enforce them.

### Division Passwords

Staff are responsible for changing default passwords and protecting their passwords. Passwords must not be shared with anyone and should be changed periodically.

Passwords should not be the same for all applications.

### No Expectation of Privacy:

SPERD retains control and custody of all computers, networks and Internet services and reserves the right to monitor all computer and Internet activity by system users. Employees shall have no expectations of privacy in their use of school computers, including e-mail and stored files. Correspondence in the form of email may be a public record and may be subject to F.O.I.P.P.

### Security:

Users shall comply with all network security requirements and shall not attempt to bypass such requirements in any way, compromise the security of data, or vandalize data, software or equipment. Users agree to report any misuse of computer systems to their principal or supervisor.

### Updates to Division Technology Use Policies:

Due to the rapidly changing nature of technology, the Division may occasionally modify its policies or other related guidelines. SPERD will make every effort to keep these items available on the Division web site at [www.stpauleducation.ab.ca](http://www.stpauleducation.ab.ca). School Administrators will be informed of the policy changes and will be responsible for ensuring their staffs are kept updated on current policy.

Inappropriate Access to Materials and Conduct:

Users shall not use SPERD computer systems to view, copy, send or print material that is obscene, harmful, pornographic, advocates hate or violence against others, or is otherwise inappropriate in a school setting.

Users shall adhere to high standards of professional conduct and shall not undertake inappropriate communications that are obscene, inflammatory, false or defamatory and shall not include any personal or generalized attacks or harassment. Employees recognize that all email messages sent on a SPERD account/network are communicated as a SPERD employee.

Social Networking:

For school purposes, users shall only use social networking applications that are under the control of the Division such as Moodle and Division Facebook pages. Employees shall at all times refrain from communications with students on public social networking sites such as Facebook or Myspace. Notwithstanding familial contacts, employees shall not engage in electronic communication of a social or personal nature with students and shall ensure they maintain a professional student-employee relationship. Users should appreciate that Internet postings are not private and shall adhere to code of conduct norms with respect to any posting related to their school, the Division, and other employees. A good rule of thumb for staff to student messaging is to answer positively the following question: *"Is the content of the message something the principal and the student's parents/guardian would approve of and find necessary?"*

Other Prohibited Activities:

Users shall refrain from using abusive or profane language; from using the system to harass, insult, or attack others; from making unauthorized copies of computer software; from gaining unauthorized access to files; from using encryption or other password software to lock systems without permission; from identifying themselves with another person's name or password or using an account or password of another user without proper authorization; from theft or vandalism of data; from intentionally introducing a virus or otherwise improperly tampering with the system; from degrading or disrupting equipment or system performance; or from invading the privacy of another user.

The use of any type of handheld electronic/technology device while driving or operating machinery when on SPERD duties is strictly prohibited.

User Agreement:

I understand that all laptop computers, cell phones, equipment, and/or accessories the school has provided to me are the property of SPERD. I will return the equipment to the Division in the same condition in which it was provided to me.

I understand that I am personally responsible for any damage to or loss of any laptop computer, cell phone and/or related equipment, accessories and data. In case of damage or loss, I will replace or pay the full cost of replacement of the damaged or lost equipment with equipment of equal value and functionality subject to the approval of the Division.

If the device holds sensitive or confidential information, I agree to follow portable technology security guidelines as outlined in Administrative Procedure 141.

I have read, I understand, and I will abide by SPERD policy and these guidelines. I accept that failure to comply with these rules and/or other established procedures governing computer use may result in disciplinary action, up to and including discharge and/or appropriate legal action. I expressly release SPERD, its employees, officers, agents and trustees, from, and hereby expressly assume all liability directly or indirectly associated or resulting from my use of the Network/Internet. My signature indicates that I have read this agreement carefully, understand its significance and voluntarily agree to comply fully with all terms and conditions therein.

Employee Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**OATH OF CONFIDENTIALITY**

During the performance of my assigned duties as an employee of St. Paul Education, (SPERD), I may have access to private or confidential information. I agree that all discussions, records and information, deemed private or confidential, related to these activities will not be disclosed to any unauthorized person.

I hereby understand and agree that I shall not release, publish, or disclose any confidential information acquired through my employment relating to SPERD, their clients, students, employees, elected officials, business or affairs except as may be necessary in order to fulfill any statutory or job related duties and in accordance with SPERD policies and provincial or federal law. Any other disclosure shall only be made with the express prior written consent of SPERD through one of its designated representatives.

I understand that private and confidential information is protected by provincial and federal legislation and SPERD policies and procedures.

I understand that I am fully responsible to adhere to this oath and I will be subject to legal and/or disciplinary action including possible termination for any violations thereof.

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Employee Name

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Employee Signature

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Date

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Witness



## **SUBSTITUTE TEACHER INFORMATION GATHERING AND CONSENT**

*This information is gathered in conformance with the  
Freedom of Information and Protection of Privacy Act, Sections 32, 33, and 37.*

The **Freedom of Information and Protection of Privacy Act**, that has been in effect as of September 1, 1998, for Alberta School Districts, requires the consent of an individual for release of their personal information.

As part of the normal operation of the School and Division, staff lists are used to facilitate contact between staff and for staff recognition purposes (i.e. awards). It is considered important that such information continue to be provided.

Accordingly, we are asking you to complete the following information, and to indicate your consent to its use by signing below. You may omit any information that you do not wish used, or decline to have this information published.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone Number \_\_\_\_\_

**I hereby consent** to the use of my personal information provided above for the purpose of staff lists and staff recognition, for the life of my employment with St. Paul Education, or until such time as I withdraw this consent in writing.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Or**

**I do not wish** my personal information included for the purpose of staff lists.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If you have any questions regarding this request, please contact the Superintendent of Schools or the FOIP Coordinator at St. Paul Education, 4313 – 48 Avenue, St. Paul, AB T0A 3A3.  
The telephone number is (780) 645-3323 and the fax number is (780) 645-5789.