Holy Family
Catholic Regional Division

10307-99 Street
Peace River, AB T8S 1K1
Phone: 780-624-3956
Toll Free: 1-800-285-8712
Website: hfcrd.ab.ca

Peace River – Grimshaw – Fairview - Manning – McLennan – High Prairie - Valleyview

CERTIFIED - SUBSTITUTE TEACHER APPLICANT CHECKLIST

(School & Human Resources Use Only)

Applicant Name: _____

1. Initial Application Documents Required

- ❒ Division Application Form
- ❒ Resume
- ❒ Criminal Record with Vulnerable Sector Check
  - Must be dated within 1 year prior to Hire Start Date
  - Obtained form local RCMP, a fee may be required
- ❒ Intervention Record Check
  - Must be dated within 1 year prior to Hire Start Date
  - Obtained from alberta.ca/obtain-a-child-intervention-record-check
- ❒ Copy of Teaching Certificate

2. References Checked by:

Approval Signature: _____

3. Documents Required upon Approval of Hire

- ❒ Staff Replacement Form
- ❒ Technology Responsible Use Agreement (Form 140-3)
- ❒ Official Statement of Confidentiality (Form 400-2)
- ❒ TQS (years of Education) – Article 5 of Collective Agreement
- ❒ Confirmation of Previous Experience – Article 6 of Collective Agreement
- ❒ Direct Deposit & T4 Consent with **attached banking information or void cheque**
- ❒ TD1 & TDAB Forms

4. Start Date

- ❒ Substitute Teacher Hire Date: _____

Do not hesitate to contact Human Resources for assistance with the above forms

"Student Success in a Catholic Community Guided by Christ

Revised: 2025-04-17

Holy Family Catholic Regional Division

APPLICATION FOR TEACHING POSITION

INFORMATION FOR APPLICANTS

1. In order for the application to be complete the following items are required either at the time application is submitted or as soon as possible thereafter.

   a) An Alberta Teaching Certificate or a photocopy of same. Out-of-province applicants may obtain a certificate by applying to the Registrar, Alberta Education, 44 Capital Boulevard, 10044 – 108 Street Edmonton, Alberta, T5J 5E6, or apply online www.education.gov.ab.ca/k-12/teaching/certificate
   b) An evaluation for salary purposes. Apply to the Teachers' Qualification Service, Alberta Teachers' Association, 11010 – 142 Street, Edmonton, Alberta, T5N 2R1, or apply online www.teachers.ab.ca/Salary+and+Benefit/Teacher+Salary+Qualifications.htm
   c) For applicants without teaching experience, include transcripts of your training at university or training college and copies of student teaching reports.
   d) Criminal record statement including a vulnerable sector search and local indices search.
   e) Alberta Children's Services – Intervention Record Check.

2. Only interviewed applicants will be contacted.

PERSONAL DATA

Full Name _____ Social Insurance No. ____ - ____ - ____

Present Address _____ Phone No. _____

City_____ Province _____ Postal Code _____

Permanent Address _____ Phone No. _____

City_____ Province _____ Postal Code _____

Place of Birth _____ Date of Birth _____

Are you of the Roman Catholic Faith? Yes ☐ No ☐ Email: _____

Application is for: Part-Time ☐ Full-Time ☐ Substitute Teaching ☐

Update: June 24, 2024

EDUCATION RECORD

University/College Training: Years beyond high school.

Institution	Years of Attendance	Major Field	Minor Field

CERTIFICATION

If you hold an Alberta Teaching Certificate complete the following section:

Check Type of Certificate: ☐ Professional ☐ Provisional Condition _____

☐ Standard E ☐ Standard S Other Type _____

☐ Permanent Certificate No. _____

☐ Interim Certificate No. _____ Expiry Date _____

If you do NOT hold an Alberta Teaching Certificate, complete the following section:

☐ I will contact the registrar, Alberta Education, regarding certification.

☐ I have applied to Alberta Education for Teaching Certification and have not yet received a decision.

☐ I am a student at one of the Universities of Alberta and certification will be recommended by my Dean.

☐ I have received notice from Alberta Education that I am eligible for certification. I was advised that the Type of certificate to be granted is _____

☐ I presently hold a _____ teaching certificate which was received from the Province/Country of _____

SPECIAL TRAINING

Check any special training or experience you have had in the following:

Arts ☐ Business Ed. ☐ Drama ☐ Phys. Ed. ☐ Technology ☐ Practical Arts ☐ Music ☐

Native Ed. ☐ Religious Ed. ☐ Special Ed. ☐ French ☐ Counseling ☐ CTS ☐

Other ☐ _____

Comment on any interests, hobbies, professional activities, work experience (excluding teaching experience), recreational activities, which may be of interest to our jurisdiction.

TEACHING EXPERIENCE

List in order starting with most recent

Month/Year From to	Jurisdiction	Position Held Grade(s) Taught	Name of Principal

Total years of teaching experience: _____ Years _____ Months

PREFERRED TEACHING POSITION

Indicate your first and second choice of level at which you wish to teach.

Kindergarten ☐ Primary ☐ Upper Elementary (4 – 6) ☐ Jr. High (7-9) ☐ Sr. High (10-12) ☐

English Program ☐ French Immersion Program ☐ Special Education ☐

State subject area preferences in terms of first and second choice:

Elementary: 1. _____ 2. _____

Junior High: 1. _____ 2. _____

Senior High: 1. _____ 2. _____

CRIMINAL RECORD/CHILD WELFARE INFORMATION SYSTEM CHECK

Most positions with Holy Family Catholic Regional Division No. 37 involve contact with students. It is for this reason that the Board requires that an approved application includes **(dated within 90 days), a criminal record check, vulnerable sector search, local indices search and child intervention record check.**

Applicants with criminal convictions will be required to obtain a full criminal record check. The conviction for a crime does not automatically disqualify an applicant from employment. Holy Family Catholic Regional Division will consider the nature of any conviction in relation to the position for which an individual is applying.

Have you ever been charged under the criminal code? ☐ Yes ☐ No

If yes, describe the circumstances and the nature of the charges.

Have you ever been investigated by Child Welfare? ☐ Yes ☐ No

If yes, describe the circumstances and the nature of the investigation.

REFERENCES

Name	Position	Phone

If available include a reference from a parish priest or another member of the clergy

---

STATEMENT OF COMMITMENT

Holy Family Catholic Regional Division strives to give every student a sound education in a Christian atmosphere based on the teachings of the Catholic Church and reinforced by the Christian lifestyle of all staff members.

The School Division, therefore, strives to employ teachers who are concerned with the spiritual, social, psychological, intellectual and physical growth of the students, who live out Catholic Christian values in their own lives, and who recognize the impact of their lives on the students and their families in our communities**.**

DECLARATION

I certify that the statements made by me in this application are true and complete to the best of my knowledge and beliefs, and that, if hired by Holy Family Catholic Regional Division, I will live a Christian lifestyle that will support the teachings of the Catholic Church and the policies adopted by the Holy Family Catholic Regional Division. I also consent to Holy Family Catholic Regional Division contacting past and present employers.

_____ _____

Date **Signature of Applicant**

The information on this application form is being collected in accordance with the Freedom of Information and Protection of Privacy Act and under the authority of the School Act, and Holy Family Catholic Regional Division No. 37 Policy. It will be used to determine whether an applicant is qualified for appointment to a position or positions in the Holy Family Catholic Regional Division and to manage the School Division's human resources program. If you have any questions about the collection of this information, contact the FOIPP Coordinator at Holy Family Catholic Regional Division, 10307 – 99 Street, Peace River, AB, T8S 1R5, Phone: 780-624-3956.

Return to*: Holy Family Catholic Regional Division, 10307 – 99 Street, Peace River, Alberta T8S 1R5*
Tel: (780) 624-3956 Fax: (780) 624-1154

Holy Family
Catholic Regional Division

FORM 140-3 STAFF, CONTRACTORS, and VOLUNTEERS TECHNOLOGY RESPONSIBLE USE AGREEMENT

This agreement shall be reviewed and signed by staff, contractors, and volunteers uponcommencement of employment, and/or as required by Technology Services.

HFCRD provides access to the Division's network and Information Technology (IT) equipment to enhance learning for students and facilitate work activities for staff, contractors, and volunteers. All users shall adhere to the following standards of responsible use when accessing either division IT resources (software, hardware, network, and Internet), ortheir own personal electronic device for educational or business purposes. HFCRD reserves the right to access, audit, and monitor use of all supplied IT resources, without prior notice to the user, to maintain the integrity of the system and to ensure responsible use.

Responsible Use

- I will follow all school division policies and administrative procedures regarding responsible use of technology.
- I will take full responsibility for, and respectfully use, all IT resources and equipment available to me.
- I will take responsibility for my actions when viewing and posting information and images online.
- I will treat others with respect and use appropriate language and images when communicating with others.
- I will only use IT resources and equipment for legal and appropriate activities.
- I will abide by copyright laws and use correct citation of my information sources.
- I will only use my own account and electronic data unless granted sharing permission by another user.
- I will use IT equipment, bandwidth, and file space responsibly.
- I will keep my password confidential.
- I understand I am responsible for any actions performed on the computer while I am logged on, therefore I will always log out when finished on the computer or when I am away from the workstation.

Safe Use

- I will keep my personal information secure, including my age, address, and phone number.
- I will help maintain a safe computing environment by reporting any inappropriate material, security, or network problems to a school administrator, Technology Department, or system administrator.
- I understand the division uses a web filter to safeguard students and staff from inappropriate content, but that itmay not always be possible to block inappropriate content.
- I will not further distribute inappropriate content.

Appropriate Use

- I will obtain permission of the individual(s) involved and of a school staff member before photographing, videoing, publishing, sending, or displaying their information online.
- I will obtain permission from individual(s) when sharing commonly created electronic data.
- I will use IT resources and equipment in a positive manner so as not to disturb system performance and to not breach security standards.
- I will not use any HFCRDS' IT resources for political lobbying, product advertising, personal profit, or private business.
- I will only download, save, or install either full or portions of any software, music, movies, and images in accordancewith HFCRDS' standards and copyright laws.

Reliability

- I understand teachers and technicians do their best to ensure the availability and reliability of HFCRD'S IT resources; however, I also understand IT resources may be unavailable at times due to extenuating circumstances.
- I understand not all information on the Internet is true and accurate, therefore I will learn to assess the information that I find.
- I understand Network Administrators may review files and communications to maintain integrity of the system andto ensure responsible use.

Personally-Owned Devices

Individuals may use their own personal electronic devices on the network. When using a personal mobile device, all of the above conditions apply, in addition to the following:

- I realize that by registering/using my personal device on the HolyFamily-Public network, the device can be monitored and my computing activities can be traced back to me.
- I will only connect to the wireless network, and not the wired network or any other external network, even though other networks from the neighborhood might be visible to me.
- I will ensure my personal device is equipped with current virus protection software if supported by the device.
- I will turn off all peer-to-peer sharing (music/video/gaming) software or web-hosting services on my device while connected to the HolyFamily-Public network.
- I will use my personal electronic device appropriately during class/business time. During non-instructional/non-work times, students and staff may use their personal electronic devices providing that they adhere to the expectations of this agreement.
- I understand the security, care, connectivity, and maintenance of my device is my responsibility.
- I understand HFCRD is not responsible for the loss, theft, or damage of my device.
- I understand technical support for my personal electronic devices is my responsibility

Holy Family
Catholic Regional Division

FORM 140-3 **STAFF TECHNOLOGY RESPONSIBLE USE AGREEMENT**

REQUIRED SIGNATURES

I have read, understand, and will abide by the provisions and conditions of HFCRDS' Responsible Technology Use Agreement. I understand the inappropriate use of IT resources (equipment and/or the network) may result in suspension, cancellation of access privileges, and/or disciplinary/legal action. By signing below, I accept the conditions of this agreement.

Name (please print)_____

Site/Location: _____Position:_____

Signature:_____Date:_____

OFFICIAL STATEMENT OF CONFIDENTIALITY

I, _____ , do swear that I will execute according to law and to the best of my ability the duties required of me as an employee of the Holy Family Catholic Regional Division, and that I will not, without due authorization, disclose or make known any matter or thing which comes to my knowledge by reason of my employment in the Division.

_____
Signature of Employee

At _____

This _____ day of_____, A.D. 20 _____

_____

Witness

TO BE RETAINED ON THE EMPLOYEE PERSONAL FILE

HOLY FAMILY CATHOLIC SEPARATE SCHOOL DIVISION
STAFF REPLACEMENT FORM
2025- 2026 School Year

Please select: ☐ Substitute Certified Teacher ☐ Non-Certified Classroom Supervisor
☐ Casual Education Assistant ☐ Casual Office/Librarian ☐ Casual Custodial

We require your physical address for mileage claims. Mileage will be paid for by the shortest distance according to googlemaps.com. Please print clearly as this information affects how it's entered into the software.

Name:	
Full Mailing Address:	
Physical Address:	
Phone Number:	
Phone Number (Alt):	
Email 1:	
Email 2:	

Please mark your grades of interest below so they can be updated on the Substitute & Casual Listing. Casual Office/Librarian and Casual Custodial can circle the school of interest.

		PreK	ECS	1	2	3	4	5	6	7	8	9	10	11	12
Rosary	Manning	■											■	■	■
Holy Family	Grimshaw	■											■	■	■
Good Shepherd	Peace River									■	■	■	■	■	■
Glenmary	Peace River	■	■	■	■	■	■	■	■						
Providence	McLeannan	■										■	■	■	■
St. Andrews' s	High Prairie	■													
St. Stephen's	Valleyview	■											■	■	■
St. Thomas More	Fairview	■													
CyberHigh	PR / STA / STM	■	■	■	■	■	■	■	■	■	■	■			

HFCRD uses Easy Connect Dispatch. If you are a **Substitute Certified Teacher**, you will need to go into:

Apply to Education/Easy Connect
(Https://hfcrd.simplication.com/WLSBLogin.aspx?returnurl=%2f)

1. Create a new account or update your profile as HR does not have these permissions.
2. You must have a contact number & email address when creating a new account
3. Then email Tamara.Wilcox@hfcrd.ab.ca your **APPLICATION #** to activate your account.

By completing and signing this form, you are acknowledging that this information is correct, current and that you wish to be on the Substitute & Casual List for the 2025-2026 school year.

Signature: _____ **Date:** _____

Revised: June 11, 2025

Holy Family
Catholic Regional Division

10307-99 Street
Peace River, AB T8S 1K1
Phone: 780-624-3956
Toll Free: 1-800-285-8712
Fax: 1-780-624-1154
Website: hfcrd.ab.ca

Request for Confirmation of Previous Experience

Please complete this section of the form and submit a copy to each of your former Employers. Please note that this form must be completed and signed off by a representative from the department responsible for the administration of experience and or salary.

_____ _____ _____
Surname First Name Social Insurance Number

To be completed by previous Employer: This individual is seeking a position with Holy Family CRD #37. Our Division requires an official confirmation of previous experience with your Company, please provide the following:

	mm/dd/yy	mm/dd/yy	FT/PT Indicate FTE	Number of Years or Days
From	_____	To _____	_____	_____
From	_____	To _____	_____	_____
From	_____	To _____	_____	_____
From	_____	To _____	_____	_____

Please indicate how many hours worked per day _____ days per week _____

Please provide a short description of the responsibilities while in your employment:

_____

_____

_____

I hereby certify that the Employee named above worked for the duration indicated above

_____ _____ _____
Official Company Name Province Phone Number

_____ _____ _____
Designate Signature Title Date

Please return this document to the attention of Human Resources

E-mail: humanresources@hfcrd.ab.ca or Fax: 780-624-1154

Holy Family Catholic Regional Division No. 37

DIRECT DEPOSIT AUTHORIZATION

PLEASE ATTACH VOID CHEQUE OR BANKING INFORMATION

Employee Name _____

School _____ Date _____

You are hereby authorized to deposit my net pay directly to the bank account identified as attached.

It is the responsibility of the employee to ensure that deposit of money has entered your bank account each month. You will be required to fill out a new Direct Deposit Authorization if there are any changes to your banking information.

_____
Employee Signature

ELECTRONIC DISTRIBUTION OF EMPLOYEE T4 CONSENT

Holy Family Catholic Regional Division No. 37 requests your consent to send your employment T4 tax slip electronically on the new employee self-service portal. Your consent is required to comply with Canada Revenue Agency regulations in the distribution of T4s to employees.

By consenting, you accept that you will not receive a paper copy in the mail. Rather, you acknowledge that an email notification will be sent to you when your T4 has been generated to your secured employee self-service portal site.

☐ I prefer to receive my T4 electronically.

☐ I prefer to receive my T4 by mail.

_____
Employee Signature

For further information on the Canada Revenue Agency regulation, please visit visit http://www.cra-arc.gc.ca/tx/bsnss/tpcs/pyrll/rtrns/t4/slps/dstrbt-eng.html. Your personal information has been gathered in accordance with the Freedom of Information and Protection of Privacy Act (FOIP) and will only be used to send employment related information. Questions, please call 780-624-3956 or email hfcrd@hfcrd.ab.ca

January 2015

Canada Revenue Agency | Agence du revenu du Canada

Protected B when completed

TD1

2025 Personal Tax Credits Return

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your 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 $16,129. However, if your net income from all sources will be greater than $177,882 and you enter $16,129, 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 $177,882 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2025 Personal Tax Credits Return, and enter the calculated amount here.

2. Canada caregiver amount for infirm children under age 18 – Only one parent may claim $2,687 for each infirm child born in 2008 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, 2025, and your net income for the year from **all** sources will be $45,522 or less, enter $9,028. You may enter a partial amount if your net income for the year will be between $45,522 and $105,709. 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 $10,138.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus $2,687 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 $2,687 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 $28,798 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus $2,687 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 $2,687 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 $28,798 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 $28,798 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than** the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under $18,816) whose net income for the year will be $20,197 or less, enter $8,601. You may enter a partial amount if their net income for the year will be between $20,197 and $28,798. 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 2025, 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 2025?

☐ 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 $16,129. 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, 2025 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2025. 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 2025:

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

$ _____

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.
For more information, go to **canada.ca/taxes-northern-residents**.

Additional tax to be deducted

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

$ _____

Reduction in tax deductions

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

Forms and publications

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

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

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.

Alberta Government

2025 Alberta Personal Tax Credits Return

Protected B when completed
TD1AB

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

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number

Address	Postal code	**For non-residents only** Country of permanent residence	Social insurance number

1. Basic personal amount – Every person employed in 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 2025, see "More than one employer or payer at the same time" on page 2	**22,323**
2. Age amount – If you will be 65 or older on December 31, 2025, and your net income from all sources will be $46,308 or less, enter $6,221. You may enter a partial amount if your net income for the year will be between $46,308 and $87,782. To calculate a partial amount, fill out the line 2 section of Form TD1AB-WS, Worksheet for the Alberta 2025 Personal Tax Credits Return.	
3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), **enter whichever is less:** $1,719 or your estimated annual pension.	
4. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter $17,219.	
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	
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	
7. Caregiver amount – Enter $12,922 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 $20,545 or less for the year You may enter a partial amount if the dependant's net income for the year will be between $20,545 and $33,467. To calculate a partial amount, fill out the line 7 section of Form TD1AB-WS.	
8. Amount for infirm dependants age 18 or older – Enter $12,922 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 $8,536 or less for the year You may enter a partial amount if the infirm dependant's net income for the year will be between $8,536 and $21,458. 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.	
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.	
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.	
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 2025, you **cannot** claim them again. If your total income from all sources will b.e 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** 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, and to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at **canada.ca/cra-info-source**.

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.