



RE: Application for Substitute Teacher

Please be advised that you will be considered to be placed on our Substitute Teacher List for Grande Yellowhead Public School Division No. 77 pending receipt of the following:

- a current Medical Report
- a Child Welfare Record Check
- a Criminal Record Check Certificate
- a Copy of your valid Alberta Teaching Certificate
- a short resume
- completion of the enclosed Substitute Teacher List
- a statement from Teacher Qualification Service (TQS)

Once you have all documents, please submit them by mail to this office.

We also enclose a memorandum and copies of required forms for our payroll department. Please follow their instructions.

If you have any questions, please contact:

Marilyne at:

Phone: (780) 723-4471 – extension 100

Email: marimarc@gypsd.ca

Address: 3656 – 1st Avenue
Edson, AB T7E 1S8



Procedures for Implementation of Board Policy 16 and Administrative Procedure 400(5)

1. Medical Report

- appointment with doctor
- supply the required form to the doctor

2. RCMP Criminal Record Check

- go to local RCMP detachment with identification (driver's license)
- a form will be provided to be completed

No Criminal Record

- certificate may take up to a week or more

Criminal Record

- finger prints will be taken at local RCMP detachment
- finger prints will be provided to individual
- envelope provided to apply to Ottawa for certificate (include finger prints)
- 6 to 8 weeks to receive certificate

3. Child Welfare Record Check

- provided by Children's Services office
- two pieces of identification will be required e.g. Driver's License, Alberta Health Care Card or Social Insurance Number Card
- Form will be provided at Children's Service office
- individual must comply with the request for a record check
- record check may take up to 2 weeks

Children's Services Offices

Drayton Valley (780) 621-4021

Grande Cache (780) 827-2245

Edson (780) 723-8325

Hinton (780) 865-8321

Jasper - report to Hinton office (780) 865-8321



Employment Medical Form

Name of Employee: _____

Consent is given for the release of any information included on this form to Grande Yellowhead Public School Division No. 77 to be used for employment records only.

Date: _____ Applicant's Signature: _____

Report by the applicant's medical doctor

The above-named applicant is medically fit and able to carry out his/her duties as a Board employee.

Yes No

Doctor's comments (if any):

Date: _____ Doctor's Signature: _____



SUBSTITUTE TEACHER LIST – 2016-2017

Date: _____ **Name:** _____

Address: _____

Postal Code: _____ **Phone #:** _____

A current copy of your valid Alberta Teaching Certificate is required if not on file.

Bilingual (please specify) _____

Please forward my name to the following school(s) to be included on their substitute teacher list for the 2016/2017 school year:

Jasper (check the box to the *left* of the school(s) you wish your name to be forwarded to)

<input type="checkbox"/> Jasper Elementary	K-6	<input type="checkbox"/> Jasper Jr./Sr. High	7-12
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Grande Cache

<input type="checkbox"/> Sheldon Coates Elementary	K-3	<input type="checkbox"/> Summitview	4-8
<input type="checkbox"/> Grande Cache Community High	9-12	<input type="checkbox"/> SonRise Christian Program at Grande Cache Community High	K-8
<input type="checkbox"/> The Learning Connection – Grande Cache	K-12		

Hinton

<input type="checkbox"/> Harry Collinge High (FRIM)	8-12	<input type="checkbox"/> École Mountain View (FRIM)	K-7
<input type="checkbox"/> Crescent V alley	K-7	<input type="checkbox"/> The Learning Connection - Hinton	K-12

Edson

<input type="checkbox"/> Evergreen	K-5	<input type="checkbox"/> École Pine Grove (FRIM)	6-8
<input type="checkbox"/> École Westhaven (FRIM)	K-5	<input type="checkbox"/> Parkland Composite High (FRIM)	9-12
<input type="checkbox"/> Fulham	K-6	<input type="checkbox"/> The Learning Connection - Edson	K-12
<input type="checkbox"/> A.H. Dakin	K-5		

Lobstick

<input type="checkbox"/> Niton Central	K-9	<input type="checkbox"/> Wildwood	K-9
<input type="checkbox"/> Evansview	K-6	<input type="checkbox"/> Grand Trunk High	7-12
<input type="checkbox"/> The Learning Connection – Evansburg	K-12		

Please complete the above and sign acknowledging your consent to allow us to circulate your information to the Principals and Teachers who may require your services.

Dated this ____ day of _____, 20____. Signature: _____

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act, s.32(a)(c), s.36, 33(1)(j) and in accordance with the Policies and Regulations of Grande Yellowhead Public School Division No. 77.



MEMORANDUM

TO: New Substitute Teachers
FROM: Payroll Department

As a new substitute teacher with Grande Yellowhead Public School Division No. 77, we require completion of the following:

- TD1 and TD1AB Income Tax forms
- Banking Information Form
- Statutory Declaration re: Teaching Experience. Do not include previous substitute teaching experience as it is not recognized for experience placement.

For salary purposes, the following is also required:

- submission of a Teacher Qualification Statement (from Alberta Teachers' Association)

Please refer to Article V in the Collective Agreement between The Grande Yellowhead Public School Division No. 77 and The Alberta Teachers' Association, available on the GYRD website at the following link: <http://esc.gyrd.ab.ca/Publications/ATA%202007%20-%202012.pdf>

Once you have all documents, please submit them by mail to this office.

For your information we enclose a summary of Alberta School Employee Benefit Plan Benefits for substitute teachers.

The payroll period runs from the first of the month to the end of the month with payday being the tenth of the month following.

For your information and in accordance with the ATA collective Agreement, substitute teachers are paid sub rate for the first five (5) consecutive days in the same position, however, commencing on the 6th day, subs will be paid at their grid placement. Pursuant to the School Act, a teaching contract will be offered including and extending beyond twenty (20) days in the same position.

For substitute teacher daily rate of pay, please refer to Article VII in the Collective Agreement between The Grande Yellowhead Public School Division No. 77 and The Alberta Teachers' Association, available on the GYRD website at the following link: <http://esc.gyrd.ab.ca/Publications/ATA%202007%20-%202012.pdf>

If you have any questions, please contact:

Jo-Ann at:

Phone: (780) 723-4471 – extension 108

Email: joannaul@gypsd.ca

Address: 3656 – 1st Avenue
Edson, AB T7E 1S8



CANADA)
PROVINCE OF ALBERTA) **IN THE MATTER OF TEACHING**
TO WIT:) **EXPERIENCE**

STATUTORY DECLARATION

I, _____ of the _____
of _____, in the Province of Alberta, do solemnly declare that I
did teach school for:

Jurisdiction:	Exact Dates	Full Time Equivalency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

And I make this solemn declaration conscientiously believing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

DECLARED before me at the)
_____ of _____)
IN THE PROVINCE of)
Alberta this _____ day of)
_____ A.D., 20_____) _____
) _____
) _____
A Commissioner for Oaths in and for)
The Province of Alberta)



Application for Direct Deposit

The information collected on this form is confidential and will be used solely for the purpose to deposit your payment directly into your bank account. We will not release this information for any other purpose. If you have any questions or concerns, please contact the Payroll Department at 723-4471.

INSTRUCTIONS

- Complete all the items requested below
- Funds can only be deposited in the name of the person or company who currently receives the cheque from the department.

A. Name of Account Holder

Last name										First name									

Address

Apt #, Street																			

City/Town										Prov		Postal Code				Phone number			
										A	B								

B. Bank Information

Name of Bank																			

Address of Bank																			

Type of Account (check one)		Branch Number	Bank Number	Account Number
Chequing	Savings			

If you have a **personalized cheque** for your bank account please attach one to this form with "VOID" written on the front.

Bank Stamp

or

If you **do not** have a personalized cheque for your bank account take this form to where your account is located. Have a financial institution officer sign and stamp to verify the above banking information.

Financial Institution Officer's signature

Phone Number

Date

I authorize the Grande Yellowhead Public School Division to make all payments due to me by deposit to the above account. Payment shall continue until I advise you of any change.

Employee's Signature

Phone Number

Date



2017 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.

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
<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 2017, see "More than one employer or payer at the same time" on page 2. If you are a non-resident, see "Non-residents" on page 2.</p>			11,635
<p>2. Family caregiver amount for infirm children under age 18 – Either parent (but not both), may claim \$2,150 for each infirm child born in 2000 or later, that resides with both parents throughout the year. 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" on line 8 may also claim the family caregiver amount for that same child who is under age 18.</p>			
<p>3. Age amount – If you will be 65 or older on December 31, 2017, and your net income for the year from all sources will be \$36,430 or less, enter \$7,225. If your net income for the year will be between \$36,430 and \$84,597 and you want to calculate a partial claim, get Form TD1-WS, <i>Worksheet for the 2017 Personal Tax Credits Return</i>, and fill in 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 (full time and part time) – If you are a student enrolled 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, fill in this section. If you are enrolled full time or part time, enter the total of the tuition fees you will pay.</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 \$8,113.</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 \$11,635 (\$13,785 if he or she is infirm) enter the difference between this amount and his or her estimated net income for the year. If his or her net income for the year will be \$11,635 or more (\$13,785 or more if he or she is infirm), 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 \$11,635 (\$13,785 if he or she is infirm and you cannot claim the family caregiver amount for children under age 18 for this dependant), enter the difference between this amount and his or her estimated net income. If his or her net income for the year will be \$11,635 or more (\$13,785 or more if he or she is infirm), 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 \$16,163 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), enter \$4,732 (\$6,882 if he or she is infirm); or • relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$6,882. <p>If the dependant's net income for the year will be between \$16,163 and \$20,895 (\$16,163 and \$23,045 if he or she is infirm) and you want to calculate a partial claim, get Form TD1-WS and fill in 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 \$6,902 or less, enter \$6,883. You cannot claim an amount for a dependant if you or anyone else has already claimed it on line 8 or 9. If the dependant's net income for the year will be between \$6,902 and \$13,785 and you want to calculate a partial claim, get Form TD1-WS and fill in 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 amount, or disability 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's or common-law partner's dependent child or grandchild will not use all of his or her tuition amount on his or her income tax return, enter the unused amount.</p>			
<p>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.</p>			

Filling out Form TD1Fill out this form **only** if:

- 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 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; 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 do not fill out Form TD1, 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 TD1 for 2017, 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 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. Your employer or payer will not deduct tax from your earnings.

Non-residents (Only fill in if you are a non-resident of Canada.)

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2017?

- 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.)

If you are unsure of your residency status, call the international tax and non-resident enquiries line at **1-800-959-8281**.**Provincial or territorial personal tax credits return**

If your claim amount on line 13 is more than \$11,635, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. 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.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$11,635), 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 2017, you may be able to claim the child amount on Form TD1SK, *2017 Saskatchewan Personal Tax Credits Return*. 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 zoneIf 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 2017, you can claim:

- \$11.00 for each day that you live in the prescribed northern zone; or
- \$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 can claim 50% of the total of the above amounts.For more information, go to cra.gc.ca/northernresidents.**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, fill out a new Form TD1.

\$ **Reduction in tax deductions**You can ask to have less tax deducted on your income tax return 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.

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Bank CRA PPU 120.

Certification

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

Signature _____

It is a serious offence to make a false return.

Date _____

YYYY/MM/DD

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

<p>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 2017, see "More than one employer or payer at the same time" on page 2.</p>	<p>18,690</p>
<p>2. Age amount – If you will be 65 or older on December 31, 2017, and your net income from all sources will be \$38,772 or less, enter \$5,208. If your net income for the year will be between \$38,772 and \$73,492 and you want to calculate a partial claim, get Form TD1AB-WS, <i>Worksheet for the 2017 Alberta Personal Tax Credits Return</i>, and fill in the appropriate section.</p>	
<p>3. 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 \$1,439, or your estimated annual pension income, whichever is less.</p>	
<p>4. Tuition and education amounts (full time and part time) – If you are a student enrolled at a university, college, or educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in 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 \$727 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 \$218 for each month that you will be enrolled part time.</p>	
<p>5. 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 \$14,417.</p>	
<p>6. 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 \$18,690, enter the difference between \$18,690 and his or her estimated net income. If his or her net income for the year will be \$18,690 or more, you cannot claim this amount.</p>	
<p>7. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependant relative who lives with you and whose net income for the year will be less than \$18,690, enter the difference between \$18,690 and his or her estimated net income. If his or her net income for the year will be \$18,690 or more, you cannot claim this amount.</p>	
<p>8. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$17,202 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, enter \$10,819. <p>If the dependant's net income for the year will be between \$17,202 and \$28,021 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.</p>	
<p>9. Amount for infirm dependants age 18 or older – If you are supporting an infirm dependant aged 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 \$7,147 or less, enter \$10,820. 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 \$7,147 and \$17,967 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.</p>	
<p>10. 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.</p>	
<p>11. 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's 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.</p>	
<p>12. TOTAL CLAIM AMOUNT – Add lines 1 to 11. Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>

Filling out Form TD1AB

Fill out this form **only** if you are an employee working in Alberta or a pensioner residing 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 amounts you previously claimed (for example, the number of your eligible dependants has changed); 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 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 2017, 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 12 and do not fill in lines 2 to 11.

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. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you wish to have more tax deducted, fill in "*Additional tax to be deducted*" on the federal Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted on your income tax return 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 cra.gc.ca/forms or call **1-800-959-5525**.

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Bank CRA PPU 120.

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.

STACS - Frequently Asked Questions

What is Benefits for Substitute Teachers and Casual Staff (STACS)?

Benefits for Substitute Teachers and Casual Staff (STACS) is a package of life insurance and health benefits offered to substitute teachers and casual staff on a voluntary basis by the Alberta School Employee Benefit Plan.

You can choose from the following four packages:

Package 1: \$25,000 Life Insurance, \$25,000 Accidental Death and Dismemberment Insurance (AD&D), Extended Health Care (Single)

Package 2: \$25,000 Life Insurance, \$25,000 AD&D, Extended Health Care (Family)

Package 3: \$50,000 Life Insurance, \$50,000 AD&D, Extended Health Care (Single)

Package 4: \$50,000 Life Insurance, \$50,000 AD&D, Extended Health Care (Family)

Plus. . . for an additional premium you can add Dental Care to any of these packages.

Please note: you must take all benefits (Life Insurance/AD&D and Extended Health Care) as a package; you cannot selectively choose benefits. If you choose Dental Care it becomes part of your benefits package.

Who is eligible?

Substitute teachers and casual staff are eligible to participate if they are:

- on an ASEBP participating employer's roster of substitute teachers or in a casual staff pool (participating employer's teacher group must have ASEBP benefits); and
- under age 65, or if still actively at work, under age 70; and
- a resident of Canada; and ineligible for group employment benefits through an ASEBP participating employer or other school jurisdiction; and
- not participating in ASEBP early retirement benefits

Life Insurance/AD&D is for you only (single coverage). For Extended Health Care and Dental Care (if selected) you can choose single or family coverage. If you choose single coverage for Extended Health Care you can only choose single coverage for Dental Care. If you choose family coverage for Extended Health Care you can only choose family coverage for Dental Care. Family coverage allows your spouse/partner and dependent children to participate in these benefits.

What else is it important for me to know about Dental Care coverage?

You can only take Dental Care as an add on to your selected benefits package (i.e. Package 1, 2, 3 or 4 as described above). Once you have chosen Dental Care it becomes part of your benefits package and you can only change your Dental Care coverage status (i.e. single to family or family to single) in combination with your Extended Health Care coverage. You cannot have Dental Care coverage on its own.

If you choose to add Dental Care to your package at a *later* date, you can do so; however dental deductibles will apply. If you add Dental Care to your package at initial enrollment and wish to drop it entirely at a later date you can do so independently of the rest of the package; however dental deductibles will apply if you subsequently wish to reinstate it.

What are dental deductibles?

Dental deductibles may apply to Dental Care coverage for a variety of reasons, many of which are described in this Frequently Asked Questions section. Dental deductibles if applicable are as follows: \$500 per covered person for basic and major services combined. Deductibles remain in place until the deductible is satisfied or 12 months have elapsed from the effective date of coverage, whichever comes first.

How do I enroll?

You must 'self-report' by using the [Declaration of Eligibility to Participate in STACS form](#) or by calling us directly. You need to provide this information within 31 days of being placed on the roster or in the casual pool. If you miss this window you will have to provide medical evidence of good health and if Dental Care coverage is selected, dental deductibles will apply.

When is coverage effective?

If approved, benefits for you (and your dependents where applicable) take effect the first day of the month following the day we receive the completed enrollment.

How long does coverage last?

Once approved, benefits continue unless you voluntarily drop coverage, fail to pay premiums, or are no longer eligible to participate.

What if I become eligible for other benefits?

If you accept a contract position with a school jurisdiction and you are eligible for benefits through that contract (with ASEBP or another benefit carrier) you must let us know within 15 days by completing a [STACS Change Application form](#). Your STACS benefits will be suspended for the duration of the period you are eligible for benefits through that contract.

When you are near the end of your contract, you must complete another [STACS Change Application form](#), and forward it to ASEBP within 15 days of the end of your contract if you wish your benefits to be reinstated. Failure to do so will result in a break in coverage and you will then become a late applicant.

How do I submit changes?

Changes to your enrollment information can be made using the [STACS Change Application form](#) or by contacting ASEBP in writing. Fax and email notification is accepted.

Examples of changes include changing from single to family coverage for Extended Health Care and Dental Care (where applicable), reducing or increasing Life Insurance/AD&D amounts, adding or deleting dependents, changing address information, etc. For more information refer to the STACS General Provisions section of this website, or consult a Benefits Specialist at the number below.

Changes to beneficiary information can be made using the [Appointment of Beneficiary\(ies\) – Life and Accidental Death and Dismemberment Insurance](#) form.

How much does coverage cost?

Premium rates are set annually. Any changes are normally effective September 1 each year. For more information about rates and the most current ones contact ASEBP.

Other questions?

Please consult an [ASEBP Benefit Specialist](#).

Teacher Qualifications Service (TQS)

Application Form and Guide Book

What is TQS?

The Teacher Qualifications Service (TQS) is the agency in Alberta responsible for evaluating teachers' years of education for salary purposes. It is a unit within the Alberta Teachers' Association, which is completely removed from Alberta Education. All public, separate and francophone school boards in the province, as well as some private boards, accept statements issued by TQS for the purpose of determining a teacher's placement on a salary grid as set out within the collective agreements of the jurisdictions. For a list of school boards in Alberta and their collective agreements please visit www.teachers.ab.ca and click on Salary, Benefits and Pension under the For Members link and follow the Collective Agreements link.

TQS evaluations are completed in accordance with the *Principles for the Evaluation of Years of Teacher Education for Salary Purposes* established by the Teacher Salary Qualifications Board (TSQB). The principles are contained in the Alberta Teachers' Association *Members Handbook* and are available from TQS as well as online at www.teachers.ab.ca click on Salary, Benefits and Pension under the For Members link and follow the Teacher Qualifications Service link.

Amendments are published in the *ATA News* and posted online. It is the responsibility of applicants to stay informed of changes in the principles and to ascertain if any changes affect the evaluation of their qualifications.

Please note that TQS does not evaluate years of teaching experience. Proof of previous teaching experience should be submitted to your current employing school board. The board's assessment of your teaching experience together with the TQS assessment of your educational qualifications determines your placement on the salary grid.



The Alberta Teachers' Association

TEACHER QUALIFICATIONS SERVICE (TQS) APPLICATION GUIDE BOOK

How to use this guide

Please refer to this guide to assist you in correctly completing all sections of the TQS Application Form. If you are unsure of the type of information required in a particular section of the application form, please consult the corresponding section in the guide. The guide will also indicate if there are any additional supporting documents that must be included with your application.

A. Personal Information

This is a **mandatory** section that must be completed in full to establish your identity. Please state your name as it appears on your birth certificate. If you are using a different name, please state your current and former names. Make sure to include evidence of name change, such as a copy of your marriage certificate or a statutory declaration.

TQS issues statements of qualifications to applicants who are Canadian citizens, permanent residents or lawfully authorized to work in Canada **and** who hold an Alberta teaching authority for the current year.

B. Contact Information

This is a **mandatory** section. Please indicate the address to which you would like TQS to send your correspondence. Also make sure to include telephone numbers in case TQS needs to contact you. Please note that, due to privacy concerns, TQS will not release personal information regarding your application via e-mail. Please make your inquiries via the telephone, in writing or in person.

C. Alberta Teaching Authority

Please fill out this section if you have been granted teaching authority (eg, Interim Professional Certificate, Temporary Letter of Authority) by Alberta Education. A photocopy of your teaching authority will be accepted as sufficient evidence.

Before a TQS statement of qualifications may be released, evidence of Alberta teaching authority must be submitted. Teaching authority is issued by the Registrar, Professional Standards Branch, Alberta Education, 2nd Floor, 44 Capital Boulevard, 10044 108 Street NW, Edmonton, Alberta T5J 5E6. For telephone inquiries, call (780) 427-2045, or call the government's RITE line toll free at 310-0000 and dial (780) 427-2045 at the prompt. For further information regarding Alberta teaching authority, please visit www.education.alberta.ca/teachers/certification.aspx.

D. Employing Alberta School Board

This is an optional section. If you indicate an Alberta school board, TQS will release one copy of your statement of qualifications to this school board directly and send one copy to you. If no school board name is given, you will receive both copies of your statement of qualifications. It will then be your responsibility to provide one of these to the school board upon employment.

E. Last TQS Application

This section is completed only if you have applied to TQS before. Please indicate the date of your previous application. If uncertain as to the exact date, please approximate.

F. Application Fee

Type of Evaluation	Fee
First	\$70
Each subsequent re-evaluation	\$120
Duplicate	\$50
Certified copy of transcript on file	\$20

Payments may be made by cheque or money order in Canadian funds payable to the Alberta Teachers' Association. Cash is also accepted for walk-in applicants. Debit/Credit card transactions are not accepted at this time. Should you discontinue your evaluation request, a non-refundable fee of \$20 will be retained and applied to future evaluation charges.

G. Education Information

This is a **mandatory** section. Please include the last secondary institution you attended and all postsecondary institutions you attended in chronological order, including dates and any degrees/diplomas/certificates received.

All postsecondary documents must be official and complete originals. You may request your educational institutions to forward your transcripts directly to TQS. Photocopies and facsimile are unacceptable. High school records are not required unless specifically requested by TQS.

Please note that all transcripts from Canadian and United States institutions become the permanent property of TQS. Only original degree and diploma parchments, as well as documents originating outside of Canada and the United States, will be returned to the applicant, with copies kept on file. Once submitted, a document does not need to be resubmitted for subsequent applications.

Documents in languages other than English or French must be accompanied by official notarized English translations.

If your degree or diploma consists of more than the standard graduation requirements, official evidence of extraneous courses and/or semester credit hours is required.

If you are applying for an evaluation of your education from the United States under TSQB principle 2.01.b, please make sure to provide together with your transcript official letters of course and program

equivalencies from institutions in the same state that are accredited by one of the six regional accreditation bodies as indicated in 2.01.b. Please make sure to contact TQS if further information is required.

If you have been issued a TQS statement of qualifications previously and are reapplying with no additional study completed, TQS may issue a duplicate statement.

H. Declaration and I. Verification Agreement

These are **mandatory** sections. Your application will not be processed without signatures and dates here.

Signing the declaration indicates that the information you are providing is both accurate and complete, and authorizes TQS to contact third parties to collect further information necessary to complete the evaluation of your application.

Signing the verification agreement indicates your responsibility to review and verify the statement of qualifications and report any errors and/or omissions to TQS within 90 days of the date on the statement.

Please refer to the TSQB *Principles for the Evaluation of Years of Teacher Education for Salary Purposes* for information regarding evaluation disputes.

J. Review

This section is optional and included for your information only. Please use the checklist provided to ensure that all sections of the application form have been completed to the best of your ability and all required documentation has been included with the application.

NOTE: Please allow sufficient time for processing of your application, as processing times vary throughout the year depending on volume of applications. Though every attempt will be made for a timely evaluation, processing times are not guaranteed. Incomplete applications will result in further processing delays.

Please contact TQS for further assistance at (780) 447-9400 (from Edmonton and area) or 1-800-232-7208 (from elsewhere in Alberta).

FOR OFFICE USE ONLY

Personal Identification N°

Application N°



TEACHER QUALIFICATIONS SERVICE (TQS) APPLICATION FORM

Refer to Application Guide Book

A. PERSONAL INFORMATION

Last Name

Female Male

First and Middle Name(s)

Language Preference

English French

Former Names

Date of Birth

Y	M	D
---	---	---

Country of Birth

B. CONTACT INFORMATION

Mailing Address

Contact Phone Numbers

City/Town _____ Province/State _____

Country _____ Postal/Zip Code _____

Cell () _____

Home () _____

School () _____

E-mail _____

C. ALBERTA TEACHING AUTHORITY

Type _____ No _____

Expiry Date

Y	M	D
---	---	---

D. EMPLOYING ALBERTA SCHOOL BOARD

Name _____ Address _____

Jurisdiction N° _____

E. LAST TQS APPLICATION

Date of Last Application

Y	M	D
---	---	---

F. APPLICATION FEE

SEE APPLICATION GUIDE BOOK FOR FEE SCHEDULE

First Evaluation Re-evaluation Duplicate Statement

Payment enclosed Yes No

FOR OFFICE USE ONLY

Teaching Authority _____

Expiry Date

Y	M	D
---	---	---

Reviewer _____ App Complete

Y	M	D
---	---	---

Alberta Degree _____

Evaluator _____ Yrs _____ Eval Complete

Y	M	D
---	---	---

Eval Type _____ Sch Brd _____ Mailed Date

Y	M	D
---	---	---

Evaluator _____ Yrs _____ Eval Complete

Y	M	D
---	---	---

Eval Type _____ Sch Brd _____ Mailed Date

Y	M	D
---	---	---

Evaluator _____ Yrs _____ Eval Complete

Y	M	D
---	---	---

Eval Type _____ Sch Brd _____ Mailed Date

Y	M	D
---	---	---

Refund _____

Fees Received _____

G. EDUCATION INFORMATION

INSTITUTION(S) ATTENDED	DATES ATTENDED				COMPLETED DEGREES/DIPLOMAS	DATE AWARDED	
	FROM		TO			Y	M
(Name and Location)	Y	M	Y	M	(eg, BEd, DipEd, MA)	Y	M

H. DECLARATION

I hereby declare that the information given is accurate and complete. I hereby authorize the Alberta Teachers' Association to collect further information on my behalf as necessary from third parties for the purpose of processing the application.

Signature _____ Date

Y	M	D
---	---	---

I. VERIFICATION AGREEMENT

I hereby agree to review and verify the statement of qualifications I receive from TQS for any errors and/or omissions and to notify TQS in writing, within 90 days of the date of the statement of qualifications, of the alleged errors and/or omissions. I acknowledge that at the end of the said 90 days, I will be deemed to have waived my right to object to any alleged errors and/or omissions in the statement of qualifications, howsoever caused, and the statement of qualifications shall be regarded as final.

Signature _____ Date

Y	M	D
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J. REVIEW

Have you

Completed all mandatory sections of the application? Included evidence of teaching authority?
 Included payment according to the fee schedule? Arranged for original/official transcripts to be sent to the ATA?
 Signed both the Declaration and Verification Agreements?

Alberta's *Personal Information Protection Act* (PIPA) governs the Association's collection, use and disclosure of personal information. The information gathered here will be used to administer the Teacher Qualifications Service application process and the Association's obligations under the *Teaching Profession Act*. The Association will not disclose the information collected here except as permitted or required by law. The Association will not sell, lease, or barter the personal information here collected. For more information regarding the Association's privacy policy, please visit www.teachers.ab.ca/Privacy+Policy or contact the Association's Privacy Officer at (780) 447-9429 or 1-800-232-7208.

MAIL COMPLETED APPLICATION FORM TO
 Teacher Qualifications Service
 The Alberta Teachers' Association
 Barnett House, 11010 142 Street NW
 Edmonton, AB T5N 2R1
 Phone: (780) 447-9400 Edmonton calling area
 1-800-232-7208 elsewhere in Alberta
 Fax: (780) 455-6481
 Email: tqs@ata.ab.ca