



Hire Package

On-call Hourly or under 3-month Temporary Hires

Employee:	Position/Dept
Supervisor:	First Day of Work:

Supervisor's Check List

- Director of Administration or Director of Operations approval (see org chart)
- Confirm budget availability (through EF0)
- Attach job description
- Attach resume and applicable certifications (e.g. ECE)
- Attach Automatic Deposit slip
- Attach Criminal Record Check
- If applicable, attach Vulnerable Sector Check and Child Abuse Registry
- Determine computer/IT needs and send email to itsupport@sipeknekatik.ca
- Determine work location, supplies, safety requirements, training, etc.



PAYROLL NOTICE

Department to Complete _____

S.I.N. _____ - _____ - _____ Status _____

Date of Birth: _____ (dd/mm/yy)

Full Name (print): _____

Address: _____

Email: _____

Telephone (home): _____ Cell: _____

PLEASE ATTACH DIRECT DEPOSIT FORM

Position: _____ Department: _____

Supervisor: _____ Council Approval: _____

Hire/Change Date: _____ End Date: _____

Salary/Wage: \$ _____ Pay Scale: _____ Bi-weekly Hours _____

- FULL (Full-time -salaried)
- STH (Hourly/on-call)
- LTH (Long Term Hourly > 3 months)
- LSK (LSK salaried)
- PART (PT salaried)

Comments: _____

Pro-rated by month

Daily Hours/Bi-Weekly	
Pro-rated vacation	
Pro-rated sick	
Pro-rated personal	

Signature (Director of Administration or Operations)

Date



TEMPORARY EMPLOYMENT AGREEMENT

Employee Legal Name: _____

Preferred Name: _____

Address: _____

Subject: Temporary Employment

We are pleased to offer you the temporary casual position of _____ with (Dept) _____. In consideration of the terms, conditions, mutual benefits and obligations, the parties agree as follows:

<p>Start Date: _____ End Date: _____</p> <p>Please note that this position is not based on a guaranteed minimal number of hours or shifts. This is at the discretion of the Supervisor.</p> <p>Wage: _____ (based on hours actually worked)</p> <p>Supervisor(s): _____</p> <p>Hours of Work: As determined by the Supervisor with no guarantee of regular hours.</p> <p>Benefits: 4% vacation and as legislated (in additional to hourly rate)</p> <p>Other Details: Sipekne'katik will not provide any other employment benefits other than those detailed in this agreement and is required by legislation.</p>
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Please indicate your acceptance of this offer by signing below and returning it to the HR Department. This will acknowledge that I have read and accept the terms and conditions of this offer of employment.

Employee Signature

Date:

Supervisor Signature

Date

Director of Administration

Date



NOTE: AUTOMATIC PAYROLL DEPOSIT

Please attached an automatic deposit slip that you can either get from your bank or you can print one from your on-line banking account. You may also submit a void cheque.

You will be paid bi-weekly.

Wela'lin!

Determination of Exemption of an Indian's Employment Income

The term "employee" on this form refers only to an employee who is an Indian as defined in the Indian Act.

Use this form if you think your income is tax exempt or partially tax exempt. Your employer will use your answers in Part 1 to help determine the correct tax treatment of your income.

You and your employer should fill out this form, in addition to Form TD1. You must fill out these forms when you start a new job on a reserve or if your employment situation on a reserve changes. For more information about employee and employer responsibilities, go to canada.ca/tax-filing-form-td1.

Part 1 – Employee information (to be filled out by the employee)

1.1 Are you registered under the Indian Act?

Yes. Continue to Section 1.2.
 No. **Do not** use this form.

For more information, go to canada.ca/indian-status.

1.2 Are you a treaty beneficiary of a First Nation with a final or self-government agreement that ends the tax exemption under section 87 of the Indian Act?

Yes. **Do not** use this form.
 No. Continue to section 1.3.

To confirm the effective date of the agreements and the expiry dates, go to canada.ca/tax-indigenous-end-dates.

1.3 Fill out your name and address. Continue to section 1.4.

Last name (please print)	First name and initials	Social insurance number

Address of principal place of residence including postal code

1.4 Do you live on a reserve? This means it is your principal place of residence and is the centre of your daily routine.

Yes No

Employee Certification

I certify that the following information is correct and complete:

- I am registered under the Indian Act
- I am **not** a treaty beneficiary of a First Nation with a final or self-government agreement that ends the tax exemption under section 87 of the Indian Act
- If I answered yes in section 1.4, I live on a reserve, it is my principal place of residence and is the centre of my daily routine

Signature _____
Date:

Non- Exempt (Non-indigenous) Employees to complete the following:

Nova Scotia TD1: <file:///C:/Users/hrmanager/Downloads/td1ns-fill-23e.pdf>

Federal TD1: <file:///C:/Users/hrmanager/Downloads/td1-fill-23e.pdf>



2023 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 \$15,000. However, if your net income from all sources will be greater than \$165,430 and you enter \$15,000, 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 \$165,430, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2023 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 \$2,499 for each infirm child born in 2006 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, 2023, and your net income for the year from all sources will be \$42,335 or less, enter \$8,396. You may enter a partial amount if your net income for the year will be between \$42,335 and \$98,309. 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 \$9,428.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus \$2,499 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 **both** 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 \$2,499 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 \$26,782 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus \$2,499 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 \$2,499 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 \$26,782 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 \$26,782 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than** the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$17,499) whose net income for the year will be \$18,783 or less, enter \$7,999. You may enter a partial amount if their net income for the year will be between \$18,783 and \$26,782. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

11. Amounts transferred from your spouse or 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 2023, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form 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 2023?

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, 2023 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2023. 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 2023:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling 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 for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-information-about-programs.

Certification

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	For non-residents only Country of permanent residence	Social insurance number

1. Basic personal amount – Every person employed in Nova Scotia and every pensioner residing in Nova Scotia can claim the basic personal amount. If your taxable income from all sources for the year will be \$25,000 or less enter \$11,481, comprising the basic amount of \$8,481 and the additional amount of \$3,000, and if it is more than \$75,000 enter \$8,481. If your taxable income will be between \$25,000 and \$75,000 and you want to calculate a partial claim for the \$3,000 additional amount, get Form TD1NS-WS, Worksheet for the 2023 Nova Scotia Personal Tax Credits Return, and fill in the appropriate section. If you will have more than one employer or payer at the same time in 2023, see "More than one employer or payer at the same time" on page 2.

2. Age amount – If you will be 65 or older on December 31, 2023, and your net income from **all** sources will be \$30,828 or less, enter \$4,141. You may enter a partial amount if your net income for the year will be between \$30,828 and \$58,435. To calculate a partial amount, fill out the line 2 section of Form TD1NS-WS.

2.1 Age amount supplement – If you will be 65 or older on December 31, 2023, and your taxable income from **all** sources will be \$25,000 or less, enter \$1,465. You may enter a partial amount if your taxable income for the year will be between \$25,000 and \$75,000. To calculate a partial amount, fill out the line 2.1 section of Form TD1NS-WS.

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**: \$1,173 or your estimated annual pension.

4. Tuition and education amounts (full-time and part-time) – Fill out this section if you are a student 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. Enter your total tuition fees that you will pay, **plus** the amount from the following conditions that apply:

- \$200 for each month you will be a full-time student
- \$200 for each month you will be a part-time student who has a mental or physical disability
- \$60 for each month you will be a part-time student who does not have a mental or physical disability

5. 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 \$7,341.

6. Spouse or common-law partner amount – Enter \$8,481 if you are supporting your spouse or common-law partner and **both** of the following conditions apply:

- Your spouse or common-law partner lives with you
- Your spouse's or common-law partner's net income for the year will be \$848 or less

You may enter a partial amount if your spouse's or common-law partner's net income will be between \$848 and \$9,329. To calculate a partial amount, fill out the line 6 section of Form TD1NS-WS.

6.1. Spouse or common-law partner supplement – Enter the difference between \$3,000 and the estimated net income of your spouse or common-law partner if **both** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your taxable income from **all** sources will be \$25,000 or less

You may enter a partial amount if your taxable income from **all** sources will be between \$25,000 and \$75,000 and your spouse's or common-law partner's net income will be under \$3,000. To calculate a partial amount, fill out the line 6.1 section of Form TD1NS-WS.

7. Amount for an eligible dependant – Enter \$8,481 if you are supporting an eligible dependant and **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 has a net income of \$848 or less for the year

You may enter a partial amount if the eligible dependant's net income for the year will be between \$848 and \$9,329. To calculate a partial amount, fill out the line 7 section of Form TD1NS-WS.

7.1. Amount for an eligible dependant supplement – Enter the difference between \$3,000 and the estimated net income of your eligible dependant 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
- Your taxable income from **all** sources will be \$25,000 or less for the year

You may enter a partial amount if your taxable income from **all** sources will be between \$25,000 and \$75,000 and your eligible dependant's net income will be under \$3,000. To calculate a partial amount, fill out the line 7.1 section of Form TD1NS-WS.

8. Caregiver amount – Enter \$4,898 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 \$13,677 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$13,677 and \$18,575. To calculate a partial amount, fill out the line 8 section of Form TD1NS-WS.

9. Amount for infirm dependants age 18 or older – Enter \$2,798 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 \$5,683 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$5,683 and \$8,481. To calculate a partial amount, fill out the line 9 section of TD1NS-WS. You **cannot** claim an amount for a dependant you claimed on line 8.

10. 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 and education amounts, or disability amount on their income tax and benefit return, enter the unused amount.**11. 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 and education amounts on their income tax and benefit return, enter the unused amount.**12. TOTAL CLAIM AMOUNT** – Add lines 1 to 11.

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

Filling out Form TD1NS

Fill out this form if you have taxable income in Nova Scotia 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 TD1NS, 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 TD1NS for 2023, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1NS, check this box, enter "0" on line 12 and do not fill in lines 2 to 11.

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 12. Then 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 for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-information-about-programs.

Certification

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.



Oath of Confidentiality

Oath of Confidentiality for anyone, including, but not limited to, staff, volunteers, visiting professionals, and students are responsible to protect and care for all Sipekne'katik information and property entrusted to them.

I acknowledge and solemnly swear/affirm that I will keep absolutely confidential any and all knowledge and information, of which I have access due to my position/role at the Sipekne'katik.

I will not, without due authority, discuss with any other person or personnel either by word, letter, or other forms of communication any matter directly or indirectly involving the Sipekne'katik private affairs.

I understand that my obligation to maintain confidentiality herein shall survive the expiry or termination of my employment, contract, or association with the Sipekne'katik. If the role is a confidential health, personnel, or financial these are binding upon me forever.

Name (print) _____

Signature _____

Sworn at _____, in the Province of Nova Scotia,

this day _____ of _____, 20_____.

Witnessed by: _____
Manager/Director who witnessed employee signature Date



APPENDIX I

Waiver of Liability & Emergency Care

Employee Name:	
Emergency Contacts Name: Relationship: Phone/Cell: Address:	
Emergency Contacts Name: Phone/Cell: Address:	
Optional Other details (e.g. special needs, allergies, medications taken regularly)	

OPTIONAL EMERGENCY Authorization: (Emergency event: illness, distress, injury and other related)

Sipekne'katik has my permission to call my physician, Sipekne'katik Heath Center physician, 911, and/or send me to the Hospital, and the medical personnel have my permission to provide treatment that a physician deems necessary for my well-being. Sipekne'katik will make every attempt to contact the listed Emergency Contacts in the event of such an emergency.

Signature: _____ Date: _____



**Agreement of Understanding Of the
Human Resources Policy & Financial Guidelines**

I _____ (Name/Position Title) of

Sipekne'katik Administration understand the Human Resources Policy, as approved by Chief and Council, & Financial Guidelines that are currently in effect for the Sipekne'katik. **I do understand I must perform my work-related duties in compliance with the HR Policies and Financial Guidelines/Policies.**

I am signing below that I have read the policies, located on the band's website, and have been given the opportunity to ask questions to my Supervisor or HR Dept.

Name/Position Title

Signature

Date (dd/mm/yy)



APPENDIX C

Code of Conduct and Code of Ethics

During work hours, employees must devote themselves exclusively to their duties of employment; be prompt and courteous in their performance; as well as adhere to the policies and procedures of Sipekne'katik and work to promote Sipekne'katik, its vision, goals and objectives.

- (1) Employees must act in complete compliance with all Sipekne'katik policies and Sipekne'katik Financial Administration Law. A breach of any Sipekne'katik policy may result in progressive discipline in accordance with this policy.
- (2) Employees shall carry out the duties of their positions conscientiously, loyally and honestly, remembering that the primary work task is to serve Sipekne'katik and its members. Financial integrity is a fundamental obligation of any employee and failure to comply in any manner to manage the financial accounts of the Sipekne'katik may result in disciplinary action, up to and including immediate termination for just cause.
- (3) Employees shall respect the integrity and dignity of the organization, its programs, staff and all other affiliated agencies.
- (4) Employees shall conduct themselves, while on and off duty, in person and on all social media platforms, in a manner that will continue to reflect positively upon their employment, be a credit to themselves, their department, and Sipekne'katik. Any conduct which negatively impacts the reputation of Sipekne'katik will not be condoned and may be subject to disciplinary action, up to and including immediate termination for just cause.
- (5) Employees shall work continuously towards self-improvement through self-evaluation and training.
- (6) Information received by employees while on the job from any source is absolutely confidential and shall not be disclosed to any other person except in accordance with these policies.
- (7) Punctuality of employees is a fundamental obligation of the job. In the event of tardiness, the employee must contact the immediate supervisor before the commencement of the work day and provide an expected time of arrival.
- (8) Employees shall use their initiative to find ways of doing their work more efficiently and economically.
- (9) Employees shall follow job related directions attentively and cooperate with their Manager/Program Director.
- (10) Employees shall maintain a satisfactory standard of dress and general appearance appropriate to their duties.
- (11) Employees shall use equipment, property or supplies, which are owned, leased or rented, by Sipekne'katik for authorized purposes only.
- (12) Employees shall protect and care for all Sipekne'katik property entrusted to them and report to their relevant Manager any missing equipment or faulty equipment that requires repair.
- (13) Employees shall not engage in any public criticism of Sipekne'katik, Chief and Council, employees, or the approved policies or decisions of Sipekne'katik.
- (14) Employees are encouraged to recommend to their Manager, within their sphere of responsibility, changes of policy which they believe appropriate. Employees will bring forward any concerns regarding decisions, actions, etc., according to policies and procedures.

(15) Employees shall not be impaired by alcohol or drugs at any time while on duty. Employees must notify their supervisor if their medical treatment impedes their ability to work safely or to meet expectations with good judgement. This includes potential side effects of any medical treatments.

(16) Gifts or Benefits

An officer or employee or a member of their family must not accept a gift or benefit that might reasonably be seen to have been given to influence the officer or employee in the exercise of their powers or performance of their duties or function.

Despite the paragraph above, a gift or benefit may be accepted if the gift or benefit

a) would be considered within

- Normal exchanges common to business relationships, or
- Normal exchanges common at public cultural events of Sipekne'katik;

b) Is given by a close friend or relative as an element of that relationship; or

c) Is a type that the policies or procedures of Sipekne'katik have determined would be acceptable if offered by Sipekne'katik to another person.

(17) Employees will not participate in, or condone any behavior that is intended to harass, degrade, humiliate, intimidate or cause fear to any other employee, member, client, volunteer of Sipekne'katik.

(18) Employees will respect the culture, traditions and teachings of the Mi'kmaq nation and act accordingly.

(19) Employees will treat others with fairness and respect and be open to other's opinions, personal preferences, and cultural differences that may be different than their own.

Name (printed)

Name (Signature)

Date



Code of Conduct Declaration for Finance

I hereby confirm that I have read and understand the Conduct and Conflict of Interest Expectations set out in Appendix A – Avoiding and Mitigating Conflicts of Interest, and Sipekne'katik's Financial Administration Law ("the Law") and agree to comply fully with them.

I agree that I will adhere to the following principles and responsibilities governing my professional and ethical conduct.

To the best of my knowledge and ability:

- I will comply with the Law, any other applicable Sipekne'katik law and any applicable standards, policies and/or procedures
- I will act with honesty, good faith and in the best interest of Sipekne'katik
- I will exercise the care, diligence and skill that a reasonably prudent individual would exercise in comparable circumstances
- I will avoid any real, potential, apparent or perceived conflicts of interests
- I will act with due care, competence, and diligence, without misrepresenting material facts or allowing my independent judgement to be subordinated
- I will respect the confidentiality of information acquired in the course of my work or service except when authorized to do so in the performance of my duties or am otherwise legally obligated to disclose
- I will ensure responsible use of and control over all Sipekne'katik assets and resources entrusted to me
- I will be accountable for adhering to this declaration

Declaration of Understanding:

Council member, Employee or Contractor name (print)

Council member, Employee or Contractor name signature)

Title

Date

Witness

Date



Timesheet for Hourly (Invoiced) Employees

Employee: _____ Position: _____

Week Of: _____ Department: _____

Day	Date	Morning In	Morning Out	Afternoon In	Afternoon Out	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Employee Signature: _____ Date: _____ 2023

Supervisor's Signature: _____ Date: _____ 2023