

LUNCHROOM SUPERVISOR (LRS) CHECKLIST
Regular and Special Education 2026/2027
(RETURNING)

Lunchroom Supervisor Name: _____

School Name and Number: _____

Check	Items to be included
	Lunchroom Supervisor Contract – Position must be checked (Regular or Spec Ed), signed and dated by employee and School Administrator/Head Secretary
	Offence Declaration Form completed, signed and dated by employee
	Information Change Request Form – Updated Name and Address information ONLY IF INFORMATION HAS CHANGED
	Direct Deposit Banking Information Form – To be completed, signed, dated <u>AND</u> a Void cheque OR completed form, provided by financial institution ONLY IF INFORMATION HAS CHANGED
	2026 Personal Tax Forms TD1 and TDON signed and dated by LRS - ONLY IF CLAIM INFORMATION HAS CHANGED
	IF APPLICABLE Work Permit – If S.I.N. begins with a “9” - A copy of a valid work permit is required.

Missing or incomplete documents will result in processing delays.

Fully completed documents must be sent via email to HR.services@ddsb.ca

Subject Line should read: LUNCHROOM SUPERVISOR – EMPLOYEE NAME & SCHOOL NAME.

Submit one (1) LRS package per e-mail.



Lunchroom Supervisor Contract (Regular and Special Education) 2026-2027 School Year

PLEASE SELECT THE POSITION BEING HIRED FOR:

REGULAR Lunchroom Supervisor

SPECIAL EDUCATION Lunchroom Supervisor

Applicant's Name: *Please print	Start Date: *Completed by Admin
Social Insurance Number:	School Name:
Date of Birth: YYYY-MM-DD	School 3-digit #:
Employee ID# (if applicable):	OCT# (if applicable):

Use the **Start Date:** September 8, 2026 (Regular Calendar) or August 4, 2026 (Modified Elementary) or August 26, 2026 (Modified Secondary). Use the actual start date if employment begins after the beginning of the school year.

We are pleased to offer you a contract position as Lunchroom Supervisor with the Durham District School Board. This offer is conditional upon receipt of a satisfactory Vulnerable Sector Police Check, or if you are a returning employee, a completed Offence Declaration.

The anticipated start date for this contract is <DATE:>_____, subject to any changes to the commencement of in-class instruction and the official opening of schools for the 2026 – 2027 academic year. Should the start date be adjusted, you will be notified accordingly. This contract is expected to remain in effect until the end of the school year, scheduled for June 29, 2027.

Please note that the Board reserves the right to terminate this contract prior to the anticipated end date, without cause, by providing five (5) days' written notice or pay in lieu of notice, or at any time with cause, without prior notice.

You will be compensated at an hourly rate of \$17.75. Hours of work will be scheduled based on the operational needs of the school, and this contract does not guarantee a minimum number of working hours. You will be required to work only on days when students are in attendance. Accordingly, you will not be scheduled or compensated for non-instructional days or Board-designated holidays. Vacation pay will be included in your earnings in accordance with Employment Standards Act.

We look forward to your contributions and to welcoming you to our school community.

*****If you are a certified teacher with the Ontario College of Teachers (OCT), please include your OCT number above. If you are currently an active employee in another position, please include your Employee ID.*****

I understand and accept the terms of employment outlined above.

Applicant's Signature

Date

Witness (School Admin/Secretary)



OFFENCE DECLARATION FORM

The Offence Declaration form is intended for use in circumstances where employment must commence prior to the submission of an official Vulnerable Sector Check (VSC) or Criminal Record and Judicial Matters Check (CRJMC).

PERSONAL INFORMATION:

Last Name:

First Name:

Date of Birth (YYYY/MM/DD):

I DECLARE THAT:

- I have no convictions under the Criminal Code of Canada up to and including the date of this declaration for which a pardon has not been issued or granted under the Criminal Records Act (Canada).
- I have convictions under the Criminal Code of Canada up to and including the date of this declaration for which a pardon has not been issued or granted under the Criminal Records Act (Canada).

LIST OF OFFENCES:

1. a) Date: _____
b) Court Location: _____
c) Conviction: _____
2. a) Date: _____
b) Court Location: _____
c) Conviction: _____
3. a) Date: _____
b) Court Location: _____
c) Conviction: _____

I agree to submit a copy of the receipt issued by the Police Service as proof of my application for either a Vulnerable Sector Check or a Criminal Record and Judicial Matters Check.

I further acknowledge and agree that I shall submit a copy of the completed Vulnerable Sector Check or Criminal Record and Judicial Matters Check to the People & Culture Department upon receipt.

I understand that it is my responsibility to obtain and provide an updated check every five (5) years, no later than the end of my birth month, at my own expense. This requirement is calculated based on my original date of hire.

SIGNATURE

DATE

EMPLOYEE INFORMATION CHANGE REQUEST FORM

Please check one of the following:

- PERMANENT EMPLOYEE
 SUPPLY EMPLOYEE

HOME LOCATION

(School or Department): _____

NAME CHANGE (please print)	
EMPLOYEE ID	
OCT NUMBER	
FULL NAME (CURRENT)	
FULL NAME (NEW)	
*PREFERRED NAME (complete only if different from legal name)	

To support your request, you must provide proof of legal name with one of the following documents:

- Marriage Certificate
 Legal Name Change Document
 Birth Certificate
 Current Drivers Licence

(please check the applicable document provided with your name change request)

PLEASE NOTE: if you are a Certified Teacher you must change your name with the Ontario College of Teachers before submitting this request. Please contact: www.oct.ca, 1-888-534-2222 or 416-961-8800.

ADDRESS/PHONE NUMBER CHANGE (please print)	
FULL NAME	
EMPLOYEE ID	
STREET	
CITY, PROVINCE, COUNTRY	
POSTAL CODE	
PHONE NUMBER	
EFFECTIVE DATE	

YOU MUST NOTIFY THE FOLLOWING (IF APPLICABLE):

Teachers' Pension Plan 1-800-668-0105
 OMERS Pension 416-369-2444 or 1-800-387-0813 (toll-free) or www.myomers.com

AUTHORIZATION

Signature

Date

RETURN THIS FORM AND SUPPORTING DOCUMENTATION TO:

Email to: employee.records@ddsb.ca
 Mail to: Durham District School Board
 Attn: Employee Information, Human Resource Services
 400 Taunton Rd, Whitby, ON L1R 2K6

Direct Deposit Banking Information

The Durham District School Board pays its employees by means of direct deposit electronic transfer system. In order to facilitate this method of payment, I hereby authorize the DDSB to transfer my salary payment to the banking institution specified below for deposit directly into my account.

This authorization will remain in effect until amended or cancelled by me in writing. Changes to your banking information must be made 15 days prior to pay date.

FULL NAME: _____ S.I.N.: _____

NAME OF BANK: _____

ADDRESS OR BRANCH: _____

I understand that the Board's obligation to employees has been satisfied when its payroll is deposited with the banking institution which is responsible for the administration of the direct deposit system. The Board will not assume liability if the banking institution which I have chosen fails to process the deposit to my account on the required pay date.

SIGNATURE

DATE



2026 Personal Tax Credits Return

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name		First name and initial(s)		Date of birth (YYYY/MM/DD)	Employee number
Address			Postal code	For non-residents only Country of permanent residence	Social insurance number

1. Basic personal amount – Every resident of Canada can enter a basic personal amount of \$16,452. However, if your net income from all sources will be greater than \$181,440 and you enter \$16,452, 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 \$181,440 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2026 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 \$2,740 for each infirm child born in 2009 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, 2026, and your net income for the year from all sources will be \$46,432 or less, enter \$9,208. You may enter a partial amount if your net income for the year will be between \$46,432 and \$107,819. 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 \$10,341.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus \$2,740 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 \$2,740 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 \$29,374 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus \$2,740 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 \$2,740 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 \$29,374 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 \$29,374 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 \$19,192) whose net income for the year will be \$20,601 or less, enter \$8,773. You may enter a partial amount if their net income for the year will be between \$20,601 and \$29,374. 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 2026, 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 2026?

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 \$16,452. 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, 2026 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2026. 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 2026:

- \$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 _____

It is a serious offence to make a false return.

Date _____

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 Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2026, see "More than one employer or payer at the same time" on page 2. **12,989**

2. Age amount – If you will be 65 or older on December 31, 2026, and your net income will be \$47,210 or less, enter \$6,342. You may enter a partial amount if your net income for the year will be between \$47,210 and \$89,490. To calculate a partial amount, fill out the line 2 section of Form TD1ON-WS, Worksheet for the 2026 Ontario 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**: \$1,796 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 \$10,494.

5. Spouse or common-law partner amount – Enter \$11,029 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 or common-law partner's net income for the year will be \$1,103 or less

You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,103 and \$12,132. To calculate a partial amount, fill out the line 5 section of Form TD1ON-WS.

6. Amount for an eligible dependant – Enter \$11,029 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's net income for the year will be \$1,103 or less

You may enter a partial amount if the eligible dependant's net income for the year will be between \$1,103 and \$12,132. To calculate a partial amount, fill out the line 6 section of Form TD1ON-WS.

7. Ontario caregiver amount – You may claim this amount if you are supporting an eligible infirm dependant aged 18 or older:

- your child or your grandchild (or your spouse or common-law partner);
- your parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada (or your spouse or common-law partner)

To calculate this amount, fill out the line 7 section of Form TD1ON-WS.

8. 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.

9. 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.

10. TOTAL CLAIM AMOUNT – Add lines 1 to 9.
Your employer or payer will use this amount to determine the amount of your provincial tax deductions.

Filing out Form TD1ON

Fill out this form only if you are an employee working in Ontario or a pensioner residing in Ontario 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 TD1ON, 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 TD1ON for 2026, 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 TD1ON, check this box, enter "0" on line 10 and do not fill in lines 2 to 9.

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 10. 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 TD.

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.