



LUNCHROOM SUPERVISOR (LRS) CHECKLIST
Regular and Special Education
2025/2026 (RETURNING LUNCHROOM SUPERVISOR)

Lunchroom Supervisor Name: _____

School Name and Number: _____

Check	Items to be included
	Contract with Position <u>AND</u> Job Type Circled: (Supply or Regular) signed and dated by employee and School administrator/Head Secretary
	Offence Declaration form completed, signed and dated by employee
	LRS Address/Name Change Form signed and dated by LRS – ONLY IF INFORMATION HAS CHANGED
	DDSB Banking form signed and dated - ONLY IF INFORMATION HAS CHANGED
	LRS' void cheque OR banking information from financial institution - ONLY IF BANKING INFORMATION HAS CHANGED
	<u>Current Year</u> Personal Tax Forms TD1 and TDON signed and dated by LRS - ONLY IF CLAIM INFORMATION HAS CHANGED
	OMERS Pension Plan Consent Form - This form must be completed and OMERS membership if applicable- to be completed, signed and dated

If any of the above requirements are not provided, the package will not be processed.

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 (<u>Regular</u> and <u>Special Education</u>) 2025-2026 School Year	
1. POSITION: (circle)	2. JOB TYPE: (circle)
Returning Lunchroom Supervisor Regular	Supply <u>OR</u> Regular
Returning Lunchroom Supervisor Special Education	Supply <u>OR</u> Regular

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, an Offence Declaration.

It is anticipated that this contract will begin on <DATE: _____>, subject to any change to the start of in class learning and schools opening for the 2025/2026 school year. Should this start date change, you will be notified accordingly. This contract will continue until the end of the school year, which is anticipated to be **June 26th, 2026**. Your contract may be terminated prior to this date, by the board, without cause, by providing you with five (5) days' notice or pay in lieu of notice, or with cause at any time and with no notice required to you.

You will be paid an hourly rate of \$17.35 and you will be paid for scheduled hours based on the needs of the school. This contract does not guarantee a minimum number of hours of work. Your scheduled hours will only require you to attend work on days when students are present in the school, and you will not be scheduled or paid for non-instructional days or during board designated holidays. Vacation pay will be included with your pay. We look forward to you working within our school.

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

Use the **Start Date:** **September 2, 2025 (Regular Calendar)** or **August 5, 2025 (Modified Elementary)** or **August 21, 2025 (Modified Secondary)**. Use the actual start date if employment begins after the beginning of the school year.

I understand and accept the outlined terms of employment outlined above.

Applicant's Signature

START DATE (To be completed by Admin)

Print Applicant's Name

Witness – School Administrator/Secretary

Social Insurance Number

School Name

Date of Birth YYYY-MM-DD

School Number (3-digit number)

Employee ID # (If Applicable): _____

Employee OCT # (If Applicable): _____



Offence Declaration 2025-2026 School Year

This is a manual Offence Declaration form and is to be completed by all Returning Lunchroom Supervisors.

New hires are also required to provide the following:

1. **Vulnerable Sector Police Check** provided from your local police department

Surname	Given Name	Employee Number	Date of Birth (yyyy/mm/dd)
School Name:			

I DECLARE that since the last Vulnerable Sector Police Check collected by this Board or the Ontario College of Teachers or since the last Offence Declaration given by me to this Board, that:

- I have no convictions** which will appear on my Vulnerable Sector Police Check 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 been convicted** of the following offences which will appear on my Vulnerable Sector Police Check for which a pardon under Section 4.1 of the *Criminal Records Act* (Canada) has not been issued or granted to me.

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: _____

DATED at _____
(City, Province)

on: _____
(DD/MM/YYYY)

Lunchroom Supervisor Signature

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.

OMERS PENSION PLAN CONSENT FORM

Name: _____

E-mail: _____

Phone: _____

I, _____ consent to receiving an electronic copy of the OMERS Pension Plan Member Handbook. Should I wish to receive a hard copy of the member handbook, it is my responsibility to request a hard copy, by sending an e-mail to employee.records@ddsb.ca, and provide my employee number, full name/contact details, and mailing address.

Signature: _____

Date: _____

Link to OMERS Member Handbook: <https://members.omers.com/member-handbook>

Please Select your employment type below:

- PART-TIME OR CONTRACT EMPLOYEE (NFT) – (Work Schedule is 31 hours per week, or less / Contract/Temporary staff):**

If you are a Part-time or Contract Employee (NFT) - You **must complete** the Offer of OMERS Membership Form (Form 104)



Offer of OMERS membership

To the employee:

You have the option to enrol in and contribute to the OMERS Primary Pension Plan (OMERS Plan). Use this form to confirm your decision to join the OMERS Plan or not. Joining the OMERS Plan also means joining the OMERS Retirement Compensation Arrangement (RCA) for the OMERS Plan (as applicable).

Return the completed form to your employer as soon as possible.

Providing OMERS with your personal information is considered consent for its use and disclosure for the purposes set out in our Privacy Statement, as amended from time to time. You can find out more about our collection, use, disclosure and retention of personal information by reviewing our Privacy Statement at www.omers.com.

To the employer:

Use this form to offer OMERS membership to a non-full-time [referred to as other-than-continuous-full-time (OTCFT) in the OMERS Plan text] employee who is eligible for enrolment but for whom membership is voluntary. More information about full-time and non-full-time employees appears on page 2.

If the employee elects to join OMERS, complete an *e-Form 102 - Enrolling a member*.

Please keep a copy of this completed form indefinitely.**SECTION 1 - EMPLOYEE AUTHORIZATION & ELECTION**

Employee Number (if known)			Date of Birth (m/d/y)		
First Name		Middle Name		Last Name	
Apt/Unit	Address		City	Province	Postal Code
Employee's Email Address			Employee's Phone Number		
Employer Name					

Do you wish to enrol in the OMERS Plan at this time? Select one option only and sign and date below:

 Yes

I confirm that:

- I have been given information about the OMERS Plan.
- I choose to become a member of the OMERS Plan.
- I understand that my decision is final and irrevocable.

 No

I confirm that:

- I understand that I am eligible to become a member of the OMERS Plan.
- I have been given information about the OMERS Plan.
- I choose not to become a member of the OMERS Plan.
- I understand that, should I wish to apply to join the OMERS Plan at a future date, it is my responsibility to contact my OMERS employer for this purpose.
- I understand that if I apply to join the OMERS Plan at a future date, my enrolment will take effect in my OMERS employer's next available pay period after my OMERS employer receives my election. This date can be no later than the end of the month following the month in which the election is received.

Employee's Signature

Date (m/d/y)

Return the completed form to your employer as soon as possible.



Group Number

Employee Number

SECTION 2 - DEFINITIONS

Non-full-time [referred to as Other-than-continuous full-time (OTCFT) in the OMERS Plan text]: Non-full-time members may include short-term, casual, temporary, seasonal, part-time, 10-month, or certain contract employees.

OMERS membership for non-full-time employees may be voluntary. If voluntary, an employer must offer OMERS membership to a non-full-time employee the first time the employee meets the eligibility requirements.

Non-full-time enrolment in the OMERS Plan generally takes effect in the employer's next available pay period after an employee's election is received. This date can be no later than the end of the month following the month in which the election is received.

Mandatory membership

OMERS membership for all (or any) class of non-full-time employees may be mandatory if stated in the employer's participation by-law or resolution. In that case, non-full-time employees must enrol in OMERS as a condition of employment on the date of hire.

If the employer's participation by-law or resolution is amended to make OMERS membership mandatory, all new eligible non-full-time employees must be enrolled when hired, as a condition of employment. Existing non-full-time employees must be offered the opportunity to enrol on a voluntary basis.

Continuous full-time employees

For OMERS purposes, continuous full-time employees are those who:

- regularly work 12 months in every year; and,
- belongs to a class of employees who regularly works the employer's normal full-time work week, provided the regular employment hours are no less than 32 hours per week.

OMERS membership for continuous full-time employees is mandatory; they must enrol in OMERS immediately when they are hired.