

Thank you for your interest in becoming a sub teacher for The Horizon School Division



After completing the online application on our website (<https://www.horizon.ab.ca/careers>) please complete section 1 and 2 of this package and email it to [human.services@horizon.ab.ca](mailto:human.services@horizon.ab.ca)

We look forward to receiving your application.

## **Section #1 of Sub Teacher Application**



## Welcome to Horizon School Division

Thank you for your interest in The Horizon School Division. The information below is required before we can place your name on our **Substitute Teacher List and activate you in Payroll:**

- Your resume
- This Application Package - **completed**
- Photocopy of **valid** Alberta Teaching Certificate
- Photo copy of Statement of Qualifications of the Teacher Qualifications Service (TQS)
- Original (as per policy)** Criminal Record Check to include the Vulnerable Sector Check – form to take to the police detachment in your community is included in this package
- TD1 AB Tax Form–Provincial (included in this package)
- TD1 Tax Form–Federal (included in this package)
- Verification of previous teaching employment, (obtained from other Divisions), if any
- Void cheque for Direct Deposit Payment form (from your bank)
- Technology Use Agreement - signed (included in this package)
- Self-Declaration - signed (is included in this package)
- Child Intervention Check – fillable form - Part 2 of this application – follow directions carefully

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As an employee of Horizon School Division, I acknowledge that Horizon School Division has the right to recover overpayment of salary, wages, or other remuneration made to an employee, regardless of the cause, and/or amount, both on a regular basis and at the termination of the employment relationship. In the event of an overpayment of three or more working days, the Payroll Department shall notify the Employee that an overpayment has been made and discuss repayment options. If an Employee terminates before the recovery is complete, the remainder of the monies owing shall be recovered from the final pay.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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All documentation is to be returned to the attention of the Human Services Department at:

Horizon School Division  
6302 – 56 Street  
Taber, AB T1G 1Z9

**For Your Information:**

The Horizon School Division policy regarding Substitute Teachers is included in this package.

As a Substitute Teacher you are eligible to join the Alberta School Employee Benefit Plan (ASEBP). To obtain further information and/or apply for benefits please go to [www.asebp.ab.ca](http://www.asebp.ab.ca).

<b>Office use only:</b>		
<input type="checkbox"/> Application complete and processed.	<input type="checkbox"/> Email account	<input type="checkbox"/> Policy: JFCH - signed
<input type="checkbox"/> Added to Active Directory	<input type="checkbox"/> Added to email list	<b>Need:</b>
<input type="checkbox"/> Health & Safety Training	<input type="checkbox"/> Employee notified	



# horizon school division



<u>SCHOOL</u>	<u>LOCATION</u>	<u>GRADE LEVEL</u>	<u>SCHOOL DAYS</u> <u>PER WEEK</u>
_____ Ace Place (45)	Taber	7-12	4.5
_____ Barnwell (01)	Barnwell (10 km W of Taber)	Pre-K - 9	4.5 to Dec./4.0 in Jan.
_____ Central (07)	Taber	Pre-K - 5	4.5
_____ Chamberlain (02)/ATL (27)	Grassy Lake (34 km E of Taber)	Pre-K -9/ 10-12	5
_____ D.A. Ferguson (14)	Taber	6-8	4.5
_____ Dr. Hamman (08)	Taber	Pre-K -5	4.5
_____ Enchant (03)*	Enchant (67.5 km NW of Taber)	Pre-K - 9	4.5
_____ Erle Rivers (33)* / Milk River Elem (35)*	Milk River (80 km SE of Taber)	6-12/Pre-K - 5	4.5
_____ Hays (04)*	Hays (64.5 km NE of Taber)	Pre-K - 9	4
_____ Horizon M.A.P. (47)	Vauxhall (35 km N of Taber)	6-11	4.5
_____ L.T. Westlake (09)	Taber	Pre-K - 5	4.5
_____ Lomond (30)*	Lomond (105 km NW of Taber)	1-12	4
_____ Taber Christian School (10)	Taber	Pre-K - 8	5
_____ Taber Christian High School (81)	Taber	9-12	4.5
_____ Vauxhall Elementary (12)	Vauxhall (35 km N of Taber)	Pre-K - 6	4.5
_____ Vauxhall High (11)	Vauxhall (35 km N of Taber)	7-12	4.5
_____ W.R. Myers High (06)	Taber	9-12	4.5
_____ Warner (36)*	Warner (63 km S of Taber)	Pre-K - 12	4.5

<u>COLONY SCHOOLS *</u>	<u>LOCATION</u>	<u>GRADE LEVEL</u>	<u>SCHOOL DAYS</u> <u>PER WEEK</u>
_____ Armada (34)*	12.8 km NW of Lomond	Pre-K - 9	4.5
_____ Bluegrass (43)*	20.8 km E of New Dayton	Pre-K - 9	4.5
_____ Cameron Farms (05)*	32 km NW of Taber	Pre-K - 12	4.5
_____ Copperfield (28)*	27.5 km NE of Taber	Pre-K - 12	4.5
_____ Delco (44)*	40 km S of Taber	Pre-K - 12	4.5
_____ Elmspring (38)*	11.2 km NE of Warner	Pre-K - 9	4.5
_____ Enchant (19)*	76 km NW of Taber	Pre-K - 12	4.5
_____ Evergreen(15)*	35 km SE of Taber	Pre-K - 12	4.5
_____ Fairlane (39)*	27.2 km SE of Wrentham	Pre-K - 9	4.5
_____ Gold Spring (80)*	40 km E of Warner	Pre-K - 9	4.5
_____ Hillridge (20)*	22.5 km SW of Taber	Pre-K - 12	4.5
_____ Kingsland (16)*	18 km NW of Warner	Pre-K - 9	4.5
_____ Lomond (31)*	105 km NW of Taber	Pre-K - 12	4.5
_____ Midland (13)*	32 km SE of Taber	Pre-K - 10	4.5
_____ Miltow (40)*	35.2 km E of Warner	Pre-K - 9	4.5
_____ Oaklane (21)*	21 km S of Taber	Pre-K - 10	4.5
_____ Prairiehome (37)*	16 km E of Wrentham	Pre-K - 9	4.5
_____ River Road (41)*	24 km SE of Milk River	Pre-K - 9	4.5
_____ Sunnysite (42)*	14.4 km W of Warner	Pre-K - 9	4.5

Please note that Fridays at all 4.5 day schools is a .5 sub teacher day.

\* Sub Teachers shall be paid a travel allowance of \$30.00/day.

**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	<b>For non-residents only</b> Country of permanent residence	Social insurance number

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**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 2024, see "More than one employer or payer at the same time" on page 2

**21,885**

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**2. Age amount** – If you will be 65 or older on December 31, 2024, and your net income from all sources will be \$45,400 or less, enter \$6,099. You may enter a partial amount if your net income for the year will be between \$45,400 and \$86,060. To calculate a partial amount, fill out the line 2 section of Form TD1AB-WS, Worksheet for the Alberta 2024 Personal Tax Credits Return.

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**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:** \$1,685 or your estimated annual pension.

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**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 \$16,882.

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**5. Spouse or common-law partner amount** – Enter the difference between the amount on line 1 and your spouse's or common-law partner's estimated net income for the year if **all** of the following conditions apply:

- You are supporting your spouse or common-law partner
- Your spouse or common-law partner lives with you
- Your spouse's or common-law partner's net income for the year will be less than the amount on line 1

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**6. Amount for an eligible dependant** – Enter the difference between the amount on line 1 and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- The dependant is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1

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**7. Caregiver amount** – Enter \$12,669 if you are taking care of a dependant and **all** of the following conditions apply:

- The dependant is your or your spouse's or common-law partner's parent or grandparent (aged 65 or older) or an infirm relative (aged 18 or older)
- The dependant lives with you
- The dependant has a net income of \$20,142 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$20,142 and \$32,811. To calculate a partial amount, fill out the line 7 section of Form TD1AB-WS.

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**8. Amount for infirm dependants age 18 or older** – Enter \$12,669 if you are supporting an **infirm** dependant and **all** of the following conditions apply:

- The dependant lives in Canada and is related to you or your spouse or common-law partner
- The dependant is 18 years or older
- The dependant has a net income of \$8,369 or less for the year

You may enter a partial amount if the infirm dependant's net income for the year will be between \$8,369 and \$21,038. To calculate a partial amount, fill out the line 8 section of Form TD1AB-WS. You **cannot** claim an amount for a dependant you claimed on line 7.

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**9. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.

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**10. Amounts transferred from a dependant** – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.

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**11. TOTAL CLAIM AMOUNT** – Add lines 1 to 10.

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

**Filling out Form TD1AB**

Fill out this form if you have income in Alberta and **any** of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1AB, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

**More than one employer or payer at the same time**

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1AB for 2024, 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 11 and do not fill in lines 2 to 10

**Total income is less than the total claim amount**

Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 11. Your employer or payer will not deduct tax from your earnings.

**Additional tax to be deducted**

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.

**Reduction in tax deductions**

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

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](https://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, 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 Information about Programs and Information Holdings at [canada.ca/cra-information-about-programs](https://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.**





# 2024 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 \$15,705. However, if your net income from all sources will be greater than \$173,205 and you enter \$15,705, 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 \$173,205 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2024 Personal Tax Credits Return, and enter the calculated amount here.

**15,705**

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**2. Canada caregiver amount for infirm children under age 18** – Only one parent may claim \$2,616 for each infirm child born in 2007 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.

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**3. Age amount** – If you will be 65 or older on December 31, 2024, and your net income for the year from all sources will be \$44,325 or less, enter \$8,790. You may enter a partial amount if your net income for the year will be between \$44,325 and \$102,925. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

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**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.

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**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.

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**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 \$9,872.

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**7. Spouse or common-law partner amount** – Enter the difference between the amount on line 1 (line 1 plus \$2,616 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 \$2,616 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of \$28,041 or less.

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**8. Amount for an eligible dependant** – Enter the difference between the amount on line 1 (line 1 plus \$2,616 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 \$2,616 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant)

In all cases, go to line 9 if your dependant is **18 years or older, infirm**, and has a net income for the year of \$28,041 or less.

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**9. Canada caregiver amount for eligible dependant or spouse or common-law partner** – Fill out this section if, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) or an **infirm** spouse or common-law partner whose net income for the year will be \$28,041 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

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**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 \$15,705) whose net income for the year will be \$19,666 or less, enter \$8,375. You may enter a partial amount if their net income for the year will be between \$19,666 and \$28,041. 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.

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**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.

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**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.

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**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 2024, 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 2024?

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, 2024 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2024. 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 2024:

- \$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](https://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.

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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, 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 Information about Programs and Information Holdings at [canada.ca/cra-information-about-programs](https://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.**

## **Technology Use Agreement: Horizon School Division (Staff)**

### **Purpose**

This Technology Use Agreement aims to ensure that staff in Horizon School Division use school technology resources responsibly, safely, and in a manner that enhances educational opportunities.

### **Scope**

This agreement applies to all technology resources provided by Horizon School Division, including computers, tablets, internet access, software, networks, infrastructure, and related services.

### **General Guidelines**

#### **1. Respect and Responsibility**

- o Use technology resources with respect and consideration for self and others.
- o Take responsibility for your actions when using school technology.

#### **2. Acceptable Use**

- o Technology is to be used primarily for educational purposes, including classwork, research, and communication related to school activities.
- o Personal use should be limited and should not interfere with educational activities.

#### **3. Unacceptable Use**

- o Do not use technology to access or distribute inappropriate content, including but not limited to offensive, obscene, or illegal material.
- o Avoid activities that disrupt or compromise the functionality and security of the school's technology resources, such as hacking, spreading malware, or unauthorized access.

#### **4. Privacy and Security**

- o Do not share your login credentials with others or use someone else's credentials.
- o Report any security risks or incidents immediately to the appropriate school authority.
- o Respect the privacy of others; do not access or alter their files without permission.

#### **5. Digital Citizenship**

- o Communicate respectfully and responsibly in all digital interactions.
- o Protect personal information and be cautious of online interactions.

#### **6. Earnings and T4 Statements**

- As an employee of Horizon School Division, I recognize and agree to the electronic distribution of earnings and T4 statements.

**Technology Use Agreement: Horizon School Division (Staff) – cont.**

**Consequences for Violations of this agreement may result in:**

- Loss of access to technology resources.
- Disciplinary actions as outlined in the Horizon School Division policy (Employee Code of Conduct, Welcoming, Caring, Respectful, and Safe Learning Env.) the Education Act, The Alberta Teaching Quality Standard, etc.
- Legal action if warranted.

**Acknowledgment:**

By signing this agreement, you acknowledge that you understand and agree to abide by these guidelines and the consequences for violations.

Staff Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**HORIZON SCHOOL DIVISION****POLICY HANDBOOK**

**Policy Code:** GCE  
**Policy Title:** Substitute Teachers  
**Cross Reference:** GCAG  
**Legal Reference:**  
**Adoption Date:** February 26, 1997  
**Amendment or Re-  
affirmation Date:** September 28, 2020

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**POLICY**

THE BOARD OF TRUSTEES OF THE HORIZON SCHOOL DIVISION BELIEVE THAT COMPETENT AND QUALIFIED TEACHERS SHOULD BE EMPLOYED TO PERFORM THE DUTIES OF A SUBSTITUTE TEACHER IN SCHOOLS. WHEN CERTIFIED TEACHERS ARE NOT AVAILABLE FOR SUBSTITUTE TEACHING, COMPETENT AND QUALIFIED CLASSROOM SUPERVISORS MAY BE EMPLOYED TO PERFORM THE DUTIES OF THE SUBSTITUTE TEACHER.

**DEFINITIONS**

Substitute Teachers: certificated teachers

Classroom Supervisors: a non-certified individual assigned to supervise students when a certified teacher is not available for services. Described by Type A-B

- 1.1. Type A – Individuals must hold a minimum of two (2) years of post-secondary education from a recognized college and/or university, and/or five (5) years of experience working in the school/classroom setting (with a minimum fifty (50) day worked per year), within the last ten (10) years.
- 1.2. Type B - Individuals must have a high school diploma (GED does not qualify).

**GUIDELINES**

1. The school administration is responsible to ensure that suitable teachers are hired to replace an absent teacher and make every effort to see that the Substitute Teachers have been fairly selected.
2. The continuous learning and well-being of students, in the absence of the regular teacher, is the main criteria in substitute teacher selection.
  - 2.1. Classroom Supervisors (Types A - B) may be hired when Substitute Teachers are unavailable that day.
    - 2.1.1. Classroom Supervisors may not be offered multi-day assignments.
    - 2.1.2. Type B replacement Classroom Supervisors may be utilized when Type A are unavailable.
    - 2.1.3. Type B replacement Classroom Supervisors shall not be used in Grades 10-12.
  - 2.2. A Classroom Supervisor must be supervised by a school administrator, or designate, on a regular basis throughout the day and not placed in learning environments where the activity poses increased risk to student safety.
3. Substitute Teachers and Classroom Supervisors are encouraged to attend division professional development activities at their own expense.
4. Schools are encouraged to develop a handbook for Substitute Teachers and Classroom Supervisors.

**Horizon School Division  
Policy GCE: Instructional Replacement Personnel Cont'd**

**REGULATIONS**

1. The school administration is responsible for:
  - 1.1. ensuring Substitute Teachers and Classroom Supervisors have been approved by Division Office;
  - 1.2. ensuring teachers prepare adequate lesson plans and classroom instructions for Substitute Teachers;
  - 1.3. ensuring teachers report their absence and identify their replacement as per jurisdiction procedures;
  - 1.4. ensuring Substitute Teachers and Classroom Supervisors are given proper orientation to the school including its policies and procedures.
  - 1.5. notifying central office if there are concerns about Substitute Teacher or Classroom Supervisor competence;
2. Substitute Teachers and Classroom Supervisors are responsible for:
  - 2.1. signing up on the Substitute Teacher or Classroom Supervisor list at central office and providing necessary documentation as requested
  - 2.2. reaching the school at least 15 minutes before their duties commence;
  - 2.3. reporting directly to the school administration who will provide information regarding the day's assignment;
  - 2.4. recording student attendance;
  - 2.5. completing recess, noon-hour, and after school supervision as assigned by school administration;
  - 2.6. providing notes on the plan about progress of the students and other observations;
  - 2.7. reporting back to the school administration at the conclusion of the day;
  - 2.8. Assume other duties as assigned by the Principal.
3. Classroom Supervisors shall:
  - 3.1. Review the substitute plans and discuss their role in the office with the principal, or designate;
  - 3.2. Provide the instructions left to students from the classroom teacher and use the examples and processes provided;
  - 3.3. Seek assistance/advice from the School Administrator(s) about student disciplinary action;
4. Classroom Supervisors shall not
  - 4.1. instruct curriculum;  
nghhnhg

**Horizon School Division**  
**Policy GCE: Instructional Replacement Personnel Cont'd**

- 4.2. plan lessons;
  - 4.3. alter the teachers lesson plans;
  - 4.4. supplement the teacher's lesson plans with additional resources;
  - 4.5. assess student learning;
  - 4.6. provide information to parents;
5. The absent teacher shall be responsible to:
- 5.1. provide suitable daily plans for the substitute teacher; and
  - 5.2. provide information such as class lists, seating plans, classroom rules and regulations and specialized instructions for specific students. (eg. Diverse Needs, Medical Conditions).
  - 5.3. follow up with the Substitute Teacher or Classroom Supervisor as required.
6. Central office will be responsible for:
- 6.1. keeping current files for individual Substitute Teacher and Classroom Supervisor; and
  - 6.2. providing schools with up-to-date Substitute Teacher and Classroom Supervisor lists.
7. Applying for Substitute Teacher or Classroom Supervisor
- 7.1. All individuals wishing to apply for Substitute Teacher and Classroom Supervisor positions should consult the Horizon Substitute Employee Guide, contact the Human Resource department and must complete and submit the appropriate Substitute Teacher or Classroom Supervisor application and required documentation (available online at [www.horizon.ab.ca](http://www.horizon.ab.ca)).
    - 4.1.1. All applicants must submit a recent Criminal Record and Child Welfare Check.
    - 4.1.2. All applicants must submit proper academic credentials.
    - 4.1.3. Substitute teacher applicants must submit evidence that they have the proper teaching credentials for the Province of Alberta.
  - 7.2. Successful applicants will be notified upon being approved by Division Office.
  - 7.3. Classroom Supervisors are required to complete a paid orientation program and may be asked to shadow a classroom teacher for a period of time.





**Horizon School Division**

**TEACHER CONFIDENTIAL SELF-DECLARATION**  
of a CRIMINAL RECORD and/or VULNERABLE SECTOR CHECK  
(Please refer to the information sheet that accompanies this self-declaration.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check [x] off the following statements that apply:

NOTE: In Canada, any statute includes, but is not limited to, the Criminal Code and the Controlled Drugs and Substance Act.

	<b>YES</b>	<b>NO</b>
I have had an adult conviction (found guilty of any statute, whether in Canada or in any other country).	[ ]	[ ]
If yes: Where? _____ When: _____		
Nature of allegation/complaint, details and finding of the investigation, result stemming from finding, details and length of sentence, probation, community service if any, and whether the requirements of the sentence have been fulfilled or are still in place: _____		
_____		
_____		

	<b>YES</b>	<b>NO</b>
Was the conviction an indictable offence under the Criminal code of Canada?	[ ]	[ ]

	<b>YES</b>	<b>NO</b>
I have outstanding charges (currently under investigation or charged with any offense under any statute, whether in Canada or in another country).	[ ]	[ ]
If yes: Where? _____ When: _____		
Nature of offense(s): _____		
_____		
Nature of allegation/complaint, details and finding of the investigation, result stemming from finding: _____		
_____		
_____		

	<b>YES</b>	<b>NO</b>
Vulnerable Sector Checks provide the following information: criminal convictions, summary convictions for five years, outstanding entries such as charges and warrants, judicial orders, peace bonds, probation, and prohibition orders. Would your Vulnerable Sector Check contain any such information?	[ ]	[ ]
If yes: When: _____		
Nature of allegation/complaint, details and finding of the investigation, result stemming from finding, details and length of sentence, probation, community service if any, and whether the requirements of the sentence have been fulfilled or are still in place: _____		
_____		
_____		

**TEACHER CONFIDENTIAL SELF-DECLARATION – cont.**  
of a CRIMINAL RECORD and/or VULNERABLE SECTOR CHECK  
(Please refer to the information sheet that accompanies this self-declaration.)

	<b>YES</b>	<b>NO</b>
Are you currently or have you ever been under investigation by either a previous school division, the Alberta Teachers Association, the Office of the Registrar, the Alberta Teaching Profession Commissioner, or a teaching governing body in another province or another country stemming from a complaint of alleged unprofessional conduct and/or professional incompetence.	[ ]	[ ]
If yes: Where? _____ When: _____ By Whom: _____		
Nature of allegation/complaint, details and finding of the investigation, result stemming from finding,: _____		
_____		
_____		
_____		

	<b>YES</b>	<b>NO</b>
Has your credential, certificate, or license to teach, whether in Canada or another country, ever been denied, suspended, or cancelled?	[ ]	[ ]
If yes: Where? _____ When: _____		
Is this as a result of the investigation declared above?	[ ]	[ ]
If no, explain: _____		
_____		

	<b>YES</b>	<b>NO</b>
Have you ever agreed to a settlement or resignation to avoid any investigation, proceedings, or disciplinary action with respect to your professional conduct, or competence?	[ ]	[ ]
If yes: Where? _____ When: _____		
Nature of allegation/complaint, details and finding of the investigation, and details of agreement, settlement, resignation: _____		
_____		
_____		

	<b>YES</b>	<b>NO</b>
Have you ever voluntarily or involuntarily surrendered your credential, certificate, permit, or license to teach in another jurisdiction, province, or country?	[ ]	[ ]
If yes: Where? _____ When: _____		
Nature of allegation/complaint, details and finding of the investigation, result stemming from finding,: _____		
_____		
_____		

	<b>YES</b>	<b>NO</b>
I attest to the fact that there are no allegations or complaints of unprofessional conduct or professional incompetence filed against me currently.	[ ]	[ ]
I certify that the information provided on this form is TRUE and COMPLETE and that NO relevant information has been withheld. I declare that all documentation that may be submitted by me has not been changed or altered in any way.		

I understand that any false or misleading information in this self-declaration or willful omission, or submission of altered, tampered, or forged documentation may result in rejection of my application or withdraw of any offer of employment, volunteering, or, where I have already commenced employment or volunteering with the division, termination of my employment or volunteering.

I understand that the information on this form will be shared with the Superintendent, Human Services department, applicable school principal/site supervisor, and others on a need-to-know basis.

**TEACHER CONFIDENTIAL SELF-DECLARATION – cont.**  
of a CRIMINAL RECORD and/or VULNERABLE SECTOR CHECK  
*(Please refer to the information sheet that accompanies this self-declaration.)*

I further understand that the Horizon School Division reserves the right to reject my application or withdraw any offer of employment or volunteering made or, where I have already commenced employment or volunteering with the division, terminate my employment or volunteering if I fail to submit this self-declaration form within a two month period or provide any information in this self-declaration which, in the reasonable opinion of the division, renders me unsuitable for employment or volunteering in the position I wish to be or am employed or volunteer in.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The presence of a record of charges or conviction does not necessarily exclude you from employment or volunteering with the Horizon School Division. Each case will be reviewed on an individual basis, to determine its relevance to the requirements of the teaching profession, support, or volunteer position.

Persons with a yes to any of the questions on page 1 are required to provide additional information and submit an original criminal record check.

If you are a volunteer, complete and return this form to your principal or designate.

If you are an employee, complete and return this form to:

Human Services  
Horizon School Division  
6302 56 street, Taber, AB T1G 1Z9  
CONFIDENTIAL



**Criminal Record Check to include  
The Vulnerable Sector Check**

**Employment - Teacher**

**Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_  
(Print)

The above individual has applied for employment with Horizon School Division.

A requirement of employment includes a clear Criminal Record Check to include the Vulnerable Sector Check, as the prospective employee **will** be working with school aged children.

Any costs incurred for this security check will be the responsibility of the prospective employee.

Regards,

The Human Services Department for  
The Horizon School Division  
Ph: 403-223-3547 ext. 10123 or 10162

**Section 2 of The Horizon School  
Division Sub Teacher Application  
Package.**

**You are almost there.....**

Completion of a Child Intervention Check from Child and Family Services is required as part of your employment.

**Please use the following directions when submitting an email request for a Child Intervention Check:**

1. The fillable form attached is to be completed and emailed by the prospective employee - **printed copies will not be accepted.**
2. **As a separate attachment** (in the same email) it is required that you provide a coloured copy (black and white will not be accepted) of 2 pieces of government issued ID
3. **Email both attachments to** CS.IRCSouth@gov.ab.ca
4. You will receive an automated response from Child and Family Services when they receive your request – forward that response email to human.services@horizon.ab.ca
5. When you receive the completed Child Intervention Check forward the email and password to human.services@horizon.ab.ca

February 7, 2024

# Intervention Record Check

The information you provide on this form is collected under the authority of the *Child, Youth and Family Enhancement Act* and managed in compliance with the *Freedom of Information and Protection of Privacy Act*. The information will be used to search for an intervention record about you. We will not release this information for any other purpose. We will not release this information to anyone but you. You will need to provide a photo or scanned copy of your identification for verification purpose only. The copy of your identification will be deleted once the check is completed. If you have any questions about the collection of this information, you may ask the staff member who completed this form for you.

**Alberta Children's Services Ministry cannot ensure that the information on this form is reliable for screening an applicant for employment. The Ministry assumes no liability arising from using this information. Anyone using the information does so at their own risk and must consider all the information provided on the back of this form.**

1 Personal Information				
My name is: <i>legal name of person requesting a record check (surname)</i> <i>first name</i> <i>middle name</i>				
My address is: <i>(mailing address)</i> <i>city</i> <i>province</i>				
Postal Code	Phone (Residence)	Phone (Work)	Gender	Birthdate ( <i>mm-dd-yyyy</i> )
Email Address				
All other names I have used are: <i>other (surname and maiden names used)</i> <i>first name</i>				
Names, birthdates of all my children/children for whom I have acted as a parent (not foster children). <i>(if now an adult, provide full name when a child)</i>				
Child's Surname	Child's First Name	Child's Middle Name	Child's Gender	Birthdate ( <i>mm-dd-yyyy</i> )
By clicking this box I, _____, state that the information in this form is true to the best of my knowledge as of today.				Date ( <i>mm-dd-yyyy</i> )
2 Request for an Intervention Record Check				
I am applying to work directly with children for the following organization(s), and I want to know about any record of my being involved with Intervention Services in Alberta which indicates that I <b>might</b> have caused a child to need intervention.				
Organization	Type of Position	Organization	Type of Position	
I am applying for a residential facility licence or to work in a Child and Youth Facility as defined in the <i>Child, Youth and Family Enhancement Act</i> . I want to know about any record of my being involved with Intervention Services which indicates that I might have caused a child to need intervention. In the last five years I have resided in Alberta and _____ <i>(name of any other province, territory, jurisdiction or country if applicable)</i>				
I reside with someone who is applying to provide care to a child who is in the care or custody of a Director as defined in the <i>Child, Youth and Family Enhancement Act</i> . I want to know about any record of my being involved with Intervention Services which indicates that I might have caused a child to need intervention. In the last five years I have resided in Alberta and _____ <i>(name of any other province, territory, jurisdiction or country if applicable)</i>				
I am planning to become a _____ to a child. I want to know about any record of my being involved with Intervention Services which indicates that I might have caused a child to need intervention. In the past five years I have resided in Alberta and _____ <i>(name of any other province, territory, jurisdiction or country if applicable)</i>				
I had a previous Intervention Record Check completed _____ Date ( <i>mm-dd-yyyy</i> )				
I, _____, hereby consent to having an Intervention Record Check completed in Alberta and any other province, territory, jurisdiction or country that I have listed above.				Date ( <i>mm-dd-yyyy</i> )



## Intervention Record Check

<b>3</b>	<b>For Office Use Only</b>		
Using the names and birthdates you supplied:			
<p>As of today, I can find no Intervention Services record in Alberta indicating that you <b>might</b> have caused a child to need intervention.</p> <p>As of today, I can find no Intervention Services record in Alberta or any other province, territory, jurisdiction or country listed above indicating that you <b>might</b> have caused a child to need intervention.</p> <p>There is an Intervention Services record in Alberta indicating that you <b>might</b> have caused a child to need intervention.</p> <p>There is an Intervention Services record in _____ , indicating that you might have caused a child to need intervention. Below is a summary of your involvement up to today.</p>			
<b>4</b>	<b>Summary of Involvement</b>		
Enter Summary of Involvement			
Name of Person who completed Intervention Record Check			
Name of Worksite			
Worksite Address			
City	Province	Postal Code	Office Phone Number
The photo or scanned copy of the identification of the applicant has been deleted.			
By clicking this box I, _____ , state that the results of record check in this form is true to the best of my knowledge.			
Date (mm-dd-yyyy)		Signature	