



# Employee Data Form

**Section 1 - Required Fields**

<b>Personal Information</b>	Employee ID #:	Hire Date (MMM, DD, YYYY):	Effective Date (MMM, DD, YYYY):
	Last Name:	First Name:	Middle Initial:
	SIN #:	Address:	
	City:	Province:	Postal Code:
	Telephone:	Cell Phone:	Date of Birth (MMM, DD, YYYY):
	Email:		
	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Casual		
Emergency Contact Name: _____		Emergency Contact Phone Number: _____	
<b>Reason</b>	Select all that apply:		
	<input type="checkbox"/> New Hire <input type="checkbox"/> Re-Hire <input type="checkbox"/> Adjustment <input type="checkbox"/> Layoff <input type="checkbox"/> Termination <input type="checkbox"/> Record Change <input type="checkbox"/> Other		
<b>Notes</b>			

<b>Employment Equity Questions</b>	Employment Equity Questions (Information collected is voluntary and confidential. It is used for employment equity purposes only)	
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you an Aboriginal Person? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Change:</b> <input type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Pay Rate <input type="checkbox"/> Job Status	<b>From</b> Department/Shift: _____ 1 <sup>st</sup> / 2 <sup>nd</sup> Position: _____ Status: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Salary: _____ / _____ / _____ / _____ <small>(Annual) (Hourly) (2nd Rate) (Shift Diff.)</small>	<b>To</b> Department/Shift: _____ 1 <sup>st</sup> / 2 <sup>nd</sup> Position: _____ To: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Salary: _____ / _____ / _____ / _____ <small>(Annual) (Hourly) (2nd Rate) (Shift Diff.)</small>
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<b>Signatures</b>	Department Supervisor/Manager _____ Date _____
	Nelson Martin _____ Date _____

**Reminder** Submit void cheque for direct deposit.

<b>Routing</b>	Package to Payroll _____ Payroll Initials _____ Date _____
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# MCSWEEN CUSTOM FABRICATING

159-55202 SH825 Sturgeon Industrial Park, Sturgeon County, Alberta T8L 5C1 Canada  
 Phone: 780-998-0600 Fax: 780-992-0600 www.mcsweenfab.com

## WORKER INDOCTRINATION

Name:	
Position/Trade:	Plant Location:

POINTS COVERED	INITIAL	POINTS COVERED	INITIAL
Welcome to McSween		Permit Procedure	
Safety Program		Drug & Alcohol Policy (Mcsween's/Owner Client's)	
Safety Responsibilities		Housekeeping Requirements	
Emergency Response & Evacuation		Disposal of Waste	
Reporting of Accidents		Location of Lunch/Meeting Room	
Reporting of Near Miss		Hours of Work / Breaks	
Location of Medical Center		Operation of Vehicles and Equipment	
Tool Box Safety Meetings		Defective Tools and Equipment	
Personal Protective Equipment		Site Security	
Right to Refuse Unsafe Work		Review Area Hazards	
WHIMIS Controls		Familiarization Tour	
Modified Work Program		New Hire Forms/Void Cheque	
Fit for Duty		E-Post	

### Safety Training

COURSE	DATE	COURSE	DATE
First Aid: <input type="checkbox"/> Y <input type="checkbox"/> N		WHIMIS 2015: <input type="checkbox"/> Y <input type="checkbox"/> N	
CPR: <input type="checkbox"/> Y <input type="checkbox"/> N		Confined Space: <input type="checkbox"/> Y <input type="checkbox"/> N	
SCBA: <input type="checkbox"/> Y <input type="checkbox"/> N		Other: <input type="checkbox"/> Y <input type="checkbox"/> N	
Fall Arrest: <input type="checkbox"/> Y <input type="checkbox"/> N		HI Angle Rescue: <input type="checkbox"/> Y <input type="checkbox"/> N	
Spill Response: <input type="checkbox"/> Y <input type="checkbox"/> N		TDG: <input type="checkbox"/> Y <input type="checkbox"/> N	
CSTS/PST: <input type="checkbox"/> Y <input type="checkbox"/> N		Full Face Mask: <input type="checkbox"/> Y <input type="checkbox"/> N	
H2S: <input type="checkbox"/> Y <input type="checkbox"/> N		Fire Extinguisher: <input type="checkbox"/> Y <input type="checkbox"/> N	
Forklift Training: <input type="checkbox"/> Y <input type="checkbox"/> N		Aerial/Man lift: <input type="checkbox"/> Y <input type="checkbox"/> N	
Fit Test (Half Mask): <input type="checkbox"/> Y <input type="checkbox"/> N		Well Control: <input type="checkbox"/> Y <input type="checkbox"/> N	

PLEASE ANSWER THE FOLLOWING QUESTIONS

	YES	NO
Do you have any medical conditions we should be aware of? If yes give details	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any medication? If yes give details	<input type="checkbox"/>	<input type="checkbox"/>
Have you been on W.C.B. in the last 12 months? If yes give details	<input type="checkbox"/>	<input type="checkbox"/>
Do you have physical limitations we should be aware of? If yes give details	<input type="checkbox"/>	<input type="checkbox"/>
Are you afraid of heights or confined spaces? If yes give details	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid driver's license? Driver License # _____ Class: _____	<input type="checkbox"/>	<input type="checkbox"/>

**The above named worker has received and understands the requirements on the identified points.**

**Orientated by:** \_\_\_\_\_ **Worker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Phone: 780-998-0600 Fax: 780-992-0600 Web: [www.mcsweenfab.com](http://www.mcsweenfab.com)

## DIRECT DEPOSIT AUTHORIZATION

**EMPLOYEE NAME:** \_\_\_\_\_

**Please circle a or b only:**

- a) *My direct deposit information has **not** changed.*
- b) *My direct deposit information is below.*
- c) *Direct deposit is a mandatory employment condition*

**Please Provide Email address for EPOST:** \_\_\_\_\_

***PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP  
FROM YOUR BANK HERE***  
***\*\*PLEASE NOTE: WE DO NOT ACCEPT HAND WRITTEN BANKING INFO\*\****

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

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

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only – Country of permanent residence	Social insurance number
<p><b>1. Basic personal amount</b> – Every resident of Canada can claim this amount. If you will have more than one employer or payer at the same time in 2020, see "More than one employer or payer at the same time" on page 2. If you are a non-resident, see "Non-residents" on page 2.</p>			<b>12,298</b>
<p><b>2. Canada caregiver amount for infirm children under age 18</b> – Either parent (but not both), may claim \$2,273 for each infirm child born in 2003 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for that same child who is under age 18.</p>			
<p><b>3. Age amount</b> – If you will be 65 or older on December 31, 2020, and your net income for the year from all sources will be \$38,508 or less, enter \$7,637. If your net income for the year will be between \$38,508 and \$89,422 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2020 Personal Tax Credits Return, and fill in the appropriate section.</p>			
<p><b>4. Pension income amount</b> – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.</p>			
<p><b>5. Tuition (full time and part time)</b> – If you are a student enrolled at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in this section. If you are enrolled full time or part time, enter the total of the tuition fees you will pay.</p>			
<p><b>6. Disability amount</b> – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$8,576.</p>			
<p><b>7. Spouse or common-law partner amount</b> – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than \$12,298 (\$14,571 if they are <b>infirm</b>), enter the difference between this amount and their estimated net income for the year. If their net income for the year will be \$12,298 or more (\$14,571 or more if they are <b>infirm</b>), you cannot claim this amount. In all cases, if their net income for the year will be \$24,361 or less <b>and</b> they are <b>infirm</b>, go to line 9.</p>			
<p><b>8. Amount for an eligible dependant</b> – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be less than \$12,298 (\$14,571 if they are <b>infirm</b> and you <b>cannot claim the Canada caregiver amount for children under age 18 for this dependant</b>), enter the difference between this amount and their estimated net income. If their net income for the year will be \$12,298 or more (\$14,571 or more if they are <b>infirm</b>), you cannot claim this amount. In all cases, if their net income for the year will be \$24,361 or less <b>and</b> they are <b>infirm and is age 18 or older</b>, go to line 9.</p>			
<p><b>9. Canada caregiver amount for eligible dependant or spouse or common-law partner</b> – If, at any time in the year, you support an <b>infirm</b> eligible dependant (aged 18 or older) <b>or</b> an <b>infirm</b> spouse or common-law partner whose net income for the year will be \$24,361 or less, get Form TD1-WS and fill in the appropriate section.</p>			
<p><b>10. Canada caregiver amount for dependant(s) age 18 or older</b> – If, at any time in the year, you support an <b>infirm</b> dependant age 18 or older (<b>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 \$14,571</b>) whose net income for the year will be \$17,085 or less, enter \$7,276. If their net income for the year will be between \$17,085 and \$24,361 and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section. You can claim this amount for more than one infirm dependant age 18 or older. If you are sharing this amount with another caregiver who supports the same dependant, get the Form TD1-WS and fill in the appropriate section.</p>			
<p><b>11. Amounts transferred from your spouse or common-law partner</b> – 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.</p>			
<p><b>12. Amounts transferred from a dependant</b> – If your dependant will not use all of their <b>disability amount</b> 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 <b>tuition amount</b> on their income tax and benefit return, enter the unused amount.</p>			
<p><b>13. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 12. Your employer or payer will use this amount to determine the amount of your tax deductions.</p>			

**Filling out Form 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 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.

If you do not fill out Form TD1, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

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

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2020, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1, **check this box**, enter "0" on line 13 and do not fill in lines 2 to 12.

**Total income less than total claim amount**

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

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

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2020?

- Yes (Fill out the previous page.)
- No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

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

**Provincial or territorial personal tax credits return**

If your claim amount on line 13 is more than \$12,298, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$12,298), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

**Note:** If you are a Saskatchewan resident supporting children under 18 at any time during 2020, you may be able to claim the child amount on Form TD1SK, 2020 Saskatchewan Personal Tax Credits Return. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

**Deduction for living in a prescribed zone**

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 2020, you can claim any of the following:

- \$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 can 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, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax and benefit return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.

\$

**Reduction in tax deductions**

You can ask to have less tax deducted on your income tax return and benefit 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 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 the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at [canada.ca/cra-info-source](https://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 \_\_\_\_\_

YYYY/MM/DD

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

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

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

**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 2020, see "More than one employer or payer at the same time" on page 2.

**19,369**

**2. Age amount** – If you will be 65 or older on December 31, 2020, and your net income from all sources will be \$40,179 or less, enter \$5,397. If your net income for the year will be between \$40,179 and \$76,159 and you want to calculate a partial claim, get Form TD1AB-WS, Worksheet for the 2020 Alberta Personal Tax Credits Return, and fill in the appropriate section.

**3. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,491, or your estimated annual pension income, whichever is less.

**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 \$14,940.

**5. Spouse or common-law partner amount** – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than \$19,369, enter the difference between \$19,369 and their estimated net income. If their net income for the year will be \$19,369 or more, you cannot claim this amount.

**6. Amount for an eligible dependant** – If you do not have a spouse or common-law partner and you support a dependant relative who lives with you and whose net income for the year will be less than \$19,369, enter the difference between \$19,369 and their estimated net income. If their net income for the year will be \$19,369 or more, you cannot claim this amount.

**7. Caregiver amount** – If you are taking care of a dependant who lives with you, whose net income for the year will be \$17,826 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older)
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$11,212

If the dependant's net income for the year will be between \$17,826 and \$29,038 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.

**8. Amount for infirm dependants age 18 or older** – If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$7,407 or less, enter \$11,212. You cannot claim an amount for a dependant you claimed on line 7. If the dependant's net income for the year will be between \$7,407 and \$18,619 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.

**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.

**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.

**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 **only** if you are an employee working in Alberta or a pensioner residing in Alberta and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)
- 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 2020, 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 less than total claim amount**

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

**Additional tax to be deducted**

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

**Reduction in tax deductions**

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

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](http://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 the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at [canada.ca/cra-info-source](http://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.**

# MCSWEEN CUSTOM FABRICATING

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## 5 RULES

### *Safety/General Rules*

- The following rules outline some basic requirements for all of McSween Custom Fabricating worksites. These rules will be reviewed on all orientations
- The use of alcohol or illegal drugs while on company business will NOT be tolerated and will lead to dismissal.
- The following personal protective equipment requirements shall be adhered to:
  - CSA approved hard hats, CSA approved safety glasses with side shields and CSA approved safety footwear are the minimum personal protective equipment, which must be worn in the proper manner on client worksites.
  - CSA approved safety footwear, CSA approved safety glasses with side shields are required in all company shops and yards.
  - CSA approved hearing protection will be worn in all areas with noise levels in excess of 85dBa or as specified by client regulations.
  - Clean protective clothing suitable to the job being done and weather conditions must be worn. (No tank tops or summer shorts). Long sleeve shirts and pants must be worn at all times.
  - Other special safety equipment or clothing requirements, as determined by the job hazards or client regulations will be worn.
- Accidents, injuries or “near misses”, regardless of their nature, shall be promptly reported to supervisors.
- Personnel may not operate or use any equipment/ tools without the proper training
- Smoking is permitted only in designated areas. “Strike Anywhere” matches and “Bic Lighters” are strictly prohibited.
- Riding on equipment is prohibited. No person shall ride any hook, hoist or other material handling equipment, which is used strictly for handling material and not specifically designed to carry riders.
- Appropriate government regulations will be adhered to when performing any work.
- Company vehicles / equipment will be operated as per posted speed limits, regulations and operating manuals. Seat belts must be worn at all times. Always walk around the vehicle / equipment before operations.
- Horseplay, fighting, gambling or possession of firearms are strictly forbidden on the job and constitute grounds for dismissal.
- Running is not permitted anywhere, except in the case of extreme emergency.
- Cell phones, portable stereos, I-Pods, etc. are prohibited in the McSween offices, workshops /on client processing areas or as specified by client regulations. Exceptions are for company designated personnel such as Supervisors, Foreman, Project Managers, etc, when phones are used for client communications

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

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



# MCSWEEN CUSTOM FABRICATING

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## Employees

### Coverall Policy (Reference 3.10)

All field personnel are required to wear FR (Fire Resistant) coveralls at all plant sites unless otherwise specified. McSween Custom Fabricating will provide coveralls with the understanding that if they are not returned to the Superintendent at the end of your employment, you will be charge \$100.00 this fee will be deducted from your last paycheck. McSween Custom Fabricating will not be responsible for lost or stolen coveralls.

### Training Policy (Reference 3.14)

The minimum safety ticket requirements for all McSween Custom Fabricating personnel are WHIMIS, CSTS, Fall Protection and Confined Space. McSween Custom Fabricating will reimburse employees for additional training under the following conditions:

- Course must be approved in writing by Management
- Employee must pass the course

Payroll deduction can be arranged for course payment with Management approval. Employee's wages and cost of course will be paid if the employee has worked over 300 man-hours. Foreman will be paid at Journeyman rate.

If employee has not worked the 300hrs employees must pay for the course by payroll deduction and meet the above conditions. A temporary ticket will be issued that is only good on McSween Custom Fabricating projects. A permanent ticket will then be issued by the certifying body.

## Locks

Employees needing locks can sign one out from McSween Custom Fabricating with the understanding that you are responsible for the return of the lock end of your employment or you will be charged \$25.00, this fee will be deducted from your last paycheck.

I \_\_\_\_\_, have read and understand the policies outlined above, by signing I give authorization for McSween to take the above deductions off my last pay.

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

January 1, 2020

McSween Custom Fabricating, Erecting & Welding Ltd. is a member of Merit Contractors Association, a not-for-profit organization that provides its members with the most comprehensive and cost-effective benefits plan in the Canadian construction industry. Merit Alberta currently has over 1100 members companies with over 40,000 trades employees, all paying the same rate for the same coverage. The plan details can be viewed on the Merit Contractors website ([www.merconbenefits.com/public/hour-bank-benefit-plan.aspx](http://www.merconbenefits.com/public/hour-bank-benefit-plan.aspx))

Providing and administering a benefits plan is just one of the many services Merit offers its members. The Association's main role is assisting open shop companies with their field personnel needs. Merit provides job placement services, supervisor, labour and management education training programs, apprenticeship training reimbursement, as well as information bulletins to keep managers and employees regularly informed on the industry's most important issues.

**The monthly Hour Bank Plan fees and membership dues are normally shared approximately 40/60 between the company and the employee, via payroll deduction (the current employee share portion effective January 2020 is \$1.05 per hour).**

**The net cost to you as an Hour Bank Plan employee: 150 hours x \$1.05 per hour = \$157.50 per month for single or family coverage. The actual payroll deduction will vary monthly, dependent on the number of hours appearing on your pay cheque.**

Eligibility for benefit coverage begins the first day of the second month following the accumulation of 300 hours in your hour bank account. For each month of benefits, only 150 hours are deducted from your account to “purchase” coverage. Excess hours are saved in your hour bank account for future use and belong to you. It is mandatory that all employees participate in the plan and that all hours are reported. Sub-contractors are not employees and are therefore not included (but can apply to Merit directly to become Plan Participants and are responsible for all associated costs, however are not eligible for Short Term Disability coverage).

**Hours are reported and paid-for by your employer once a month, with hour bank accounts credited and updated on approximately the 15<sup>th</sup> of every month following. To check your hour bank account balance, visit [www.merconbenefits.com](http://www.merconbenefits.com) or call Mercon Benefit Services weekdays between 7:30am and 5:00pm at 455-5845 or toll-free 1-877-263-7266. Mercon is also your source for plan information booklets and claim forms. Always be sure that Mercon has your current mailing address as booklets, forms and other documentation, including a direct-pay drug card, is sent directly to your home, not the office.**