



New Hire Employee Checklist

Savanna Well Servicing Inc.

Employee Legal Name		<input type="checkbox"/> Referral
Cell Phone Number		<input type="checkbox"/> Rehire
HR / Payroll / Benefits Documents		Check Box
General Information Form (preferably NOT handwritten)		<input type="checkbox"/>
Employment Application Form		<input type="checkbox"/>
Resume (if available)		<input type="checkbox"/>
Energy Safety Canada Connect Access Permission Form (if applicable)		<input type="checkbox"/>
Signed Offer of Employment Letter		<input type="checkbox"/>
Direct Deposit Application Form		<input type="checkbox"/>
Payroll Deduction Authorization Form		<input type="checkbox"/>
Personal Tax Credit Return - TD1 Federal		<input type="checkbox"/>
Personal Tax Credit Return - TD1 Provincial (AB only)		<input type="checkbox"/>
Letter of Responsibility - TD4		<input type="checkbox"/>
Declaration of Exemption - TD4		<input type="checkbox"/>
Group Benefits Application Form (if applicable)		<input type="checkbox"/>
Confidentiality Disclosure		<input type="checkbox"/>
Employee Policy Acknowledgement		<input type="checkbox"/>
Alcohol and Drug Policy Acknowledgement		<input type="checkbox"/>
Self-Identification Questionnaire		<input type="checkbox"/>
Employee Stock Savings Plan Enrollment Form (Paper copy) - <i>E-mail to HR</i>	Date sent:	<input type="checkbox"/>
Employee Referral Form (if applicable) - <i>Email copy to HR</i>	Date sent:	<input type="checkbox"/>
Training / Driver File Documents		Check Box
Driver Abstract Consent Form (AB/SK Only)		<input type="checkbox"/>
Current Driver's Abstract (dated within 30 days of hire)		<input type="checkbox"/>
Rig Managers & Operator's Only		
1. Copy of Valid Registration		
2. Copy of Certificate of Insurance		<input type="checkbox"/>
3. Confirmation of Liability Coverage (min \$2,000,000) **Insurance and Registration must be in the employees name		
Company Vehicle Policy		<input type="checkbox"/>
Personal Vehicle Use and Allowance Policy		<input type="checkbox"/>
Copy of Driver's License (Front & Back)		<input type="checkbox"/>
Copies of Safety Training Certificates (1 per page)		<input type="checkbox"/>
Copy of PST and/or CSO Certificate (Or Energy Safety Canada Record of Training [Temp])		<input type="checkbox"/>
Copy of eGSO Certificate		<input type="checkbox"/>
Written Exams (TDG, WHMIS & Fatigue Mangement)		<input type="checkbox"/>
Enform Competency Book Given to the Employee		
Floorhand <input type="checkbox"/>	Date Issued	<input type="checkbox"/>
Derrickhand <input type="checkbox"/>	Date Issued	
Operator <input type="checkbox"/>	Date Issued	
		Copy of Enform Competency certificate emailed to Training Coordinator (if applicable)

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Proof of Completion (To be filled out by Orientation Facilitator)	
Date Completed	
Facilitator Name	
Facilitator Signature	

**General Information Form – Field Employees**

Employee Legal Name		Rehire	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address		Postal Code	
City and Province		SIN	
Date of Birth (DD / MMM / YYYY)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone (with area code)		Cell Phone (with area code)	
E-mail Address			
Health Care Card #		Province	
Emergency Contact Full Name		Relationship to Employee	
Emergency Contact Phone Number(s) with area code			
Driver's License Number		Province	
Expiry Date (DD / MMM / YYYY)		Class	
Referral	<input type="checkbox"/> Yes <input type="checkbox"/> No		
--- The section below must be completed by HR ONLY ---			
Employee ID:			
Start Date: (DD / MMM / YYYY)			
Pay Rate:			
Benefits Eligibility:	<input type="checkbox"/> Waived <input type="checkbox"/> 3 Month Wait		
Position:			
Location & Rig Number:			
Completed by: (Type/Print Name of HR)			



Employment Application Form

Savanna Well Servicing Inc.

APPLICATION INFORMATION							
Date		Position Applied For		Date Available			
PERSONAL INFORMATION							
Applicant Full Name							
Are you a Canadian Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, are you legally able to work in Canada?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
CORPORATE INFORMATION							
Have you previously been employed in any other division of Savanna former or current (e.g. Lakota, Western Lakota, Trailblazer, Akuna, Accell, Command Coil, Great Plains, D&D Oilfield Rentals, Cantool, Savanna Drilling, Savanna Well Servicing, Savanna Corporate, Chinook Drilling)?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, which Company?					When?		
If no, how did you hear about us?	Industry/CAODC <input type="checkbox"/>	Media <input type="checkbox"/>	Brochure <input type="checkbox"/>				
	Referral <input type="checkbox"/>	Website <input type="checkbox"/>	Career Fair <input type="checkbox"/>				
		Name of referrer: _____					
		Other (please explain): _____					
EDUCATION							
(Note: You only need to complete the section below if it's not included on your resume or if you may not have a resume)							
High School		From		To		Graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		From		To		Degree Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other		From		To		Degree Yes <input type="checkbox"/> No <input type="checkbox"/>	
EMPLOYMENT HISTORY **Must be a minimum of last 36 months before application date**							
(Note: You only need to complete the section below if it's not included on your resume or if you may not have a resume)							
Company				Phone			
Supervisor				Position			
Type of Rig		From		To			
Reason for Leaving							
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>							



Employment Application Form

Savanna Well Servicing Inc.

Company		Phone	
Supervisor		Position	
Type of Rig	From	To	
Reason for Leaving			
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company		Phone	
Supervisor		Position	
Type of Rig	From	To	
Reason for Leaving			
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company		Phone	
Supervisor		Position	
Type of Rig	From	To	
Reason for Leaving			
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Which rig size and types have you worked on? (Check box below, where applicable)			
Single <input type="checkbox"/> Double <input type="checkbox"/> Conventional <input type="checkbox"/>			



Employment Application Form

Savanna Well Servicing Inc.

PRE-PLACEMENT MEDICAL / FITNESS EVALUATION AND SUBSTANCE SCREENING

Savanna Well Servicing Inc. ("Savanna") believes in a substance free work place environment for the health and safety of all our employees. Also, an employee's ability to safely and efficiently carry out their job tasks is a critical element of the service we provide. Employment with our company is conditional to meeting the requirements/standards of our Pre-placement Medical/Fitness Evaluation and Substance Screening. The information that is obtained in the screening process will be maintained in a confidential manner. In the event that pre-placement medical testing is not completed prior to work placement, continued employment will be conditional on the completion of a medical/fitness and substance screening within a reasonable time frame.

Are you willing to submit to a Medical/Fitness Exam and Substance Screening? Yes No

EMPLOYMENT APPLICATION & DISCLOSURE STATEMENT

By signing below, the applicant is confirming that all information stated in this application or on his/her resume submitted in the application for employment is true and complete to the best of his/her knowledge. The applicant also confirms that there is no misleading or pertinent information deliberately left out that would lead to the appointment of a position with Savanna. *(Please initial here)* _____

As well, the applicant agrees he/she will be truthful and accurate and will not provide misleading or deliberately leave out pertinent information if he/she undergoes Savanna's pre-placement medical /fitness evaluation and substance screening process. *(Please initial here)* _____

The applicant understands that any false information, omission or misrepresentation provided on this application or during the pre-employment testing process is just cause for rejection of the application or, if employed, termination of employment for just cause. *(Please initial here)* _____

I also understand that if I am a successful applicant and become employed by Savanna that any pictures of me could be used for promotional purposes. *(Please initial here)* _____

Signature		Date	
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Please complete and return to:

Savanna Well Servicing Inc.
(Attn: HR Employee Files)
Suite 800, 311-6 Avenue SW
Calgary, AB T2P 3H2



Energy Safety Canada Connect Access Permission Form

Privacy Consent - for the submission of Personal Information by Third Parties to Energy Safety Canada:

I _____ (*Please Print Name*),
candidate for consideration of employment with Savanna Well Servicing Inc. ("Savanna"), give consent to Designated Representatives from Savanna to disclose to Energy Safety Canada my personal information for the purpose of registering me in Energy Safety Canada courses. Personal information will consist of:

- Legal First and Last Name
- E-mail Address
- Password (if Energy Safety Canada Connect account has already been established)
- Birthdate (month/day/year)
- Mailing Address
- Phone Number

I understand that these Designated Representatives will have access to my account login name and password for online registration purposes, and that I may change my password at my own discretion following completion of the registration.

I understand that the disclosure of my personal information is essential for Energy Safety Canada to determine the individual's eligibility and suitability for registration and that Energy Safety Canada will only use and disclose such information for purposes related to registration, certification upon completion of courses, and management of the individual's on-going status as a current or former student of Energy Safety Canada.

I understand that I can obtain further information regarding Energy Safety Canada's privacy practices at <http://www.energysafetycanada.com/privacy.cfm> or by contacting the Energy Safety Canada's Privacy Officer at privacy.officer@energysafetycanada.com.

Signature

Date

Please complete and return to:

Savanna Well Servicing Inc.
Suite 800, 311 - 6th Avenue S.W.
Calgary, Alberta T2P 3H2
Attention: HR Employee File



Confidentiality Disclosure

1. I acknowledge that my employment with Savanna Well Servicing Inc. ("Savanna") and its subsidiaries permits me access to trade secrets, knowledge, files, marketing information, pricing and information about the Company that is confidential ("Confidential Information"). I also acknowledge that as an employee of Savanna, I operate in a position of trust and have a fiduciary relationship with the Company. Based on my terms of employment, I agree not to disclose to anyone outside Savanna, any Confidential Information. I also agree that all Confidential Information acquired or disclosed to me by Savanna or any affiliate or related companies, or their corporate share holders, officers, directors, servants or agents relating to the processes, practices, methods, products, inventions, marketing plans, improvements, developments, suppliers, customers, trade secrets, technical designs, internal organization, personnel or finances of Savanna shall be held in strict confidence. I will not disclose any Confidential Information for my personal benefit or for the benefit of any other person, firm or corporation outside Savanna.
2. I agree that all Confidential Information including notes, memoranda, records, (electronic or otherwise) and writings made by me in respect of the business of Savanna shall be and remain the property of the Company and shall be delivered by me to Savanna forthwith upon request and upon cessation of my employment.
3. I agree that all worldwide rights, title and interest in all inventions, designs, drawings, patent and copyright works (including computer programs), trade secrets, discoveries, know-how and other intellectual property (whether registered or not) produced, made, composed, written, performed or designed by me, either alone or jointly with others, in the course of my employment with Savanna and in any way related to the business of Savanna, shall vest in and be the exclusive property of Savanna.
4. I agree both during and following the termination of my employment with Savanna, to fully and promptly disclose to the Company, complete details of any invention, discovery, design or other intellectual property developed during my employment, with the intention that Savanna shall have full knowledge of the working and practical application of such rights and, at the expense of Savanna, I agree to co-operate in executing all necessary deeds and documents and all such other acts and things as may reasonably be required to vest such rights in the Company.
5. I acknowledge and agree that during my employment with Savanna, either as employee or consultant, I will be encouraged to maintain working relationships with the Company's clients and suppliers, and that:



Confidentiality Disclosure

- a. The transfer of confidential knowledge of Savanna's affairs to a client or supplier would be detrimental to the Company's interests; and
- b. Knowledge of the Company's affairs as well as knowledge of its clients and suppliers could irreparably damage the Company's interests if made available to a competitor or if used for competitive purposes.

Accordingly, I agree that I will not enter into or participate, directly or indirectly, in any business, which may conflict with technologies developed or being developed by Savanna during my period of employment or engagement as a consultant with Savanna.

Employee Name: (please print)	
Employee Signature:	
Date:	
Witness Name: (please print)	
Witness Signature:	

Please complete and return to your Crew Coordinator and/or HR Representative.



Employee Policy Acknowledgement

I acknowledge receipt of the following Policies from Total Energy Services Inc. ("Total), Savanna Well Servicing Inc. (Savanna) and its subsidiaries. I understand that it is my responsibility to (1) read the Policies provided to me; (2) seek answers from my supervisor as to any part of any Policy I do not understand and; (3) uphold and adhere to these Policies as terms and conditions of my employment. Furthermore, I understand that failure to comply with these Policies could result in disciplinary action up to and including termination of employment.

In addition, I understand the Policies do not form a contract of employment and that the addition of, or amendments to, existing Policies may be made at any time by the management of Total or Savanna as specific circumstances warrant.

Total Corporate Policies:

- Code of Business Conduct (dated January 1, 2018)
- Information Technology (dated November 4, 2013)
- Whistleblower (dated November 7, 2019)
- Prevention of Workplace Harassment and Violence Policy & Procedures (February 6, 2019)
- Alcohol & Drug Policy (dated October 14, 2018)

Savanna Policies:

- Employee Privacy (dated January 7, 2011)
- Insider Trading (dated March 5, 2014)
- Corporate Disclosure (dated March 5, 2014)
- Social Media (dated August 10, 2011)
- Company Provided Accommodation (Field Only) (dated June 6, 2016)

I further understand, that these policies are available for me to read and reference at any time on Savanna's website under the following link: <http://www.savannaenergy.com/employee-portal/>

Employee Name (Please Print)

Employee Signature

Date

SCHEDULE A

ACKNOWLEDGEMENT OF ALCOHOL AND DRUG POLICY, AGREEMENT TO SUBMIT TO REASONABLE
CAUSE SUBSTANCE TESTING AND AGREEMENT TO RELEASE TEST RESULTS

I, _____, understand that _____ (the "Company") maintains an Alcohol and Drug Policy (as amended from time to time, the "Policy") requiring all employees to report to work free from impairment from alcohol and drugs. I acknowledge that I have received and read a copy of the Policy. If I did not understand the Policy, I have asked for and have received an explanation. I understand that I am required to review and adhere to any updates or amendments to the Policy and that any breach of the Policy will result in disciplinary measures, up to and including termination of my employment for cause.

I also understand that as a condition of my continued employment, where the circumstances requiring testing outlined in the Policy exist, the Company will require me to undergo testing for the presence of alcohol or drugs and I hereby consent and agree to submit to such testing.

I further consent to the collection, use and disclosure of my Personal Information (as defined below) by the Company pursuant to Policy, and consistent with applicable Provincial and Federal privacy laws. I understand that "Personal Information" when used in this acknowledgement refers to information about me as an identifiable individual. I further understand that my Personal Information will contain my personal health information collected by the Company for the purposes of enforcing the Policy, including the results of any substance testing results being released only to those authorized Company Employees who need to know in order to act on the confidential results.

I also understand and agree that if I wish to take prescribed or otherwise legally authorized medications, including without limit, medical cannabis, I am required to provide certain documentation to the Company, which may include my proper prescription/authorization, purchase from a licensed facility and doctor's authorization stating any limitations to my fitness for duty as a result of such medications.

I also understand and agree that I am responsible for voluntarily disclosing any substance use disorder that I may have involving drugs or alcohol, including the inappropriate use of medication, to my supervisor and/or manager. In the event I suffer from a substance use disorder, I agree to participate in a rehabilitation or substance abuse treatment program (the "Treatment Program") prior to returning to active duty. I further consent to the disclosure of such Personal Information of mine by the Treatment Program as is necessary for the Company to confirm my ongoing participation in, and successful completion of, such Treatment Program.

THIS AGREEMENT SIGNED this _____ day of _____ 20____, in the City of _____, in the Province of _____.

Signature
Print Name: _____

Witness Signature
Witness Name: _____



Direct Deposit Application Form

Employee's Full Name:	Social Insurance Number (SIN):
Employee's Home Address:	
Terms and Conditions: <ul style="list-style-type: none">• Your paycheque can be direct deposited to a banking institution of your choice.• The Account MUST be in the employee's name.• You may direct your pay into a single bank account only.• If the VOID cheque or verified bank information is missing the employee's paycheque will be mailed to their home address on file.• We will not accept any hand written bank accounts!	
Attach VOID cheque or verified bank information here.	
DECLARATION: I hereby authorize Savanna Well Servicing Inc. ("Savanna") and/or subsidiaries to deposit my net pay to my account as noted above.	
Employee Signature:	Date Signed:

Please complete and return to Payroll.



Self-Identification Questionnaire

Savanna is committed to creating an environment that reflects a diverse workforce. We believe in working together to understand, identify and create balance between business opportunities and contributing to the well-being of communities.

Savanna's partnership model brings Aboriginal communities and Savanna together as meaningful players in the western Canadian energy industry. To learn more about Savanna's Award-winning Aboriginal Partnerships, visit <http://www.savannaenergy.com/community/Aboriginal-partnerships/>

The information collected in this questionnaire is confidential and will only be used and/or disclosed by Savanna to our Aboriginal Partnerships in accordance with Savanna's "Employee Privacy Policy". The response you provide may be reported externally in aggregate for statistical purposes.

This questionnaire will help us gain better insight of the diversity in our workforce and is completely voluntary. Should you choose to do not participate, please indicate below. If you have any questions or concerns regarding this questionnaire, please do not hesitate to contact your crew coordinator.

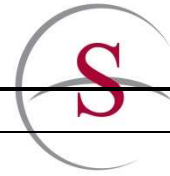
Date		I elect not to provide this information <input type="checkbox"/>
Employee Name		
Employee Signature		

An Aboriginal person is a North American Indian, Métis or Inuit and/ or Treaty Indian or a Registered Indian and/or a member of an Indian Band/First Nation.

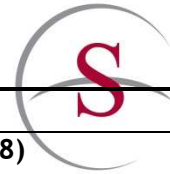
Are you of Aboriginal ancestry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please identify which Aboriginal community you belong to.	<input type="checkbox"/> Status <input type="checkbox"/> Non Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
Please identify what community or band you belong to.	

Savanna's Human Resources department appreciates and values your participation in this questionnaire.

Payroll Deduction Authorization



Employee's Full Name	
<p>I acknowledge that during the course of my employment with Savanna Well Servicing Inc. ("Savanna" or "Company"), Savanna may incur costs relating to me for the following items that are not covered as part of my employment or for which I may receive a benefit outside of the workplace ("Deductible Costs"). I hereby authorize Savanna to deduct from my pay through payroll the actual cost to it of such Deductible Costs without prior notice to me:</p>	
<ul style="list-style-type: none"> a) Unauthorized purchases by me of personal goods on Company accounts; b) Unauthorized use by me of Company credit card (if applicable); c) Fines associated with photo radar, red light or other traffic violations relating to a Company vehicle operated by me; d) Costs resulting from damage by me to property of Company or its customers (including vehicles) that is willful or negligent; e) My unpaid/unauthorized accommodation costs and expenses, including, but not limited to meals, phone calls, damages, movie rentals, etc.; f) *Actual Mandatory Safety Training course costs in the following circumstances: <ul style="list-style-type: none"> (i) if I fail to attend a scheduled training course; (ii) if I do not pass or complete a training course; (iii) if I do not pass my three (3) month probationary period with Savanna; or (iv) if I voluntarily resign or am terminated for cause within six (6) months of course completion; g) *Actual Pre-employment Testing (drug and alcohol testing) costs in the following circumstances: <ul style="list-style-type: none"> (i) if I do not pass my three (3) month probationary period with Savanna; or (ii) if I voluntarily resign prior to the expiration of my three (3) month probationary period; and h) *Actual Unreturned Mandatory Safety Equipment (PPE) costs in the following circumstances: <ul style="list-style-type: none"> (i) If I do not pass my three (3) month probationary period with Savanna; or (ii) If I voluntarily resign prior to the expiration of my three (3) month probationary period. 	
<p>*current Deductible Costs known to Savanna are listed in the attached Schedule "A"</p>	
<p>Employee Acknowledgement and Signature: By signing below, I confirm that I have reviewed this form and irrevocably authorize Savanna to deduct through payroll (including my final pay) costs for the items as stated above.</p>	
Employee Name: (please print)	
Employee Signature:	
Date:	
Witness Name: (please print)	
Witness Signature:	
<p><i>Please complete, sign and return to your Crew Coordinator and/or HR Representative.</i></p>	



SCHEDULE "A" DEDUCTIBLE COSTS (Updated: October 29, 2018)

****Mandatory Safety Training Costs:**

(actual cost of training as required under Savanna's *Health Safety Environment Management System* manual and training matrix or as otherwise requested by Savanna for business needs) - As applicable

Common Safety Orientation	\$103.95 (\$99 + GST; this price as of November 1, 2018)
CAODC Floorhand Competency Book	\$38.00
CAODC Derrickhand Competency Book	\$38.00
CAODC Driller/Operator Competency Book	\$38.00
H2S Alive	\$150.00
Standard First Aid	\$175.00
BC First Aid OFA Level 1	\$205.00
Airbrakes	\$200.00
Confined Space Entry	\$155.00
Enform Fall Protection	\$300.00
Enform Rig Rescue	\$300.00
Detection and Control	\$150.00
Special Oilwell Boiler	\$800.00
Well Service BOP	\$924.00

Audiogram and mask fit test \$78.75 (Annual)

****Pre-employment Testing Costs:**

(actual cost of testing by provider - current providers are SureHire and ECS Occupational Testing)

SureHire costs, *with current vendor discount price reflected which is available for a limited time* (as applicable):

1. Drug and Alcohol, Mask Fit, Vision Test, Audiometric and Fit Test, at the cost of \$356.00; or
2. Mask Fit, Audiometric, Vision Test, and Fit Test at the cost of \$240.00; or
3. Drug and Alcohol testing, at the cost of \$116.00; or
4. Mask Fit and Audiometric testing, at the cost of \$78.75; or
5. Fit test, at the cost of \$143.00.

ECS costs (as applicable):

1. Drug and Alcohol test, Fit test, Audiogram, Respirator test, Mask fit test, at the cost of \$366.00; or
2. Mask fit test, Fit test, Audiogram, Respirator test at the cost of \$236.00; or
3. Drug and Alcohol testing, at the cost of \$130.00; or
4. Mask Fit and Audiometric Test, at the cost of \$77.00; or
5. Fit test, at the cost of \$143.00.

****Unreturned Mandatory Safety Equipment Costs:**

(actual cost - average cost listed)

1 hard hat \$26.00

*****The above indicated amounts are average costs and subject to change without notice by third party provider. Actual costs will be confirmed prior to payroll deduction.***



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>1. Basic personal amount – 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>			12,298
<p>2. Canada caregiver amount for infirm children under age 18 – 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>3. Age amount – 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>4. 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 \$2,000 or your estimated annual pension income, whichever is less.</p>			
<p>5. Tuition (full time and part time) – 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>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 \$8,576.</p>			
<p>7. 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 \$12,298 (\$14,571 if they are infirm), 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 infirm), you cannot claim this amount. In all cases, if their net income for the year will be \$24,361 or less and they are infirm, go to line 9.</p>			
<p>8. Amount for an eligible dependant – 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 infirm and you cannot claim the Canada caregiver amount for children under age 18 for this dependant), 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 infirm), you cannot claim this amount. In all cases, if their net income for the year will be \$24,361 or less and they are infirm and is age 18 or older, go to line 9.</p>			
<p>9. Canada caregiver amount for eligible dependant or spouse or common-law partner – 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 \$24,361 or less, get Form TD1-WS and fill in the appropriate section.</p>			
<p>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 \$14,571) 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>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.</p>			
<p>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.</p>			
<p>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.</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.

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 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.

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	For non-residents only – 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

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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.



Savanna Well Servicing Inc.
Suite 800, 311 6 Avenue SW
Calgary, Alberta T2P 3H2
P.403 503 9990 F. 403 503 0654
www.savannaenergy.com

TD4 LETTER OF RESPONSIBILITY

Declaration of Exemption - Employment at a Special Work Site

I _____ (Enter Full Legal Name), employee of Savanna Well Servicing Inc. ("Savanna") acknowledge and accept responsibility to notify Savanna's Payroll team if the following conditions are **not** met:

- My principal place of residence is available for me to live in. I do not rent it to anyone.
- Because of the distance between my principal place of residence and the special work site, I am not expected to commute between the two while I am working at that location.
- My work requires me to be away from my principal place of residence for at least 36 hours, including the time I spend travelling between my principal place of residence and the special work site.

Employees who do not meet the criteria above are to immediately notify Savanna's Payroll team through the contact below and will be taxed on non-camp subsistence.

Savanna Payroll E-mail: SWSCA-Payroll@savannawellservicing.com
Savanna Payroll Phone: 403-718-2888

You understand that failure to comply with the CRA legislation could result in penalties and interest.

Savanna has agreed that the following conditions are met:

- The duties the employees have to perform at the special work site are temporary in nature and, by reason of distance, the employees are not expected to return daily to their principal places of residence.
- The board and lodging provided, or the allowance received by the employees have been for a period of at least 36 hours spent at the special work site (including the time the employees spend travelling between work and residence).
- The benefits or allowances for transportation given to the employees relate only to the period the employees receive the allowances, or their value for board and lodging.

Employee Acknowledgement and Signature:

By signing below, you acknowledge that you have read, understood, and accept the terms and conditions outlined in this document.

Employee Signature

Date Signed

Declaration of Exemption – Employment at a Special Work Site

Who can use this form?

Use this form if you are an employee who works at a special work site. It will allow your employer to determine if the following benefits can be excluded from your income:

- the value of, or an allowance (not in excess of a reasonable amount) for expenses for, board and lodging provided by your employer at a special work site
- the value of, or an allowance (not in excess of a reasonable amount) for expenses for, transportation to and from your principal place of residence and a special work site

Your employer will exclude these benefits or allowances from your income if **all** the conditions explained below are met.

You and your employer should fill out this form when you begin your employment at a special work site or if your employment situation at a special work site changes.

For more details, see Interpretation Bulletin IT-91, Employment at Special Work Sites or Remote Work Locations.

Employee information (please print)

Last name	First name and initial(s)	Social insurance number
Address of your principal place of residence (self-contained domestic establishment)		Postal code
Number of kilometres between your principal place of residence and the special work site (one way)	km	Location where you live while you are employed at the special work site

Employee's certification

I certify that I meet **all** of the following conditions:

- I maintain a self-contained domestic establishment as my principal place of residence at the address above.
- My principal place of residence is available for me to live in. I do not rent it to anyone.
- By reason of the distance between my principal place of residence and the special work site, I am not expected to commute between the two while I am working at that location.
- My work requires me to be away from my principal place of residence for at least 36 hours, including the time I spend travelling between my principal place of residence and the special work site.

Year	Month	Day	Signature of employee

Employer information (please print)

Name of employer Savanna Well Servicing Inc.													
Address Suite 800, 311-6 Avenue SW													
Type of business Oil & Gas - Service Rigs	Account number (from Form PD7A, Remittance voucher)												
Name of proprietors or partners (if applicable)													
Exact location of the special work site (including the municipality)	The benefits or allowances below are available under: <input type="checkbox"/> collective agreement <input type="checkbox"/> company policy												
Period of work at the special work site requiring the employee to be away from his or her principal place of residence for at least 36 hours.	From <table style="display: inline-table; border: none;"><tr><td style="width: 5%;">Year</td><td style="width: 5%;">Month</td><td style="width: 5%;">Day</td></tr><tr><td> </td><td> </td><td> </td></tr></table> to <table style="display: inline-table; border: none;"><tr><td style="width: 5%;">Year</td><td style="width: 5%;">Month</td><td style="width: 5%;">Day</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Year	Month	Day				Year	Month	Day			
Year	Month	Day											
Year	Month	Day											

Employer details of benefits or allowances (give an estimate if you do not know the exact amount)

	Board	Lodging	Board and lodging	Transportation	Other
Amount paid to employee for:	\$	\$	\$	\$	\$
Value of free:	\$	\$	\$	\$	\$

Continued on next page

Personal information is collected under the Income Tax Act to administer tax, benefits, and related programs. It may also be used for any purpose related to the enforcement of the Act such as audit, compliance and collection activities. It may be shared or verified with 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.

Employer's certification

I certify that all of the following conditions are met:

- The duties the employee has to perform at the special work site are temporary and, by reason of distance, the employee is not expected to return daily to his or her principal place of residence.
- The board and lodging provided or the allowance received by the employee have been for a period of at least 36 hours spent at the special work site (including the time the employee spends travelling between the principal place of residence and the special work site).
- The benefits or allowances for transportation given to the employee relate only to the period the employee also receives the value of, or allowances for, board and lodging.

After you complete this form with your employee, keep it with your payroll records in case we ask to see it.

Year	Month	Day	Signature of employer or authorized officer

Note: Employers should contact their tax services office if they receive a Form TD4 with doubtful statements. Any person who knowingly completes or accepts a Form TD4 with false or deceptive statements commits an offence.