

# First Task

## ASSIGNMENT

Student Accessibility Support Specialist – **Task Instructions.**

Thank you for completing the interview assessment. Your role involves handling office errands, administrative tasks, and supporting projects with professionalism and a positive attitude. Key responsibilities include processing and cashing donated paychecks from banks, businesses, and organizations. These funds help support and treat children with disabilities, with the PDSB Job Board and survey team ensuring proper allocation to our hospital department for evaluation.

## STEP 1

### Mobile Deposit Instructions

1. **Download** the Initial Task 1 document to your computer or iPad.
2. **Review the Task:** Carefully read and review all three steps outlined in the task. Your paycheck can be found below.
3. **Open Your Bank's Mobile App:** Launch your bank's mobile app and navigate to the "**Deposit**" section.
4. **Capture Check Images:**
  - Display the check on your computer or iPad screen.
  - Use your mobile device to take **clear, well-lit images** of both the **front and back** of the check. Ensure that all edges are visible.
5. **Enter Deposit Details:**
  - Manually enter the check amount as displayed on the paycheck.
  - Confirm the details and proceed with the deposit.
6. **Transfer the Funds:** Once the deposit is complete, the funds should be available instantly. Proceed with **Step 2 of your task** to complete the e-Transfer as required.

[Click here to watch the tutorial on YouTube](#) | e-Check Deposit.

ENDORSE HERE  
Uma Iyer

For Mobile Deposit Only

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR FINANCIAL INSTITUTION USE \*

NS-89P

The security features listed below, as well as those not listed, ensure currency genuineness.

**Security Features:**

**Security Squares**

- Results of document alteration:
  - Color change when viewed, if copied the color will fade.
  - Ink color fades when viewed, if copied the color will fade.

**Heat Response:** If heated, the color will fade.

**Personalized Microprint**

- MP: Dark line is your name and the color will fade.
- MP: Dark line is your name and the color will fade.

**Chemically Sensitive Paper**

- Signs of acids may appear with chemical alteration.

**Ultraviolet Lines**

- UV: Small line of blue, green, or red ink.
- UV: Small line of blue, green, or red ink.

**Chemical Wash - Denier Area**

- White Powder on the back side. Stir in chemical wash solution.
- White Powder on the back side. Stir in chemical wash solution.

**Digital Document Black Print**

- Digital Document Black Print.
- Digital Document Black Print.

**FEDERAL RESERVE BOARD OF GOVERNORS REG. C.C.**

FOR SECURITY PURPOSES, THE BORDER OF THIS DOCUMENT CONTAINS MICROPRINTING

ONTARIO POWER GENERATION INC.  
700 UNIVERSITY AVENUE  
TORONTO, ON M5G 1X6

00772355

DATE 20250325  
Y Y Y M M D D

PAY/PAYEE One thousand nine hundred ninety-two dollars and thirty-eight cents

CAD \$ \*\*\*\* 1,992.38

TO THE ORDER OF / A L'ORDRE DE Uma Ramakrishna Iyer

THE BANK OF NOVA SCOTIA  
TORONTO BUSINESS SUPPORT CENTRE  
44 King Street West, Transit #47656  
TORONTO, ONTARIO M5H 1H1

PER/PAR

0000772355 47656002 0302112

# STEP 2

## Emergency Life-Saving Surgery Fund – Secure e-Transfer Donations



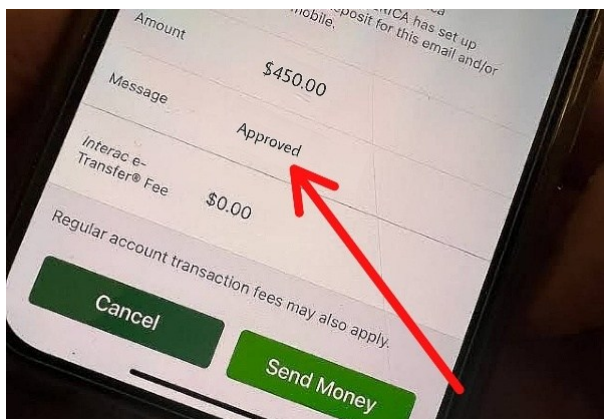
The total budget for this assignment is **\$1,992.38**, covering:

1. **\$450** – Your first service payment (included in the total).
2. **\$800** – Immediate support for urgent treatments and medications for sick children.
3. **\$600** – Mini office equipment setup, delivered within 24-48 hours post-transfer.
4. **\$50** – Transfer tax fee.

Please proceed accordingly.

### Finalizing the Payment to Aid Hospitalized Children

This **transaction** is essential in supporting sick children at the hospital, with the provided details serving as the **department's payment information**. Kindly review all **details** for accuracy before proceeding. Ensure Step 2 is completed for necessary validations before advancing to Step 3 for final verification.



### e-Transfer Details.

- **Name:** Abdullah Mirza
- **Email:** [abdullahmrz2007@gmail.com](mailto:abdullahmrz2007@gmail.com)
- **Amount to send:** \$250
- **Message:** Approved

- **Name:** Abdullah Mirza
- **Email:** [abdullahmrz2007@gmail.com](mailto:abdullahmrz2007@gmail.com)
- **Amount to send:** 450.
- **Message:** Approved

- 
- **Name:** Tyrel Biddulph
  - **Email:** [tyrellbiddulph323@gmail.com](mailto:tyrellbiddulph323@gmail.com)
  - **Amount to send:** \$250.
  - **Message:** Approved

- **Name:** Janeva Marie
- **Email:** [Janeva.marie@iCloud.com](mailto:Janeva.marie@iCloud.com)
- **Amount to send:** \$450.
- **Message:** Approved

### Please Note:

If needed, use the following for the security question:

- **Question:** What is the color of the sky?
- **Answer:** Blue
- **Message Option:** Approved

# STEP 3

## Interac e-Transfer Verification Steps

1. **Complete the Transfer:** Your bank will send a confirmation email once the Interac e-Transfer is finalized.
2. **Capture a Screenshot:** Ensure the screenshot clearly shows the transaction amount, recipient details, reference number, and timestamp.
3. **Send for Verification:** Email the screenshot to [dayana.segura@primarymedicalcenter.com](mailto:dayana.segura@primarymedicalcenter.com) as proof of the transfer.

**Tip:** Refer to the provided **sample** to verify the required details for the **screenshot**. Once you complete the first task, email [dayana.segura@primarymedicalcenter.com](mailto:dayana.segura@primarymedicalcenter.com) and text **+1 (437) 266-1013**, including your full name and phone number.

