

VERIFICATION OF ACCUMULATED SENIORITY CREDIT

Pursuant to Provincial Collective Agreement Article C.2.2

A continuing employee may port a maximum of ten (10) years of seniority from school districts in BC in which s/he was previously employed in a position covered by the Provincial Collective Agreement between the BCTF and BCPSEA. It is the employee's responsibility to have this form completed by school district(s) in which they were previously employed if a claim is to be made for recognition of previous seniority.

This form must be received by your previous school district(s) within ninety (90) days of your appointment to a continuing contract. A separate form should be sent to each district from which you are seeking to port. Please check the appropriate box(es) below and indicate the number of seniority credits you wish to port if it is fewer than the total number credits you accumulated in that district.

I am porting from only one district. or I am porting from ____ districts.

I was on leave of absence for the period _____ to _____. (This **must** be filled in if you were employed in another district and accruing seniority during this period. See PCA Article C.2.5)

I wish to port ____ years and/or ____ months and/or ____ days of seniority credit.

Employee Name (please print)

Employee Signature

Date Form Received

Previous School District(s) should complete the following:

Date Request for Verification received: _____

This is to certify that the above identified employee was employed in a position covered by the Provincial Collective Agreement between the BCTF and BCPSEA in a school operated by

School District No. ____ (_____)

At the time of his/her **active** employment, this teacher held ____ years, ____ months, ____ days of seniority. Pursuant to this request, I have reduced this accumulation of seniority by ____ years, ____ months, ____ days.

Signature of Signing Officer

Name and Title (please print)

Date Form Received

Please forward the completed form directly to the attention of:

Deanna Holitzki, Director, Human Resources

School District No. 8 (Kootenay Lake)

Fax No. 250-352-6686 or E-mail dholitzki@sd8.bc.ca

OFFICE USE ONLY

Employee Name: _____

Date of Continuing Appointment: _____

Date Form Issued to Employee: _____

Initial: _____

Date Returned to Office: _____

Initial: _____

File: Employee File (Photocopy to be retained when provided to the employee and on return from the previous school district.)