



VERIFICATION OF ACCUMULATED SICK LEAVE CREDIT
Pursuant to Provincial Collective Agreement Article G.1

An employee may port a maximum of sixty (60) days of accumulated sick leave from school districts in BC in which he/she 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 to port sick leave credits.

This form must be received by your previous school district(s) within ninety (90) days of your initial date of hire as TOC, Term or Continuing teacher, or from the date of exchange with the school district. A separate form should be sent to each district from whom you are seeking to port. Please indicate below the number of sick leave credits you wish to port if it is fewer than sixty (60) days.

- I am porting from only one district. I wish to port ___ days of sick leave credit. OR:
I am porting from more than one district; I only wish to port ___ days of sick leave 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. _____ (_____).

This employee held _____ days of sick leave credit at the time of termination or exchange.

This accumulation has been reduced by _____ days.

Signature of Signing Officer Name and Title (Please Print) Date Form Received

Please forward the completed form directly to the attention of:
Human Resources Administrator, School District 84 (Vancouver Island West)
Fax: 1-250-283-7352

OFFICE USE ONLY:
Employee Name: _____
Date Employee Commenced Employment as TOC, Term or Continuing Employee: _____
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.)