

**VANCOUVER ISLAND WEST SCHOOL DISTRICT 84**

Box 100, #2 Highway 28, Gold River, BC V0P 1G0

Office: 250-283-2241 Fax: 250-283-7352

**VERIFICATION OF ACCUMULATED SENIORITY CREDIT**  
**Pursuant to Provincial Collective Agreement Article C.2.2**

A continuing employee may port a maximum of twenty (20) 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 one hundred and twenty (120) days of commencing your appointment to a continuing contract. Exception is if the employee continues to hold two continuing part-time appointments simultaneously. Under this circumstance, the 120 days commences on the date of resignation/termination.** 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 am porting adult education seniority.

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

\_\_\_\_\_  
Employee Name (Please Print)\_\_\_\_\_  
Employee Signature\_\_\_\_\_  
Date Form Received

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**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 his/her **active** employment, this teacher held \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days of seniority. This seniority was accrued on \_\_\_\_\_ lists.

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 this completed form directly to the attention of:

**Director of Instruction (Human Resources), SD 84 (Vancouver Island West), Fax 1-250-283-7352**

**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.)