



**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 B.C. 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 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 whom you are seeking to port. Please indicate below 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 more than one district. I wish to port ___ Years and/or ___ Months and/or ___ days of seniority credit.

Employee Name (Please Print) Employee Signature Date of Receipt of Form
=====

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 S.D. No. ____ (_____).

At the time his/her employment terminated, 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

*** This form is not to be completed if the employee is on leave of absence from your district.**

Please forward the completed form directly to the attention of:
Manager of Human Resources
School District No. 45 (West Vancouver), 1075 21st Street, Vancouver, BC V7V 4A9
Phone: 604-981-1000 Fax: 604-981-1001 Email: hr@wvschools.ca

OFFICE USE ONLY
Employee Name: _____
Date Of Employment: _____
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.)