



### **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 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 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 TTOC, 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 more than one district; I only wish to port \_\_\_\_ days of sick leave credit.

\_\_\_\_\_  
Employee Name                                      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 SD 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                                      Date

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

Please forward the completed form to the attention of:  
Payroll Manager  
West Vancouver School District, 1075 21<sup>st</sup> Street, West Vancouver, BC V7V 4A9  
Phone: 604-981-1000                      Fax: 604-981-1001

**OFFICE USE ONLY**

Employee Name: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_  
Date Form Issued to Employee: \_\_\_\_\_                      Initial: \_\_\_\_\_  
Date Returned to Office: \_\_\_\_\_                      Initial: \_\_\_\_\_