

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 commencing your appointment to a continuing contract. Exception is if the employee continues to hold 2 continuing part-time appointments simultaneously. Under this circumstance, the 90 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 of 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
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Please forward completed form directly to the attention of: Director, Human Resources (or appropriate position) School District No. ____ (_____) Fax No. or E-mail Address
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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.)	