
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 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 to port sick leave credits.

This form must be received by your previous school district(s) within ninety (90) days of commencing any employment with your new school district as TOC, term or continuing teacher, or from the date of exchange with the school district. 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 below and indicate the number of sick leave credits you wish to port.

- I am porting from only one district. I wish to port _____ days of sick leave credit
or
 I am porting from _____ districts. 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 _____ sick leave credit at the time of his/her **active** employment.
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
Director, Human Resources (or appropriate position)
School District No. ____ (_____)
Fax No. or E-mail Address _____

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.)