

**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 your appointment to a continuing contract.** 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 wish to port \_\_\_\_ years and/or \_\_\_\_ months and/or \_\_\_\_ days of seniority 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. \_\_\_\_ ( \_\_\_\_\_ )

At the time of his/her **active** employment, 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 Form Received

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| Please forward the completed form directly to the attention of:<br>Director, Human Resources (or appropriate position)<br>School District No. ____ ( _____ )<br>Fax No. or E-mail Address |
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| <b>OFFICE USE ONLY</b><br>Employee Name: _____<br>Date of Continuing Appointment: _____<br>Date Form Issued to Employee: _____ Initial: _____<br>Date Returned to Office: _____ Initial: _____<br>File: Employee File (Photocopy to be retained when provided to the employee and on return from the previous school district.) |
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