



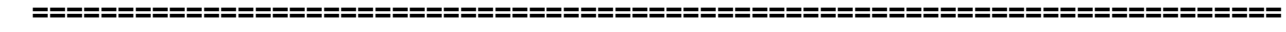
VERIFICATION OF ACCUMULATED SICK LEAVE CREDIT
Pursuant to Provincial Collective Agreement Article G.1

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 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 whom 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 more than one district; I only wish to port ___ days of sick leave 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. (_____). 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 (Please Print) Date

Please forward the completed form directly to the attention of:
Director, Human Resources
School District No. 41 (Burnaby)
5325 Kincaid Street, Burnaby, B.C. V5G 1W2 or e-mail: humanresources@sd41.bc.ca

OFFICE USE ONLY
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.)