



**VANCOUVER ISLAND WEST SCHOOL DISTRICT 84**

Box 100, #2 Highway 28, Gold River, BC V0P 1G0

Office: (250) 283-2241 Fax: 283-7352

**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 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 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 whom you are seeking to port. Please indicate below the number of seniority credits you wish to port if it is fewer than the total number of credits you accumulated in that district.

I am porting from more than one district. I wish to port \_\_\_\_\_ years and/or \_\_\_\_\_ months and/or \_\_\_\_\_ days of seniority credit.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date of Receipt of Form

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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 his/her employment terminated, 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

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

**Please forward this completed form directly to the attention of:  
Human Resources Department  
School District 84 (Vancouver Island West)  
Fax (250) 283-7352**

**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.)