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 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 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. A separate form should be sent to each district from whom you are seeking to port. Please indicate below the number of sick leave credits you wish to port if it is fewer than sixty (60) days.

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

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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. _____ (_____). 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

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

Please forward the 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 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.)