



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 one hundred and twenty (120) 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 120 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

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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 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: humanresources@burnabyschools.ca
If you have any questions, please call 604-296-6900 Extension 661071

OFFICE USE ONLY:

Date Of Employment: _____

Date Form Issued To Employee: _____ Initial: _____

Date Returned To Office: _____ Initial: _____

File: Employee E-File