



Box 340, Nakusp, BC V0G 1R0  
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[www.sd10.bc.ca](http://www.sd10.bc.ca)

**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 credits you accumulated in that district.

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

At this 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 the completed form directly to the attention of:**  
**Human Resources**  
**School District No 10 (Arrow Lakes)**  
**Fax #: (250-265-3701) or Email: [michelle.grenier@sd10.bc.ca](mailto:michelle.grenier@sd10.bc.ca)**

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OFFICE USE ONLY

Employee Name: \_\_\_\_\_ Date of Continuing Employment: \_\_\_\_\_  
Date Form Issued to Employee: \_\_\_\_\_ Initial: \_\_\_\_\_  
Date Returned to Office: \_\_\_\_\_ Initial: \_\_\_\_\_

File: Personnel File