



Box 340, Nakusp, BC V0G 1R0
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**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

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 SD 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:
Manager of Payroll
School District No 10 (Arrow Lakes)
Fax #: (250-265-3701) or Email: crystal.volansky@sd10.bc.ca

OFFICE USE ONLY

Employee Name: _____

Date of Employment: _____

Date Form Issued to Employee: _____

Initial: _____

Date Returned to Office: _____

Initial: _____

File: Personnel File