



BC College of Teachers  
 400 2025 W Broadway  
 Vancouver BC V6J 1Z6  
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 604.731.9142 (Fax) www.bcct.ca

# Verification of Employment Form

Complete member information and then submit this page to your employer(s) for completion. Note: A form is required from each School District or Independent School with which the teacher has been employed in the last ten years. (Duplicate if necessary.)

## VERIFICATION OF EMPLOYMENT

### MEMBER INFORMATION – Please print clearly in dark ink

School District No.: 

#	#
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 School or District Name: \_\_\_\_\_

Educator's Surname: \_\_\_\_\_ Birth Surname: \_\_\_\_\_

Educator's Given Names: \_\_\_\_\_

Position: \_\_\_\_\_ Certificate No.: \_\_\_\_\_ Date of Birth: 

Y	Y	M	M	D	D
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### TO BE COMPLETED BY DISTRICT PERSONNEL – Please print clearly in dark ink

School Year(s)		Teaching Load
Full-time	_____	1.0
	_____	
	_____	
Part-time	_____	
	_____	
	_____	

List each year separately	School Year(s)	Number of Days
Teacher On Call	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

School District Personnel Officer: \_\_\_\_\_ Please print

School District or Independent School Stamp

Signature: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_