



APPLICATION FOR INCREASE TO PENSION CONTRIBUTION

Intro: This application form is for long service CISVA employees who wish to exercise the option of increased pension contribution as allowed by the CISVA Compensation Packages (2008, 2011)

Teacher

Education Assistant

Other _____

<input type="checkbox"/> 8% 15 th yr	<input type="checkbox"/> 9% 20 th yr	For the school year: _____
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LAST NAME	FIRST NAME	BIRTHDATE (mm/dd/yyyy)
EMAIL	HOME PHONE	CELL PHONE
ADDRESS	CITY	POSTAL CODE
FIRST DAY OF EMPLOYMENT	EMPLOYEE ID NUMBER/SIN	BIRTH LAST NAME

FOR TEACHERS: COT <input type="checkbox"/> IND <input type="checkbox"/>	CATEGORY: 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	
YEARS OF PREVIOUS EXPERIENCE PRIOR TO CISVA: _____		

EMPLOYMENT HISTORY WITH CISVA			CISVA	Teachers
FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	SCHOOL	Calendar Yr.	Yrs Exp.

FOR PRINCIPALS/TEACHERS ONLY EMPLOYMENT HISTORY OUTSIDE CISVA			NON-CISVA EXP.	
FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	SCHOOL	Calendar Yr.	Yrs Exp.

NOTE: Do not include Leave of Absence (except Maternity/Paternity, Sabbatical)

The employee agrees that the above information is correct and understands that this information will be used to calculate the employee's salary and pension benefits.

Employee Signature

Date (mmm/dd/yyyy)

Principal/Pastor's Signature

Office of the CISVA use only: <i>Initial & Date</i>