



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)

Increase Effective Date: _____

Teacher Education Assistant Other _____

8% 15th yr 9% 20th yr For the school year: _____

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

EMPLOYMENT HISTORY WITH 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

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:
Initial & Date