

Form 8-II

# Practitioner's Report – Confirmation of Date of Delivery

Provincial Collective Bargaining Agreement – Supplemental Employment Benefits (8.4.1.2)

***The information provided will be used solely to verify the date of delivery to support my claim for Supplemental Employment Benefits.***

---

## Part 1: Teacher Identification and Authorization

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
INITIAL

I hereby authorize the release of information requested in Part 2 below to the relevant administrative personnel of the Board of Education of the \_\_\_\_\_ School Division to verify this claim for SEB Plan benefits in accordance with the Provincial Collective Bargaining Agreement.

\_\_\_\_\_  
TEACHER'S SIGNATURE

\_\_\_\_\_  
DATE (D/M/Y)

---

## Part 2: Attending Practitioner's Statement

\_\_\_\_\_  
ACTUAL DATE OF DELIVERY (D/M/Y)

Physician's Signature: \_\_\_\_\_

Physician's Name and Address:  
(please print or use stamp)

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

Telephone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_