

**EMPLOYER INFORMATION**

<b>NAME OF ORGANIZATION/EMPLOYER</b> British Columbia Lottery Corporation		<b>EMPLOYERS' ASSOCIATION</b>
<b>MAILING ADDRESS (for all correspondence)</b>	<b>CITY</b>	<b>POSTAL CODE</b>
74 West Seymour Street	Kamloops	V2C 1E2
<b>INFORMATION FILED BY:</b>		
<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>POSITION</b>
Kathie	Andriashyk	Payroll Officer
<b>PHONE</b>	<b>FAX</b>	<b>EMAIL ADDRESS</b>
( 250 ) 828-5500, Local 5275	( 250 ) 828-5696	kandriashyk@bclc.com

**CONTRACT INFORMATION**

PLEASE PROVIDE DETAILS OF THE TERMS AND CONDITIONS OF THE EMPLOYEE'S EMPLOYMENT. THESE INCLUDE ANY EXPRESS OR IMPLIED TERM OR CONDITION, WHETHER CONTAINED IN A WRITTEN CONTRACT OR NOT. IN PARTICULAR, PLEASE PROVIDE DETAILS REGARDING ANY SPECIAL OR UNIQUE COMPONENTS OF THE EMPLOYEE'S TERMS AND CONDITIONS OF EMPLOYMENT.

**1. Name of Employee**

Vic Poleschuk

**2. Position**

President and CEO

**3. Length of Service (both with employer and in position)**

Employer – January 2, 1979

Position – October 1, 1999

**4. Term of Contract (definite/indefinite, start date, termination date if applicable, etc.)**

Indefinite – start date October 1, 1999

**5. Compensation (salary, bonuses, incentive payments, allowances, etc.)**

\$275,000 salary, \$800/month car allowance, and annual performance bonus of up to 45% of annual salary

**6. Benefits**

Standard Benefits Plan (Dental, Extended Health, Life Insurance(s), Accident Insurance, MSP, Short Term & Long Term Disability)

Management Vacation Accrual

Basic & Supplementary Pension benefits equivalent to those made available to deputy ministers of Government of BC from time to time.

SENIOR EMPLOYEE COMPENSATION REPORT FORM

7. Severance

One month compensation for each year of employment with Corporation to a maximum of 24 months (prior to Bill 66).

Please append:

1. Copies of any written contract of employment (please note the broad definition of "contract of employment" in the Public Sector Employers Act
2. Copies of any decision amending, changing, or otherwise altering the contract

Declaration:

I certify the statements made by me in this report are true and complete to the best of my knowledge. I also certify that the documents appended are true copies of all the documents which are relevant to the terms and conditions of employment of the above-noted employee.

Date: Jan 4/05

Signed on behalf of Employer: [Signature]

Date: Dec 19/04

Signed by Employee: [Signature]