

BOARD NAME

ATRF BOARD NO:

CONTACT PERSON:

PHONE:

EMAIL:

## ATRF CONTRIBUTIONS

YEAR (YYYY):

MONTH (MM):

FOR THE MONTH OF:

EMPLOYEE CONTRIBUTIONS: (FULL AND PART-TIME CONTRACT TEACHERS)

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EMPLOYER CONTRIBUTIONS: (ATA LOCALS, PRIVATE SCHOOLS & COLLEGES)

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PRIOR YEAR ADJUSTMENTS:

Please breakout all prior year adjustments by school year to ensure the proper allocation.

SCHOOL YEAR:

	2018/19	2019/20	2020/21	2021/22	2022/23
AMOUNT:	-	-	-	-	-

TOTAL PRIOR YEAR ADJUSTMENTS:

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**TOTAL ATRF CONTRIBUTIONS:**

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## ATA DUES:

All employers please complete the following section.

TEACHER TYPE	NUMBER OF TEACHERS	TOTAL GROSS SALARY PER	ATA FEES (CURRENT MONTHS)	ATA FEE ADJUSTMENTS (PRIOR PERIODS)	TOTAL FEES REMITTED THIS PERIOD
FULL TIME					-
ADMIN/260 DAYS (97)					-
SUPER/CHIEF DE (99)					-
<b>SUB TOTAL</b>	-	-	-	-	-
PART TIME					-
SUBSTITUTE					-
CEC					-

**TOTAL ATA DUES:**

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**ATA DUES PAYABLE TO:** ALBERTA TEACHERS' ASSOCIATION

11010 142 ST NW  
EDMONTON AB  
T5N 2R1

**FOR ATA Questions:**

Email caroline.inacio@ata.ab.ca  
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Toll Free 800 232-7208 ext 459

PLEASE EMAIL COPY

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### Alberta Teachers' Retirement Fund Board

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