

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

PRIOR YEAR ADJUSTMENTS:

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

SCHOOL YEAR:	2019/20	2020/21	2021/22	2022/23	2024/25
AMOUNT:	-	-	-	-	-

TOTAL PRIOR YEAR ADJUSTMENTS: -

TOTAL ATRF CONTRIBUTIONS: -

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)					-
SUB TOTAL	-	-	-	-	-
PART TIME					-
SUBSTITUTE					-
CEC					-

TOTAL ATA DUES: -

ATA DUES PAYABLE TO: ALBERTA TEACHERS' ASSOCIATION 11010 142 ST NW EDMONTON AB T5N 2R1	FOR ATA Questions: Email caroline.inacio@ata.ab.ca Tel 780 447-9459 Fax 780 455-6481 Toll Free 800 232-7208 ext 459
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PLEASE EMAIL COPY financialservices@atrf.com
atacashier@ata.ab.ca

Alberta Teachers' Retirement Fund Board

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