



Delta Teachers' Association Remedy Funds Transfer

This form is intended to be used for members with remedy funds available that wish to transfer to a colleague within the district.

Office	Date
Use only	Rec'd:

Remedy Funds Holder Information

Date of Request: _____ **School:** _____

Name: _____ **Email:** _____

Funding Years: _____ **Funds Available to Date:** _____

Consent of Transfer

I _____ give authorization to the DTA to transfer
Name: Please Print

_____ of my _____ Remedy Funds to _____
Dollar Amount of Funds Funding Years Full Name of Member to Transfer Funds to : Please Print

Signature: _____ **Date:** _____

Please submit completed form to Brianna via email brianna@deltateachers.org or fax 604-946-1629

Office use only:
Amount transferred: \$ _____
Date transferred: _____
Initials: _____