



Delta Teachers' Association Remedy Funds Transfer Form

This form is intended to be used for members with remedy funds available that wish to transfer to a colleague within the district who **did not accrue remedy** in 2017/2018 or 2018/2019.

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: _____

Presidents' Signature: _____