STF | PENSION

PREVIOUS SCHOOL YEARS CONTRIBUTIONS

SASKATCHEWAN TEACHERS' RETIREMENT PLAN

2317 Arlington Avenue, Saskatoon SK, Canada S7J 2H8 Phone: 306-373-1660 Toll Free: 1-800-667-7762 Fax: 306-955-1157

Cheques should be made payable to: **Saskatchewan Teachers' Federation**

School Division Name	Pay Period _____, _____ Month Year	Page ___ of ___

Office Use Only	School Division #	School Year	Month	Date Received	Date Processed

Social Insurance Number	Employee Name Surname First, Given Name	Month	Record Type	School Year	Employment Type	CPP Code	Salary Earned based on 10 month pay period	Days Taught	Contributions Deducted
			30						
			30						
			30						
			30						
			30						
			30						
			30						
			30						
			30						
			30						
			30						
			30						
			30						
			30						
			30						
			30						
			30						
			30						
Number of Entries							**Total Salary**	**Total Days**	**Total Contributions**

RECORD TYPE	EMPLOYMENT TYPE	TOTALS
30 - Previous Year	**F** - Full-time	
	P - Part-time	
	S - Substitute	
	X - Full-time, Unpaid Leave	

CPP CODE	TOTALS
CPP INTEGRATED	
0 - Regular Teacher	
1 - Superannuate	
4 - Sabbatical	
5 - Deferral Period	
6 - Not Contributing to CPP	
7 - Maternity SEB Plan	
8 - Deferred Leave Period	

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