

South Orange County Community College District Faculty Association

Dues Reimbursement Request Form

Use this form if you are a part time faculty member and your assignment for Fall/Spring of _____ semester was less than 3 OSH(1 OSH = 16.6 hours, therefore this form applies if you worked less than 49.8 hours in a semester)

Requirements to receive reimbursement:

1. You are a MEMBER of the SOCCCDFA. If you have not completed a Membership Enrollment Form, please do so and include it with this Dues Reimbursement Request Form. Forms are available from your Division or School Representative, SOCCCDFA Officers, the SOCCCDFA Office in LRC 140 at Saddleback College, or online at www.socccdfa.net
2. Dues for which you are seeking reimbursement were collected and paid through the SOCCCD. The SOCCCDFA will **not refund** dues or fees paid to CCA/CTA/NEA through another college or K-12 district.
2. Complete the form. PLEASE PRINT LEGIBLY
3. Attach a copy of all your South Orange County Community College District pay stubs for the semester.
4. Mail or deliver all of the above to the SOCCCDFA by one of these three methods:

Mail to SOCCCDFA, PO Box 4800, Mission Viejo, CA 92690
or

Deliver to the SOCCCDFA office located at Saddleback College in LRC, room 140.

Name as it appears on your paycheck stubs:

Last First Middle

Any other name you might have used for employment or on Membership Enrollment Form:

Last First Middle

Address City Zip

Email address Home Phone

Division or School: _____

College: (please check) _____ Irvine Valley _____ Saddleback

Please check ONE of the following:

_____ I was paid for an assignment of one OSH or less during Fall/Spring _____ semester(16.6 hours or less). I am eligible for reimbursement of local, CCA, CTA & NEA dues up to a maximum of \$120.35 per semester.

_____ I was paid for an assignment of more than one but less than three OSH for Fall/Spring _____ (greater than 16.6 hours, but less than 49.8 hours). I am eligible for reimbursement of local dues up to a maximum of \$30 per semester.

I hereby request reimbursement for dues for Fall/Spring _____ Semester.

Signature

Date