

**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 \_\_\_\_\_ semester was less than 3 LHE  
(year)

**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.org](http://www.socccdfa.org)
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.
3. Complete the form. PLEASE PRINT LEGIBLY
4. Attach a copy of **all** your South Orange County Community College District pay stubs for the semester.  
- If you are requesting a reimbursement for Fall semester, include pay stubs given from 9/30- 1/31 for a total of **5** pay stubs.  
- If you are requesting a reimbursement for Spring semester, include pay stubs given from 2/28-6/30 for a total of **5** pay stubs.
5. 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.  
or  
Hand deliver to Jenny Langrell at LRC 322 at Saddleback College.

Name as it appears on your paycheck stubs:

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

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Last	First	Middle
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Address	City	State	Zip
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Email address	Home Phone
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Division or School: \_\_\_\_\_

College: (please check) \_\_\_\_\_ Irvine Valley                      \_\_\_\_\_ Saddleback

Please check ONE of the following:

\_\_\_\_\_ I was paid for an assignment of one LHE or less during Fall/Spring \_\_\_\_\_ semester. I am eligible for reimbursement of local, CCA, CTA & NEA dues. (year)

\_\_\_\_\_ I was paid for an assignment of more than one but less than three LHE for Fall/Spring \_\_\_\_\_ semester. I am eligible for reimbursement of local dues. (year)

I hereby request reimbursement for dues for Fall/Spring \_\_\_\_\_ semester.  
(year)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date