

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. 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.
 - 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.
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 Treasurer, Frank Gonzalez, office located in Village 7.
 or
 Hand deliver to Frank Gonzalez in Village 7 at Saddleback College.

Name as it appears on your paycheck stubs:

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

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