



Long Beach Community College – Faculty Association (LBCC-FA)
LBCC FA-PAC OPT OUT/ADJUSTMENT FORM

Name _____
Last First M.I.

Employee ID#: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Email _____

Department _____

Please check all that apply:

I **opt out** and choose **not** to contribute to the LBCC-FA PAC account. _____

I **opt out** of the \$10 LBCC FA PAC contribution but would like to contribute \$____/month during the 10-month academic calendar to the LBCC FA PAC. I authorize the District to deduct this amount from my paycheck and direct this contribution to LBCC FA PAC. _____

A \$10 LBCC FA PAC contribution amount is currently deducted from my salary. I agree to additionally contribute \$____/month for a total of \$ ____/month during the 10-month academic calendar to the LBCC FA PAC. I authorize the District to deduct this additional amount from my paycheck and direct this contribution to LBCC FA PAC. _____

Signature _____ Date _____

When completed, this form should be forwarded to:

LBCC-FA Membership/PAC, 4421 E. Village Road, Long Beach, CA 90808

OR on campus to MAIL CODE 03 **OR** emailed to ccalbcoffice@gmail.com