

NOTICE OF CHAPTER CHAIR ELECTION (NOCCE) 2024-2025

Please fill in all information asked for below. Return this completed form to UTLA as soon as possible according to the deadline guidelines to dina.zubia@utla.net.

School _____ Chapter Code _____

UTLA Area _____ (Or Circle One) N S E W C VE VW H

Name of 2023-2024 Chapter Chair _____

School Phone # (_____) _____ School Fax# (_____) _____

DATA FOR 2024-2025

Chapter Chair _____ Employee _____
(one per site) (Please use full legal name)

First time Chapter Chair? YES _____ NO _____

Home Address _____

City _____ Zip Code _____ (NON-LAUDS) Email Address _____

Home Phone #(_____) _____ Cell Phone #(_____) _____

1st Vice-Chair _____ Employee # _____
(one per site) (Please use full legal name)

Home Address _____

City _____ Zip Code _____ (NON-LAUDS) Email Address _____

Home Phone #(_____) _____ Cell Phone #(_____) _____

2nd Vice-Chair _____ Employee # _____
(Please use full legal name)

Home Address _____

City _____ Zip Code _____ (NON-LAUDS) Email Address _____

Home Phone #(_____) _____ Cell Phone #(_____) _____

3rd Vice-Chair _____ Employee # _____
(3rd Vice Chair for schools with 80+ members) (Please use full legal name)

Home Address _____

City _____ Zip Code _____ (NON-LAUDS) Email Address _____

Home Phone #(_____) _____ Cell Phone #(_____) _____

Date election was held _____

Election Committee Chair's name (please print) For Contested Elections Only _____

Election Committee Chair's signature (*not the chapter chair*) _____

Election Committee Chair's phone number (_____) _____

Please make a copy for your UTLA Chapter's records