

2024-25 Classified Community College Summer Assistance Program Employee Election Form

Classified employees of participating districts must provide notification of their election to enroll in the Classified Community College Summer Assistance Program. The election form must be submitted to the community college district by **March 1st** of the year appropriated funds for (e.g., submission due March 1, 2024, for 2024-25 academic year). See the instructions section below for additional guidance.

Section A: Employee Information

1. Community College District:
2. First Name:
3. Last Name:
4. Classified Employee Job Title:
5. Employee Number:

Section B: Employee Disbursement Information

6. Academic Year:
7. Annual Pay (Annual pay must be \$62,400 or less):
8. Monthly Pay:

Section C: Withholding Options:

9. I wish to have the following amount **up to 10 percent** of my direct pay withheld from my monthly paychecks in the specified academic year above pursuant to the Classified Community College Summer Assistance program. You may choose to select a **specific amount or percentage** to be withheld from your monthly paycheck. Feel free to use the **Withheld Calculator** below to estimate how much you wish to withhold for this program.

- a. Amount to be withheld from each paycheck:
- b. Percentage to be withheld from each paycheck:

Optional Withholding Calculator

Enter Monthly Pay:

Enter Percentage:

Amount Withheld:

10. I elect to have the amounts specified above and related state match funds paid out in one or two payments in the summer recess period following the specified academic year above:
Options (select only one option):

By submission of this form, I am notifying my employer in writing that I am a classified employee and I commit to participating in the Classified Community College Summer Assistance program. I agree to have withholdings made from my monthly paychecks in the academic year and amounts specified in Section B. I am aware that the withholding amount I specify on this form is subject to adjustment by my employer if it exceeds 10 percent of my monthly paycheck. I acknowledge that my participation in the Classified Community College Summer Assistance program is subject to my employer's determination that I meet all eligibility requirements.

Employee Signature:

Date:

Community College District Reviewer Checklist

1. *Employee verified as classified employee for at least 1 year at the time of application*
2. *Employee pay is \$62,400 or less within an academic year at the time of application*
3. *Employee is in regular assignment for 11 months or less within a 12-month period*
4. *No more than 10 percent pay withheld during an academic year*
5. *Percentage can be adjusted to calculate withheld amount using the Optional Withheld Calculator*

Instructions

Classified employees interested in participating in the Classified Community College Summer Assistance program should submit this form to their employing community college district. The intention of this form is for the classified employee to notify their financial commitment to withhold a portion of their paycheck up to 10 percent for the upcoming academic year to receive state match funds for withheld from their paycheck. The classified employee **must submit this form by March 1st** prior to each academic year they are interested in participating in the program.

Each community college district is required to notify its classified employees of their participation in the Classified Community College Summer Assistance program by January 1st of the year the funds are appropriated. Please check with your community college district to confirm its participation in the program.

See the Chancellor's Office [Classified Community College Summer Assistance program](#) website for additional information or Education Code 88280.