

## Classified Community College Employee Summer Assistance Program Withdrawal/Reduction Form

The purpose of this form is for a classified employee who has previously elected to participate in the Classified Community College Summer Assistance Program for academic year 2023-24 to withdraw their participation in the program or reduce the amount to be withheld from their paycheck. The classified employee must notify the employing community college district no later than 30 days after the start of instruction for the fall term of the 2023-24 academic year.

**Today's Date:** \_\_\_\_\_

### Select the Request:

☐ Withdraw from program

☐ Reduce amount withheld

### If Electing to Reduce the Amount Withheld, Please Fill in the Amounts Below:

1. Current Amount Withheld (\$ Or %): \_\_\_\_\_
2. New Amount Withheld (\$ Or %): \_\_\_\_\_

### Fill In the Personal Information Below:

1. Community College District: \_\_\_\_\_
2. First Name: \_\_\_\_\_
3. Last Name: \_\_\_\_\_
4. Classified Employee Job Title: \_\_\_\_\_
5. Employee Number: \_\_\_\_\_
6. Phone Number: \_\_\_\_\_
7. Email Address: \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

### Office Use Only:

☐ Approved

☐ Denied

### Justification:

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**Reviewer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_