

Classified Community College Employee Summer Assistance Program Separation/Hardship Form

The purpose of this form is for a classified employee participating in the Classified Community College Summer Assistance Program to request from the community college district to withdraw any amount withheld from their paychecks due to their employment separation from the district and/or an economic or personal hardship. Any remaining amount is entitled to state matching funds at the end of the program. However, any amount withdrawn is unable to receive a state match fund. Classified employees may request to withdraw any amount of pay withheld by the district at any moment throughout the academic year.

Today's Date: _____

Select the Reason:

Separation from employment

Economic/Personal hardship

Indicate the Amount to be Withdrawn Below:

- 1. Total amount in account* (\$): _____
- 2. Amount to be withheld (\$): _____
- 3. Amount leftover for state match (\$): _____

*This amount should be obtained from the district

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: _____

By signing this form, I am acknowledging that I will not be participating in the program for the rest of the academic year.

Employee Signature: _____

Office Use Only:

Approved

Denied

Justification:

Reviewer Signature: _____ **Date:** _____