

2024-25 Classified Community College Employee Summer Assistance Program Request for Payment Form

The purpose of this form is for the Chancellor’s Office to apportion funds to participating community college districts for the 2024-25 academic year. The list of participating districts and the state estimate for academic year 2024-25 can be located [here](#). Please return the signed form to FiscalStandards@CCCCO.edu.

Today’s Date: _____

District Name: _____

Total Number of Participating Classified Employees: _____

Total Amount of Classified Employee Pay Withheld: _____

District Contact Information:

1. Name: _____
2. Job Title: _____
3. Phone Number: _____
4. Email Address: _____

By signing this form, I am acknowledging that the information provided above is accurate and to the best of my knowledge.

District Contact Signature: _____

Please note the following payment schedule:

- Payment requests received ON or BEFORE July 1st will be process in July.
- Payment requests received BETWEEN July 2nd and July 30th will be processed in August.
- Payment requests received AFTER July 31st will be processed in September.