

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 the current academic year 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 current 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:

Reviewer Signature: _____ **Date:** _____