

# Employee Election Form to Participate in the Classified School Employee Summer Assistance Program

This election form must be submitted **by March 1, 2021**, to the Classified Payroll Specialist in the JUHSD District Office. See the information and instructions section of this form.

## Section A. Completed by Classified School Employee:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Site: \_\_\_\_\_

Employer: \_\_\_\_\_

## Section B. Employee Election Choice for Withholdings

1. I wish to have the following amount withheld from my monthly paychecks in the 2021-22 school year pursuant to the Classified School Employee Summer Assistance Program (CSESAP). (Enter Amount) \$ \_\_\_\_\_

2. 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 2021-22 school year: (select only one)

One (1) Payment

Two (2) Payments

By submission of this form, I am notifying my employer in writing that I wish to participate in the CSESAP. I agree to have withholdings made from my monthly paychecks in the 2021-22 school year in the 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 CSESAP is subject to my employer's determination that I meet all eligibility requirements.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Filing Deadline:

A completed election form must be submitted to the Classified Payroll Specialist in the JUHSD District Office by **March 1, 2021**.