

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

This election form must be submitted **by March 1, 2020**, to Mike Brust in the JUHSD Payroll Department. 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 2020-21 school year pursuant to the Classified School Employee Summer Assistance Program (CSESAP). (Enter Amount) \$ _____

Deferred Net Pay (DNP) Options (select one):

Deduct DNP and place the listed portion of the deduction in the match account

Deduct only the amount listed, do not participate in DNP

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 2020-21 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 2020-21 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 Mike Brust in the JUHSD Payroll Department by **March 1, 2020**.