

## Classified School Employee Summer Assistance Program

### GIVES CERTAIN EMPLOYEES ACCESS TO FREE MONEY FROM THE STATE

#### OPEN TO CLASSIFIED EMPLOYEES WHO

- Work 9, 10 or 11 months per year,
- Have been employed with JUHSD since **before March 1, 2023** and plan to remain with JUHSD for the **2024-2025 school year**, and
- Have a regular salary that is **less** than **\$62,400 per year**.

#### HOW IT WORKS

- The district puts some of each of your paychecks in a special savings account.
- At the end of the school year, the State will match that savings.
- The district will pay your savings PLUS the State matching funds to you in the summer.

#### HOW TO PARTICIPATE

- 1) Get a form from the Staff Section of the District Website ([www.juhsd.net](http://www.juhsd.net)) or from your school's Administrative Assistant.
- 2) Fill out your name and employment information at the top of the page.
- 3) Fill out the amount you would like placed in a savings account from each of your paychecks each month during the 24-25 school year (the amount may not exceed 10% of your salary).
- 4) Choose whether you would prefer the savings paid in one lump sum in July 2025 or in two installments, June and July 2025.
- 5) Sign and date the form.
- 6) **BY MARCH 1, 2024** - Return the form directly to the Benefits Technician in the business department at the District Office, or ask the school's Administrative Assistant to put the completed form in the district mail, attention Benefits Technician.

#### OTHER IMPORTANT INFORMATION

- The amount the State will be able to match depends on how many people participate statewide. They may not be able to match the whole amount saved, but once the matching amount is determined, you will have another chance to determine whether or not you want to participate.
- By June 1, 2024, the State will provide JUHSD with an estimate of the match funds available.
- JUHSD will post the estimate of the match funds on its website no later than June 15, 2024.
- After you receive notice of the match funds, but no later than August 20, 2024, you have the option to withdraw from the program on the form provided.
- The matching funds you receive in the summer will be subject to normal withholdings but do not count as CalPERS reportable income.
- In the event you leave employment prior to your contracted end date, JUHSD will return all funds placed in the Summer Assistance Program by you, without the State matching funds, on your last paycheck.

#### DEFERRED NET PAY

Some employees already participate in "Deferred Net Pay (DNP)". This is a program where you put part of your salary aside to be paid in the summer. It takes your total earnings for the 9, 10 or 11 months that you work and divides it equally over 12 months so that you have the same pay all year. You must choose to continue to participate in **DNP OR** this **State match program** by putting a portion of your DNP deduction in the matching account; **you may not do both**.

QUESTIONS may be directed to Benefits Technician, Michelle Warren, at [mwarren@jeffersonunion.net](mailto:mwarren@jeffersonunion.net) or (650) 550-7966.

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

This election form must be submitted **by March 1**, of the fiscal year in which funds are appropriated, to the employing school district or county office of education (employer). See the information and instructions section of this form.

## Section A. Completed by Classified School Employee:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Employer: \_\_\_\_\_

## Section B. Employee Election Choice for Withholdings

1. Specify school year for withholdings to be made. (Enter Year): \_\_\_\_\_
2. I wish to have the following amount withheld from my monthly paychecks in the specified school year above pursuant to the Classified School Employee Summer Assistance Program (CSESAP). (Enter Amount): \$ \_\_\_\_\_
3. 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 specified school year above: (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 school year and 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 your employer by the **March 1 deadline**, according to instructions provided by your employer.

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

## ***Information and instructions to complete the Employee Election Form to Participate in the Classified School Employee Summer Assistance Program:***

The California Department of Education (CDE) will apportion funds to participating local educational agencies (LEAs) in the month of August following the school year specified on this form. The apportionment will provide up to a dollar for dollar match on amounts withheld from an LEA's participating classified school employees' monthly pay checks during the specified school year. If amounts appropriated are insufficient, a proration will apply. For the 2024–25 school year and thereafter, funding is contingent upon an appropriation in the annual Budget Act or another statute. To see if funding is appropriated for a specified year, refer to the table under Funding and Key Dates on the CDE's CSESAP web page at <https://www.cde.ca.gov/fg/aa/ca/csesap.asp>.

A participating LEA will pay their classified school employees the amounts withheld from the employee's monthly paychecks plus the CSESAP match funds attributable to the amounts withheld, in one or two payments. The payment(s) will be made in accordance with the employee's selected payment option made on this form. Funds will be paid in the summer recess period following the specified school year on this form.

### ***Is your employer a participating LEA?***

A participating LEA is required to notify its classified school employees by January 1 of the fiscal year in which funds are appropriated, that it elected to participate in the CSESAP. If you received such a notification, your employing school district or county office of education (employer) is a participating LEA. If you did not receive a notification, or are unsure, please check with your employer.

### ***Who must complete this form?***

Any classified school employee who wishes to participate in the CSESAP for state match funds must complete this form and submit it to their employer by March 1 of the fiscal year in which funds are appropriated. The employee must be employed by an LEA that is participating in the CSESAP; hold a position that does not require certification qualifications, as defined in California *Education Code* sections 45103, 45104, and 45256; and meet the CSESAP program eligibility requirements as described below.

The information on this form will be used by the employer LEA to determine eligibility to participate in the CSESAP.

### ***What are the eligibility requirements?***

A classified school employee must meet the following eligibility criteria to participate in the CSESAP:

1. Have been employed with the LEA for at least one year at the time the employee elects to participate.
2. Be employed by the employer in their regular assignment for 11 months or less out of a 12-month period. For purposes of determining total months employed, the employing LEA shall exclude any hours worked outside of the regular assignment.

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3. Have regular annual pay received directly from the employer that is sixty-two thousand four hundred dollars (\$62,400) or less for an entire school year at the time of enrollment. For purposes of determining regular annual pay, exclude any pay received by the classified employee during the previous summer recess period. Pay earned by a classified employee with limited employment during the months of June, July, or August that is not for the summer session shall not be excluded.

### ***What happens after I am determined to be eligible by my employer?***

The classified school employee will have the monthly amounts specified on this form, not to exceed 10 percent of the monthly pay, withheld from their monthly paychecks during the specified school year. The monthly withholdings plus the CSESAP match funds will be paid by the employer in the summer recess period following the specified school year, in one or two payments as requested by the employee.

### ***How to File:***

Any classified school employee wishing to participate in the CSESAP must complete this form and submit it to their employer by **March 1** of the fiscal year in which funds are appropriated, according to filing instructions provided by their employer.

### ***CSESAP Information:***

Additional information, including frequently asked questions, is available on the CDE's CSESAP web page at <https://www.cde.ca.gov/fg/aa/ca/csesap.asp>.