

# 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 paymentsin the summer recess period following the specified school year above:

One (1) Payment

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 from must be submitted to your employer by the **March 1 deadline**, according to instructions provided by your employer.