



ORCUTT Union School District

Where a Dedicated Staff Means Kids Come First

BOARD OF TRUSTEES

SHAUN HENDERSON

LISA MORININI

LIZ PHILLIPS

MARK STELLER

MELANIE WAFFLE

HOLLY EDDS, Ed.D.

District Superintendent

JOE DANA

Assistant Superintendent

SUSAN SALUCCI

Assistant Superintendent

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).

Section A. Completed by Classified School Employee:

Last Name:

First Name:

Job Title:

Employee ID:

Employer: Orcutt Union School District

Section B. Employee Election Choice for Withholdings

1. Specify school year for withholdings to be made. 2022-23
2. I wish to have the following percentage withheld from my monthly paychecks in the specified school year above pursuant to the Classified School Employee Summer Assistance Program (CSESAP). (Enter Percentage): _____%
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)
 - i. One (1) Payment _____
 - ii. Two (2) Payments _____

By submission of this form, I am notifying my employer in writing that I wish to participate in 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