CAL STATE EAST BAY

New Student Employee Sign-In Packet & Guide

Human Resources & Payroll Services

Student Employee,

As a new employee, you can e-mail or visit the Office of Human Resources and Payroll Services in SA 2600 to complete a hire packet and establish employment authorization and identity before you can begin work. It is encouraged to complete the new employee forms in advance. Submit all completed forms to HR/Payroll on or before your first day of work. If the new employee forms are completed in advance, you can expect to spend about 15 minutes in the office for your review and verification. If forms are not completed in advance you should plan your visit to be approximately one hour to complete (add an additional 30 minutes if you are a nonresident alien) in the office. You will **need to bring/ email the following documents and forms to the Office of Human Resources and Payroll Services** in order to complete you hiring paperwork.

Documents that establish employment authorization and identity

Government issued ID with photo **AND** non-laminated Social Security Card (SSC to be presented in-person only - no emails) **OR** Unexpired U.S. Passport. You may also present/email any other documents from page 3, "Lists of Acceptable Documents" from Form I-9. **ALL DOCUMENTS MUST BE ORIGINAL AND UNEXPIRED.**

Mandatory Forms for Student Employees

- Student Payroll Action Request – SPAR
- Form I-9 (Employment Eligibility Verification)
- Student Employment Agreement
- Emergency Contact
- Affordable Care Act (ACA) Notification Checklist
- SSA-1945
- New Employee Training Checklist
- Nonresident Alien Individual Record Form (For employees with nonimmigrant visas and temporary employment authorization documents)

Nonresident Alien Student Employees

If you are a nonresident alien student employee you need to schedule additional time for the sign-in process. Student employees that hold nonimmigrant visas such as an F1 visa must complete a **SprinTax** compliance record, which is a web-based tax return preparation system designed exclusively for foreign students, scholars, teachers, researchers, trainees, to aid in preparing US federal and state income tax forms. **Required documents for nonresident alien employees include: original Passport, Visa, I-20, I-94, and Social Security Card**. If you do not have a Social Security Card you will need to apply for one at the SSA office (takes about two weeks to receive after applying).

Thank you,

Human Resources and Payroll Services

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
STD 457 (Rev. 12/2020)

CSU STUDENT PAYROLL ACTION REQUEST

OFFICE USE ONLY

A	01 AGENCY	02 UNIT	03 CLASS	04 SERIAL

CHECK ALL APPROPRIATE BOXES AND COMPLETE LISTED SECTIONS

B ☐ A98 NEW EMPLOYEE INFORMATION (C THRU H,J,K) ☐ E03 WITHHOLDING CHANGE (C, G, H) ☐ E04 ADDRESS CHANGE (C, E, H) ☐ E05 NAME CHANGE (C. D, H) (ATTACH SUBSTANTIATION) NAME WAS _____ ☐ E07 BIRTHDATE CHANGE (C, F, H) ☐ 105 SSA NUMBER CHANGE (C. H) (ATTACH SUBSTANTIATION) SSN NO. WAS _____

☐ CAMPUS USE ONLY DESIGNEE CORRECTION (C, H,J)

C	01 SOCIAL SECURITY NUMBER	02 EMPLOYEE LAST NAME	03 FIRST NAME AND MIDDLE INITIAL	D	FORMER NAME (Last, First and Middle Initial)

E	01 EMPLOYEE ADDRESS (Street, P.O. Box, or Rural Route)	02 CITY	STATE	03 ZIP CODE

F BIRTHDATE Mo. | Day | Yr.

WITHHOLDING CERTIFICATE ***IMPORTANT*** Before completing Section G, you must read IRS Form W-4 and the applicable state tax form. (For California, use CA state tax Form DE-4 instructions.)

G

I. FEDERAL WITHHOLDING
If no tax should be withheld, complete Box 3 and Parts III and IV.

01 ☐ NONRESIDENT ALIEN

02 MARITAL STATUS (Check One)
FOR TAX PURPOSES ONLY
☐ SINGLE
☐ MARRIED
☐ HEAD OF HOUSEHOLD

04 [.] HIGHER WITHHOLDING (**MUST BE Y OR N.** See reverse employee copy.)

05 [ ] CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER

06 [ ] OTHER INCOME NOT FROM JOBS

07 [ ] DEDUCTIONS

03 EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03 (See Reverse)

II. STATE ALLOWANCES
If no tax should be withheld, complete Part III or IV only.

08 MARITAL STATUS (Check One)
FOR TAX PURPOSES ONLY
☐ SINGLE OR MARRIED (WITH TWO OR MORE INCOMES)
☐ MARRIED (ONE INCOME)
☐ HEAD OF HOUSEHOLD

09 [ ] REGULAR ALLOWANCES TOTAL YOU ARE CLAIMING

10 [ ] ADDITIONAL ALLOWANCES TOTAL YOU ARE CLAIMING

III. EXEMPTION FROM WITHHOLDING - Write EXEMPT in box 11 if you are eligible to claim exemption from withholding. No Federal or State income tax will be withheld from your wages. DO NOT COMPLETE PARTS I or II. (See General Information - Reverse.)

11 [ ] I claim exemption from withholding because of no tax liability: Last year I did not owe any income tax and had a right to a full refund of ALL income tax withheld, AND this year I do not expect to to owe any income tax and expect to have a right to a full refund of ALL income tax withheld.
If you are not having income tax withheld this year but expect to have a tax liability next year, you must file a withholding allowance claim by December 1st of this year.
This exemption will automatically expire February 15th of next year unless you file a withholding allowance claim by December 1st of next year.

IV. NONTAXABLE WAGES - Complete box 12 if wages you will receive are not subject to income tax withholding. (See General Information - Reverse)

12 ☐ I claim that the wages I will be receiving from the State are either 1) MINISTER OF A CHURCH wages, 2) NONRESIDENT ALIEN wages, or 3) DECEASED EMPLOYEE wages. Indicate reason: [.]

EMPLOYEE CERTIFICATION

H I certify the above information is true and that I have read IRS Form W-4 and applicable state form. Under the penalties of perjury, I certify that the amount of withholding exemptions and allowances claimed does not exceed the amount to which I am entitled. If claiming exemption from withholding, I certify I incurred no tax liability for last year and I anticipate I will incur no liability this year. I authorize my employer via the State Controller's Office to refund any over collection of current/prior year Social Security and Medicare taxes; I certify that I shall not claim a tax refund or credit for these overcollections. If completing Section J, I hereby revoke any previous designation. If completing Section K, I hereby subscribe to the oath of allegiance or declaration of permission to work.

SIGNATURE	DATE

CSU REPRESENTATIVE SIGNATURE

I I authorize the State Controller to take the action indicated hereon and do certify that the action is appropriate. I have reviewed the completion of this document and where appropriate, witnessed the subscription to the oath of allegiance or declaration of permission to work.

SIGNATURE	DATE

DESIGNEE FOR STATE WARRANTS

J

01 DESIGNEE FIRST NAME AND INITIAL	02 LAST NAME	03 RELATIONSHIP

04 DESIGNEE ADDRESS (Street, P.O. Box, or Rural Route)	05 CITY AND STATE	06 ZIP CODE

OATH OF ALLEGIANCE/DECLARATION OF PERMISSION TO WORK (NEW EMPLOYEES ONLY) Complete Part I or II.

K

PART I - OATH of ALLEGIANCE

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of California; that I take this obligation freely without any mental reservation or purpose of evasion; and I will well and faithfully discharge the duties upon which I am about to enter. I hereby subscribe to this oath by signing in Section H above.

PART II - DECLARATION OF PERMISSION TO WORK
I am a lawful **permanent** resident noncitizen of the United States.
☐ YES
☐ NO
If "NO", I hereby certify that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
CSU STUDENT ACTION REQUEST
STD 457 (Rev. 12/2020)

GENERAL INFORMATION

EMPLOYEES WITH TWO OR MORE CONCURRENT JOBS WITH THE STATE OF CALIFORNIA. The allowances you claim on this form will be used for tax withholding purposes for all wages paid under the Uniform State Payroll System. The Uniform State Payroll System includes all California State Agencies (except as noted below), and the California State Universities. It does not include the California Agricultural Associations, Legislative employees, or the Universities of California.

IF YOU DO NOT COMPLETE SECTION G. If you are new to State service and you fail to complete Section G, you will be treated (for withholding tax purposes) as a single person with standard deduction with no other entries (IRS Publication 15-T, 2020 Federal Income Tax Withholding Methods and Section 3402(1) of the Internal Revenue Code).

If you are returning to State service and you fail to complete Section G and you have received within the past year, earnings paid under the Uniform State Payroll System, taxes will be withheld from your wages based on the allowances you previously claimed.

IF YOU ARE EXEMPT FROM STATE WITHHOLDING ONLY, but not exempt from federal and state, contact your personnel office for special instructions.

IF YOU ARE EXEMPT FROM FEDERAL WITHHOLDING ONLY, Write/type EXEMPT in box 03 if you are eligible to claim exemption from federal withholding. No Federal income tax will be withheld from your wages.

IF YOU ARE A NONRESIDENT ALIEN PER INTERNAL REVENUE SERVICE (IRS) NOTICE 2005-76 check the Nonresident Alien box (Section G, Box 1). If you have questions as to whether you should mark this box, you should contact your human resources officer.

IF YOU WILL RECEIVE NONTAXABLE WAGES, please indicate the reason on your withholding claim in the space provided. The reason must be one of the following:

a. "Minister of a Church"- employed by the State of California as a Minister of a Church.

b. "Nonresident Alien per Tax Treaty" (Indicate on claim: "Exempt per Article _____ of treaty between the United States and _____ .") (country) Tax Treaty must cite exemption from both Federal and State personal income tax to qualify for this exemption.

c. "Deceased Employee Wages"- campus administrative action.

If you have any questions regarding your eligibility under any of the above reasons, you should contact your local Internal Revenue Service Office or the Local Employment Tax Office of the Employment Development Department.

STUDENT PAYROLL ACTION REQUEST INSTRUCTIONS

Read all instructions before completing this form. Use pen and print all entries. Sign your name in Section H. Retain a copy for your records. If you have questions about any item on this form, consult your personnel/payroll office.

SECTION B

Type of Transaction - Check all appropriate boxes and complete listed sections.

SECTION C

Social Security Number - Enter your number as it appears on your social security card. If you do not have a social security card, you must apply for your card through the Social Security Administration using the application for a social security number, SS-5. In the box for social security number on STD. 457 you should write "SS-5 SENT". A copy of the SS-5 form should be attached to the STD. 457. When you receive your social security number, please notify your personnel/payroll office.

Name - Enter your name as it appears on your social security card. Enter last name first.This same name must be used on all future employment documents unless formally changed by you.

SECTION D

Name Change - Complete a new STD. 457 in your personnel/payroll office. You must also submit a name change form (SS-5) to the Social Security Administration. A copy of the name change form (SS-5) or the receipt issued by the Social Security Administration (SSA-5028-374) must be attached to the STD. 457.

SECTION E

Address - Enter your mailing address. This address will be used for W-2 statements and mailing of final warrants, if any. Notify your employer immediately if your address changes. Complete a new STD. 457 in your personnel/payroll office.

SECTION F

Birthdate - Enter numerically the month, day, and year of your birth. (March 20, 2002 enter 03/20/02.)

SECTION G

Part I - Federal Withholding
Part II - State Allowance

} Use worksheets on Internal Revenue Service Form W-4 and California Form DE-4 to complete your withholding allowances.

Part III - Exemption from Withholding
Part IV - Nontaxable Wages

} See General Information above.

SECTION H

Employee Certification - You must sign your name, certifying to the accuracy of information entered on the form.

SECTION J

Designee for State Payroll Warrants (G.C. 12479) - This item must be completed by all employees. Notwithstanding any other provision of law, the person you designate, if 18 years or older, shall be entitled upon your death to receive all State warrants due you, excluding retirement benefits. Your designee must file a written request for such warrants with your personnel office within 60 days after the date of your death. NOTE: If you make an error in designee name, you must complete a new STD. 457.

Designee Name - Enter the full name (Mary Jane Smith not Mrs. Robert L. Smith) in J01 and J02. Specify the relationship of the person designated in J03 (e.g., wife, husband, domestic partner, daughter, son, mother, father, parent, or friend). Enter address in J05 to J07. If you have no designee, enter "NONE" in JO1.

Designee Address - Enter the permanent mailing address. File a new STD. 457 anytime your designee's address changes. Designee Change - You may change or revoke your designee at any time by completing a new STD. 457.

SECTION K

Oath of Allegiance or Declaration of Permission to Work - Complete Part 1 or Part 2. Every State employee, except legally employed noncitizens, must sign the Oath (Part 1). The Declaration of Permission to Work (Part 2), is required of noncitizens. If you are a nonresident, noncitizen employee and become a naturalized citizen, an oath **must be signed and filed**.

The Oath/Declaration must be signed before entering into employment. Payment may not be made to any CSU employee unless the employee has taken and subscribed to the Oath/Declaration.

Penalties (G.C. 3108) - "Every person who, while taking and subscribing to the Oath or affirmation required by this chapter, states as true any material matter which he/she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years."

STATE
MUST BE COMPLETED, EFFECTIVE 2020

For important information regarding these items , you must read Employment Development Department (EDD) Form DE-4**.**

09. REGULAR ALLOWANCES: Total Number of Allowances you are claiming.

10. ADDITIONAL ALLOWANCES: If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B and C from the EDD From DE-4 to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances.

FEDERAL
NEW ITEMS, EFFECTIVE 2020

For important information regarding these items , you must read the Internal Revenue Service (IRS) Form W-4.

04. HIGHER WITHHOLDING (TWO JOB INDICATOR - STEP 2(C) ON THE IRS 2020 FORM W-4):
Y- YES TO HIGHER WITHOLDING
N - NO TO HIGHER WITHOLDING

05. CLAIM DEPENDENTS: Enter the annual amount to be claimed. This is the amount for the child tax credit and the credits for other dependents that may be claimed on your tax return.

06. OTHER INCOME (NOT FROM JOBS): Enter the total dollar amount of other estimated income for the year, if any. This does not include income from other jobs. This may include, interest dividends and retirement income.

07. DEDUCTIONS: Enter the resulting amount from the Deductions Worksheet on the IRS Form W-4, if you expect to claim deductions other than the basic standard deductions on the current year's tax return.

PRIVACY NOTIFICATION

The Information Practices Act of 1977 (California Civil Code § 1798.17) and the Federal Privacy Act (5 USC 552a, subd. (e)(3)) require this notice be provided when collecting personal information from individuals.

The information you are asked to provide on this form is requested by the Office of the State Controller, Personnel and Payroll Services Division. Furnishing the information requested on this form is mandatory. Noncompliance in providing your Social Security Number and name will result in refusal of employment.

Information requested on this form is used for personnel, payroll and related processing. Legal references authorizing the maintenance of this information by the State Controller's Office include: Federal Internal Revenue Code (26 USC §§ 3402(a), 6011, 6051, 6109) and the regulations thereto; federal Public Health and Welfare Code (42 USC § 403); California Government Code §§ 12470 through 12479 and 16391 through 16395; California Unemployment Insurance Code § 13020; delegated authority from the Trustees of the California State University.

Certain items of information furnished on this form may be transferred to the following governmental or private agencies where authorized by law: Trustees, The California State University, Employment Development Department, Department of Social Services, employing State agencies and campuses, Social Security Administration, Federal Internal Revenue Service, California State Franchise Tax Board, other state income tax bureaus and other governmental agencies when required by state or federal law, and organizations for which deductions are authorized by law.

Employees have the right to review their own personal information maintained by the State Controller's Office, unless access is exempted by law. Contact: Personnel/Payroll Services Division, State Controller's Office, Post Office Box 942850, Sacramento, California 94250-5878.

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

CSU FORM SSA-1945
STATEMENT CONCERNING YOUR EMPLOYMENT IN A JOB NOT COVERED BY SOCIAL SECURITY

EMPLOYEE AND CAMPUS INFORMATION

EMPLOYEE NAME (Last, First, Middle Initial)	EMPLOYEE SOCIAL SECURITY NUMBER:
CAMPUS CALIFORNIA STATE UNIVERSITY – EAST BAY	DEPARTMENT

Please be advised that your earnings from this position are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this position. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension benefit may affect the amount of the Social Security Benefit you receive. Your Medicare benefits, however, will not be affected.

Under the Social Security law, there are two (2) ways your Social Security benefit amount may be affected:

1. Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job.

For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is $313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit.

2. Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State, or local government pension base on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds (2/3) of the amount of your pension.

For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two-thirds of that amount, $400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a $500 widow(er) benefit, you will receive $100 per month from Social Security ($500-$400 = $100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. ☐

FOR ADDITIONAL INFORMATION

For more information, please refer to Social Security Publications **"Windfall Elimination Provision," and Government Pension Offset Provision."** These publications, and additional pertinent information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free at (800) 772-1213, or the TTY number at (800) 325-0778, or contact your local Social Security Office.

REQUIRED SIGNATURE

I certify that I have received CSU FORM SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

SIGNATURE OF EMPLOYEE	DATE
CAMPUS NAME CALIFORNIA STATE UNIVERSITY – EAST BAY	EMPLOYER ID # AGENCY 229

CAL STATE EAST BAY

STUDENT ASSISTANT EMPLOYMENT AGREEMENT

In order to be employed as a Student Assistant at California State University, East Bay, I

_____(Print your name)

agree to maintain enrollment in at least **6 undergraduate semester-units** or **4 graduate level semester-units** and to limit the hours that I am employed by the University to 20 hours per week when school is in session. During the breaks between the Fall and Spring semesters, I understand that I may work up to a maximum of 40 hours per week and I agree that I will **NOT** work over that limit.

I understand that failure to maintain normal academic progress with at least 6 units per semester (4 units for graduate students) or that failure to limit my work hours in accordance with this agreement can jeopardize my continued employment as a Student Assistant. **I understand that pay for any work not consistent with this agreement will be subject to mandatory retirement and Medicare deductions.**

Students that work in multiple positions, including Work-Study and Student Assistant appointments, can work up to a combined 20 hours per week when school is in session. In no case may the total hours worked under all appointments exceed 20 hours per week.

_____ _____

Signature of employee Student NetID/Employee ID

_____

Date

Emergency Contact

(Please Print)

Date: _____ **Empl ID**_____

Name:_____ _____ ___ **Net ID:**_____
Last ***First*** ***MI***

In Case of Emergency, Notify:_____ _____ ___
Last ***First*** ***MI***

Relationship: _____

Street Address: _____

_____ _____ _____
City **State** **Zip Code**

Business phone No: _____

Cell phone No: _____

Home phone No:. _____

Rev 10/06/15

Affordable Care Act (ACA) Notification Checklist

This checklist is intended to document and ensure that departments/agencies are providing the legally required notices to employees for compliance with the ACA. **PART I** documents the distribution of the legally required Health Insurance Marketplace Coverage Options Notice to newly hired employees. **PART II** documents and tracks the distribution of the legally required Summary of Benefits and Coverage Notice and the health benefit status for employees newly eligible for health benefits. Both Parts I and II must be completed.

Upon completion, this document must be retained in the employee's Official Personnel File.

Employee Name:		Hire Date:
Position Number:	SSN:	Tenure/Time Base:

PART I—NEW EMPLOYEES

Notice required to be provided to every new employee in your department/agency within 14 days of their hire date.		
1. Health Insurance Marketplace Coverage Options and Health Coverage Notice (***One time notice to all new hires***)	Date Provided	Department Representative:

PART II—EMPLOYEES NEWLY ELIGIBLE FOR HEALTH BENEFITS

Health benefit documents to be provided to employees newly eligible for health benefits by the first day the employee is eligible to enroll in coverage (e.g. employee is hired on August 12, the following documents must be provided to employee no later than September 1, the earliest effective date of coverage).		
1. Is employee ***newly*** eligible for health benefits?	If YES, go to question 2. If NO, no further action required.	
2. Provide the following forms: ☐ Summary of Benefits and Coverage Notice (***One time notice to newly eligible employees***) ☐ Declaration of Health Coverage (Form HBD-12A) ☐ Health Benefits Enrollment (Form HBD-12)	Date Provided	Department Representative:

HUMAN RESOURCES OFFICE USE ONLY		
Agency/Department Name:	Reviewer's Printed Name:	Contact Number:
I certify that data stated herein is correct, complete, and in accordance with all laws and regulations.	Reviewer's Name/Signature:	Date:

CAL STATE EAST BAY

HUMAN RESOURCES & PAYROLL SERVICES

How to Enroll in Direct Deposit, View, Print and Save Your Direct Deposit Statements & W2

Cal Employee Connect (CEC) is the CSU's employee self-service portal that allows employees to enroll in the direct deposit program, view, print and save Direct Deposit and W2 Wage Statements. Employees are encouraged to register with CEC to enroll in the direct deposit program and view their official earnings statements.

After your first payment you will need to have your paystub on hand or view your Paycheck information in MyHR and visit https://connect.sco.ca.gov on a campus network to complete your registration.

1. Login to MyHR , select the Employee tab then Paycheck Data. Select the current paycheck. You may skip this step if you have a physical paystub from a previous paycheck.
2. Visit Cal Employee Connect
3. Select Register
4. Follow the prompts with these helpful tips:
    a. Select the Department "**CSU-East Bay**"
    b. Enter the Agency Code **229**
    c. Enter the **Earnings Statement Number**. This is the Warrant Number on the paystub or the Paycheck Number from View Paycheck in MyHR.

    The paycheck number is a seven digit number and needs to be entered with a leading zero in this format 01-234567.

    d. Enter the Total Deductions. **Total gross earnings - Net Pay = total deductions**
5. Once registered, you can log in to view, print, and save earnings statements and W-2 information. You may also enroll in Direct Deposit by selecting the Employee Services tab and following the enrollment instructions.

Resources

You can find answers to frequently asked questions at Connect CEC FAQs.

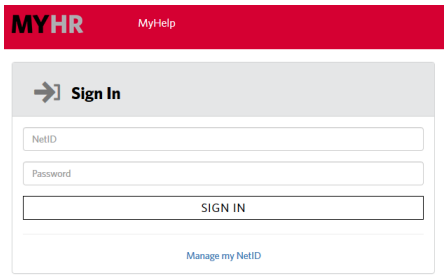
If you have questions or need assistance, email connecthelp@sco.ca.gov.

Overview: This document provides an overview on how to report Student Employee work hours. Please ensure all work hours are reported by the end of the respective pay period.

Log In

1. Navigate to **MyHR** (https://www.csueastbay.edu/myhr/)

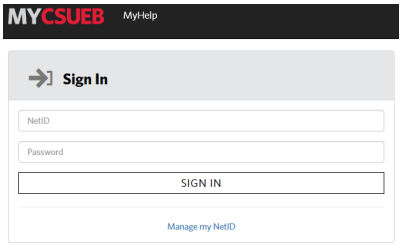
2. Enter your **NetID**, **Password** and Click **SIGN IN**



OR

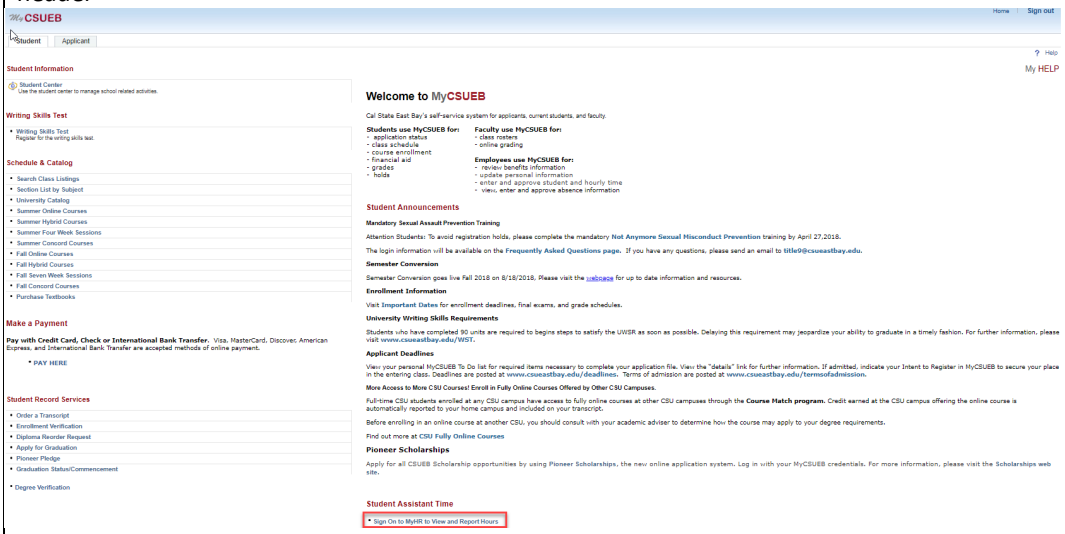
3. Navigate to **MyCSUEB** (https://www.csueastbay.edu/mycsueb/)

4. Enter your **NetID**, **Password** and Click **SIGN IN**



5. From **MyCSUEB, Select the Classic View option**

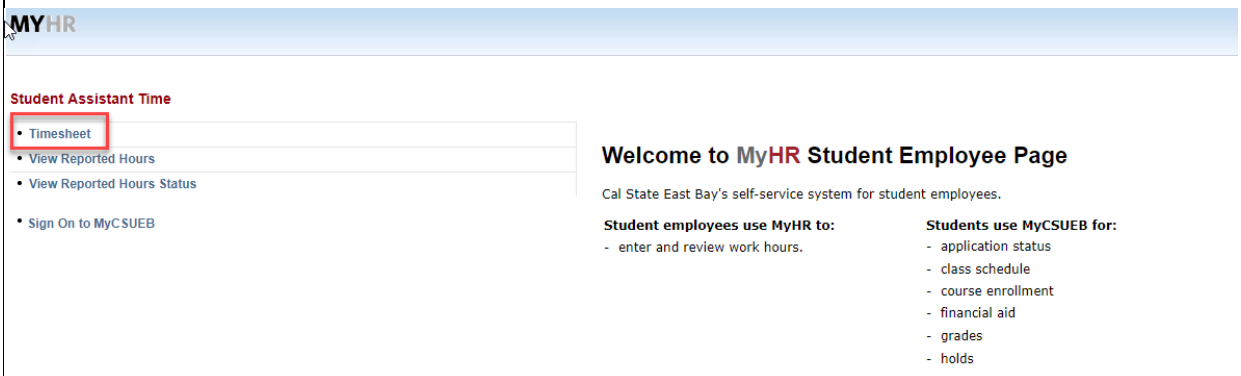
6. Click the ***Sign On to MyHR to View and Report Work Hours*** hyperlink located below the *Student Assistant Time* header



*The **Student Employee*** tab will display

Enter Time

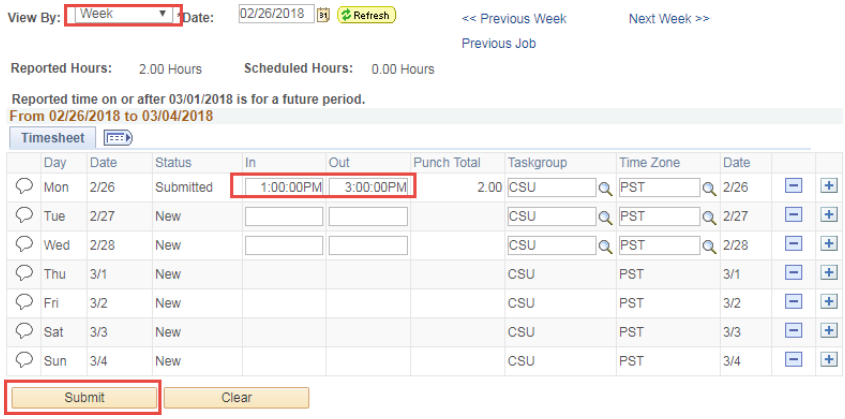
7. Select the **Timesheet** link located under the ***Student Assistant Time*** header.



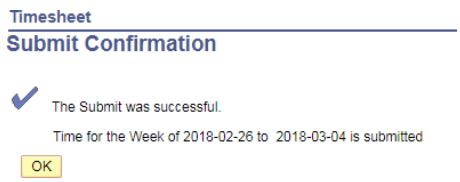
Please note: if you have multiple jobs, please ensure that you've selected the appropriate position.
The Department Description, Position Description and Hourly Rate are displayed to assist you with your selection.

8. Enter **IN** and **OUT** using PST or Military Time (ex. 1:00 pm or 13:00)
Employees View By timesheet options: Day, Week or Time Period

Click **Submit**



9. Submit Confirmation page displays, please Click **OK** to proceed with submission of work hours.



Whom to Contact for Help?
For additional help or to report problems with this functionality, please refer to Knowledge Base or log a ticket via the Service Desk.

New Employee Training
CSU Learn

1. You will not be able to access CSU Learn to complete training before your actual start date.

2. **Staff/Faculty**- It could take 3-4 days after your start date for your profile to be created in CSU Learn to complete training.

3. **Student Assistants**-It could take up to 2 weeks for your profile to be Created in CSU Learn to complete training

CAL STATE EAST BAY

New Employee Training Checklist

CLEAR | PRINT

First Day (Supervisor or designee works with employee): Check box when completed

☐ Introduce new employee to their Volunteer Team Leader (VTL)
☐ Show new employee evacuation routes in the event of a building alarm
☐ Show new employee location of their Assembly Area(s)
☐ How to update personal information on MyHR to receive ALERTME emergency messages

Online Training must be completed within 30 days of employment

- Please log into CSULearn to access all assigned training.
  For technical problems, please contact ayesha.lee@csueastbay.edu
- New Employee Safety Orientation: After logging into CSULearn, click on the "Assigned Learning" tab. If you don't see the courses in the "Assigned" tab, you can search for the courses using the search feature.
- Check box when training is complete.

New Employee Safety Orientation, **Sexual Misconduct & FERPA/Data Security Training** (all new employees):

- ☐ Emergency Evacuation, Response and Preparedness (course ID: scorm12_spcentralsta_rt_csueb_evaceprep)
- ☐ CSU - Injury and Illness Prevention (IIPP) (course ID: CSUEASTBAY-CURRIC-IIPP)
- ☐ Gender Equity and Title IX - Sexual Misconduct Prevention (course ID: CSUEASTBAY-CURRIC-SMPS)
- ☐ Sexual Harassment Prevention for Non-Supervisors (course ID: CSUEASTBAY-CURRIC-SHPNS)
- ☐ Data Security and FERPA (course ID: CSUEASTBAY-CURRIC-DSP)

MPPs, managers, and supervisors must also complete the course(s) below. Designated employees will also be assigned Conflicts of Interest.

- ☐ Sexual Harassment Prevention for Supervisors (course ID: CSUEASTBAY-CURRIC-SHPS)
  - ☐ *Not required – employee will not be supervising* Staff, Faculty, or Students
- ☐ Avoiding Conflicts of Interest (course ID: CSUEASTBAY-CURRIC-COI)
  - ☐ *Not required – employee does not have a designated role*

The following courses must be completed **before** operating any vehicle for University's business, *this includes carts*:

- ☐ *Not required at this time – will not operate any vehicle for university business, including carts.*
- ☐ "**Authorization to Release Driver Record**" form submitted to Human Resources, SA 2600.
  Questions—Contact Human Resources at 510-885-4024 or email ayesha.lee@csueastbay.edu
- ☐ Defensive Driving Training is completed. *To search for the course, type "defensive driving" in the search box. Take course title "Defensive Driving Program" (course ID: CSUEAST-CURRIC-DDP).*
- ☐ Completed course *Operating Rules for University Vehicles on Campus*—if driving University's vehicle

All new employees at CSUEB are required to complete this **mandatory** training within ***30 days*** of employment or ***before*** using a vehicle for university business. Supervisors are responsible to ensure new employees complete the training. New employees include all Staff, Faculty, Student Assistants and Temporary Employees. When training is completed and verified, the supervisor should complete, sign, and submit this form to Human Resources (SA 2600).

Employee's Name _____ NetID _____

Supervisor's Signature _____ Hire Date _____

Department _____ Date _____

CSUEB Building Evacuation Procedures

Cal State East Bay is committed to being a safe and caring community. Please be familiar with these procedures. Your appropriate response in the event of an emergency can help save lives.

1. **Upon notification by alarms, bullhorns, or messenger, immediately notify others nearby who may be unaware, leave your area, go to the nearest building *Exit,* and relocate to your building Assembly Area** or an open area 100 feet from building if you are unable to reach the Assembly Area.

2. **Persons with disabilities or mobility difficulties should go to the nearest Exit Stairway** and request assistance. *Rescue personnel will first check all Exit Stairways for trapped persons.*
   2.1. Inform floor VTL or University Police of your location by calling x 911 on campus phone or 885-3791. Your supervisor or faculty member should also report your location to emergency personnel at the assembly area.
   2.2. Do not obstruct the stairway or door leading to the stairway.
   2.3. If no one nearby is trained to help evacuate, send someone for assistance to Volunteer Team Leader, official at Assembly Area, or University Police Department.
   2.4. Move inside the stairwell to wait when it is safe to do so. Return to your work area after "All Clear" is given. Remember that it may be 30 minutes or more before rescue personnel are able to reach all persons with disabilities.

3. **Able-bodied persons should assist in the evacuation of injured persons or persons with disabilities**
   3.1. Be familiar with persons with disabilities who are routinely in your area.
   3.2. Inform hearing impaired/deaf persons by gesture or notes that they should evacuate.
   3.3. Assist visually impaired/blind persons to an Exit Stairway.
   3.4. Assist persons in wheelchairs to Area of Rescue.
   3.5. Assist those who appear disoriented or manifest emotional distress.
   3.6. Inform University Police (or call 911), VTLs, or other emergency personnel about persons left inside the building.
   3.7. **In the extreme case where physical evacuation of a person is necessary, ask that person how to safely assist him/her**.

Faculty should report to emergency personnel at the building Assembly Area their name and title of class evacuated.

NOTE*:* It is suggested that persons with disabilities prepare for emergencies ahead of time:
1. Learn locations of exit stairways and Areas of Rescue and plan an escape route.
2. *Use a buddy system by showing a classmate* or instructor how to assist in case of emergency.
3. Persons who cannot speak loudly should carry a whistle or have some means for attracting attention.
4. Contact the Volunteer Team Leader.

Any questions, please contact the Environmental Health & Safety Department @ 885-4139
OR
University Police Department @ 885-3791

2016

New Health Insurance Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance in California. To assist you as you evaluate options for you and your family, this notice provides some basic information about a new Marketplace called Covered California, and employment-based health coverage offered by your employer.

What is Covered California?

Covered California can help you find health insurance that meets your needs and fits your budget. Covered California offers" one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through Covered California began in October 2013 for coverage that started January 1, 2014.

Can I Save Money on my Health Insurance Premiums in Covered California?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through Covered California?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through Covered California and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through Covered California instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through Covered California are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please contact: HR Benefits Office (Insert Benefits Office contact information here), check the campus HR benefits website (Insert link) or summary plan description.

Covered California can help you evaluate your coverage options, including your eligibility for coverage through Covered California and its cost. Please visit www.coveredca.com or call 888-975-1142 for more information.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in Covered California, you will be asked to provide this information. This information is numbered to correspond to the Covered California application.

3. Employer name California State University East Bay		4. Employer Identification Number (EIN) 94-6390556
5. Employer address 25800 Carlos Bee Blvd		6. Employer phone number 510-885-3634
7. City Hayward	8. State CA	9. ZIP code 94542
10. Who can we contact about employee health coverage at this job? Diane Salim, HR Benefit Programs Specialist		
11. Phone number (if different from above) 510-885-2549	12. Email address diane.salim@csueastbay.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

  ☐ All employees.

  ☒ Some employees. Eligible employees are:

  Regular appointment – employee is appointed in a benefits eligible classification with a time base of at least half-time (0.5 Full Time Equivalent (FTE)) and with a length of appointment for at least six months and one day; or

  AB 211 appointment – Lecturers and Coaches (R03) in applicable year class codes who are appointed for at least six (6) weighted teaching units (WTUs) (i.e., 0.4 time base/FTE) for at least one semester or two consecutive quarters;

  If an employee does not meet CSU's standard benefits eligibility criteria listed above, and is appointed with at least 0.75 time base/FTE or higher regardless of length of appointment (duration) or hired to work 130 hours or more per month over the course of the appointment; or works an average of 130 hours or more per month during any measurement period.

- With respect to dependents:

  ☒ We do offer coverage. Eligible dependents are:

  - Current spouse/registered domestic partner
  - Natural, adopted, step, or registered domestic partner's children up to age 26
  - Disabled children of any age if enrolled prior to age 26
  - Children up to age 26 for whom the subscriber has assumed a parent-child relationship and is considered the primary care parent

  ☐ We do not offer coverage.

  ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through Covered California. Covered California will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in Covered California they will guide you through the process. Here's the employer information you'll enter when you visit Covered California to find out if you can get a tax credit to lower your monthly premiums.