

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE
EMPLOYEE ACTION REQUEST
 STD. 686 (REV 12/2020)(FRONT)

Print Form

Reset Form

Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243).

PERSONNEL OFFICE USE

A	01 AGENCY	02 UNIT	03 KEYED BY	04 DATE KEYED
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CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS.

RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY.

B 01 <input type="checkbox"/> New Employee SECTIONS C, E, F, G, H, I	03 <input type="checkbox"/> Withholding Allowance Change SECTIONS C, E, I	04 <input type="checkbox"/> *Address Change } SECTIONS C, F, I	05 <input type="checkbox"/> Name Change (Attach substantiation) SECTIONS C, D, I	07 <input type="checkbox"/> Birthdate Correction SECTIONS C, H, I
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NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

NAME CHANGE

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

*****IMPORTANT***** Before completing Section E, you must read the instructions on Internal Revenue Service (IRS) Form W-4 and the applicable state tax form. (For California, use Form DE-4)

E I. FEDERAL WITHHOLDING – If no tax should be withheld, complete box 03, Part IV or V only. 01 <input type="checkbox"/> NONRESIDENT ALIEN (See reverse, employee copy) 02 MARITAL STATUS FOR TAX PURPOSES ONLY <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> HEAD OF HOUSEHOLD 03 EXEMPT FROM FEDERAL WITHHOLDING – Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03 <input type="text"/> (See reverse)		04 <input type="text"/> HIGHER WITHHOLDING (Must be Y or N. See reverse) 05 <input type="text"/> CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER 06 <input type="text"/> OTHER INCOME NOT FROM JOBS 07 <input type="text"/> DEDUCTIONS		III. ADDITIONAL DEDUCTIONS – Part I and Part II must be completed. Complete box(es) 11 and/or 12 if you wish additional Federal and/or State tax withheld from your wages. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE CANCELLED. The first deduction will be made from your earnings for the pay period in which this form is processed. Must be a dollar amount. I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below. 11 <input type="text"/> FEDERAL ADDITIONAL DEDUCTION 12 <input type="text"/> STATE ADDITIONAL DEDUCTION	
II. STATE ALLOWANCES – If no tax should be withheld, complete Part IV or V only. 08 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one) <input type="checkbox"/> SINGLE OR MARRIED (WITH TWO OR MORE INCOMES) <input type="checkbox"/> MARRIED (ONE INCOME) <input type="checkbox"/> HEAD OF HOUSEHOLD		09 <input type="text"/> REGULAR ALLOWANCE(S) Total you are claiming 10 <input type="text"/> ADDITIONAL ALLOWANCE(S) Total you are claiming		IV. EXEMPTION FROM WITHHOLDING – Write/type EXEMPT in box 13 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, II, OR III. (See General Information on reverse.) <i>By writing/typing EXEMPT, 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 owe any income tax and expect to have a right to a full refund of ALL income tax withheld.</i> NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year. 13 <input type="text"/>	
				V. NONTAXABLE WAGES – Check box 14 if wages you will receive are not subject to income tax withholding. 14 <input type="checkbox"/> I claim that the wages I will be receiving from the State are either a 1) MINISTER OF A CHURCH in the exercise of his/her ministry, 2) NONRESIDENT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on reverse) <input type="text"/>	

ADDRESS CHANGE OR NEW EMPLOYEE

*See reverse.

F 01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)	02 CITY	STATE	03 ZIP CODE
04 EMPLOYMENT LIST <input type="checkbox"/> Check this box and enter your phone number(s) if your address is changing and your name appears on any departmental employment list. (See reverse.)		WORK PHONE	HOME PHONE

NEW EMPLOYEE - THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS

G 01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:	02 LAST NAME (if different)	03 SEPARATED MO YR	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.)	05 LAST NAME (if different)	06 SEPARATED MO YR
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NEW EMPLOYEE OR BIRTHDATE CORRECTION

EMPLOYEE SIGNATURE

H BIRTHDATE MO DAY YR	I I certify that the above information is true and correct and that I have read the IRS Form W-4 and the applicable State form. Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I incurred no tax liability for last year and that I anticipate that I will incur no liability this year. I authorize my employer via the State Controller's Office to refund any overcollection of current/prior year Social Security and Medicare taxes; I certify that I shall not claim a tax refund or credit for these overcollections. EMPLOYEE'S SIGNATURE <input type="text"/>	DATE <input type="text"/>
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PERSONNEL OFFICE USE

J REVIEWER'S SIGNATURE <input type="text"/>	DATE <input type="text"/>	PHONE NUMBER <input type="text"/>
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INFORMATION FOR EMPLOYEES COVERED BY THE CALIFORNIA PUBLIC EMPLOYEES’ RETIREMENT SYSTEM (CalPERS)

You are entering into membership in the California Public Employees’ Retirement System (CalPERS) which provides you and your fellow State employees with retirement and other benefits. Member contributions, those contributions made by the State of California, and the interest earned on investments provide for service retirement, disability retirement, and death benefits. An information booklet is available from your personnel office. The booklet describes your particular benefit coverage in detail.

BENEFICIARIES FOR PRE-RETIREMENT SURVIVOR BENEFITS

For information regarding CalPERS beneficiaries for Survivor Benefits, please go to www.calpers.ca.gov, and use the search engine to locate information on Beneficiary Designations.

RESTORATION OR PURCHASE OF RETIREMENT SERVICE CREDIT

You may be eligible to increase your CalPERS service credit through a service credit purchase and the more service credit you have at retirement, the higher your monthly benefit may be. Information on the purchase or redeposit of retirement service credit may be obtained by visiting the CalPERS website at www.calpers.ca.gov.

ADDRESS CHANGE

IF YOU HAVE DEDUCTIONS, you must change your address with the deduction company. This form does not affect an address change with deduction companies.

IF YOUR NAME APPEARS ON ANY DEPARTMENTAL EMPLOYMENT LIST (Open, Promotional, Reemployment, etc.), and your address is changing, check Box 04 and enter your phone number(s) in Section F. Your department will update the appropriate list(s) with this information.

GENERAL TAX INFORMATION

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

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

- “Minister of the church in the exercise of his / her ministry” – employed by the State of California as a Chaplain.
- “Nonresident Alien per Tax Treaty” (indicate on claim: “Exempt per Article _____ of treaty between United States and (Country).”) Tax Treaty must cite exemption from both Federal and State personal income tax to qualify for this exemption.
- “Deceased Employee Wages” – agency 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 Employment Tax District Office of the Employment Development Department.

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, the University of California, or Legislative employees.

IF YOUR NORMAL LOCATION OF EMPLOYMENT IS NOT IN CALIFORNIA and you are a California State employee, you may be eligible to have income tax for another state withheld from your wages under the reciprocity provisions required by G.C. 1170.5. Contact your personnel office for additional information.

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 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 WITHHOLDING

N - NO TO HIGHER WITHHOLDING

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 Section 1798.17) and the Federal Privacy Act (5 USC 552a, subd. (e)(3)) require this notice to 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/Payroll Services Division. The information will be used by the State Controller’s Office for personnel, payroll, retirement, and health benefits processing.

Furnishing the information requested on this form is mandatory except for Prior Public Employment (Section G). Furnishing prior public employment information is voluntary. Noncompliance in providing your social security number and name will result in refusal of employment. Failure to furnish other requested information may result in inaccurate determination of credit for State service, payroll calculations, retirement, and/or health benefits.

Legal references authorizing the maintenance of this information by the State Controller’s Office include: Federal Internal Revenue Code (26 USC Sections 3402(a), 6011, 6051, and 6109) and the regulations thereto; Federal Public Health and Welfare Code (42 USC Section 403); and California

Government Code Sections 12470 through 12479 and 16391 through 16395; California Unemployment Insurance Code Section 13020; delegated authority from the State Personnel Board; and 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; State Personnel Board, Department of Human Resources, Trustees of the California State University, Employment Development Department, Department of Social Services, Department of Finance, Public Employees’ Retirement System, 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 entities when required by State or Federal law, organizations for which deductions are authorized by law, and collective bargaining organizations.

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, P.O. Box 942850, Sacramento, CA 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			
<p>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.</p>		<p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <input type="checkbox"/> 1. A citizen of the United States <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
		<p>If you check Item Number 4., enter one of these:</p>						
		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)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
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)					

<p>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.</p>		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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • 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	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*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



California Public Employees' Retirement System
P.O. Box 942709 Sacramento, CA 94229-2709
888 CalPERS (or 888-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-4166
www.calpers.ca.gov

Employer Account Management Division

Dear Member,

The California Public Employees' Retirement System (CalPERS) requires all members hired after January 1, 2013 complete the **Reciprocal Self-Certification Form (PERS-EAMD-801)** to provide essential information that will be used by your employer to enroll you in CalPERS membership.

This form obtains information regarding your membership in other qualifying public retirement systems and *must be returned to your employer within 10 business days of receipt*. Use the instructions provided on the back of the form and reference the List of Qualifying Public Retirement Systems for assistance. Information regarding your membership in a defined benefit plan for any of the listed qualifying public retirement system must be provided. **However, information related to CalPERS membership should not be included when completing this form, as this data is already stored in the CalPERS system.**

It is your responsibility to ensure the accuracy and completeness of the information you provide. Inaccurate information may result in adjustments to your account which could lead to adverse impacts such as incurring financial obligations that you and your employer will be responsible to fulfill.

For more information regarding the **Reciprocal Self-Certification Form**, please visit our website at www.calpers.ca.gov.

Please note: The completion of the **Reciprocal Self-Certification Form** does not establish [reciprocity](#), nor is it a request to establish reciprocity. To request that reciprocity be established, download the **When You Change Retirement Systems (PUB 16)** publication to obtain the **Confirmation of Intent to Establish Reciprocity When Changing Retirement Systems (PERS-CASD-255)** form. This publication is available at www.calpers.ca.gov.

Sincerely,

Membership Services

Enclosures: List of Qualifying Public Retirement Systems in California, **Reciprocal Self-Certification Form**, and Directions for Completing Reciprocal Self-Certification Form

List of Qualifying Public Retirement Systems in California

Name of Public Retirement System	Qualifications:
Alameda County Employees' Retirement Association [^]	
City and County of San Francisco Employees' Retirement System*	
City of Concord Retirement System*	
City of Costa Mesa Public Retirement System*	Safety only
City of Fresno Retirement System	
City of Pasadena Fire and Police Retirement System	Fire and police only
City of San Clemente*	Non-safety (miscellaneous) only
Contra Costa County Employees' Retirement Association [^]	
Contra Costa Water District	
East Bay Municipal Utility District	
East Bay Regional Park District	Safety only
Fresno County Employees' Retirement Association [^]	
Imperial County Employees' Retirement Association [^]	
Judges Retirement System II	
Kern County Employees' Retirement System [^]	
Legislators' Retirement System	
Los Angeles City Employees' Retirement System	Non-safety (miscellaneous) only; L.A. Fire and Police Pension System and L.A. Water and Power Employees' Retirement System not eligible
Los Angeles County Employees' Retirement Association [^]	
Los Angeles County Metropolitan Transportation Authority	Non-contract Employees' Retirement Income Plan, formerly Southern California Rapid Transit District
Marin County Employees' Retirement Association [^]	
Mendocino County Employees' Retirement Association [^]	
Merced County Employees' Retirement Association [^]	
Oakland Municipal Employees' Retirement System (City of Oakland)	Non-safety (miscellaneous) only
Orange County Employees' Retirement System [^]	
Sacramento City Employees' Retirement System*	
Sacramento County Employees' Retirement System [^]	Defined benefit plan only; cash balance plans not eligible
San Bernardino County Retirement Association [^]	
San Diego City Employees' Retirement System	Defined benefit plan only; cash balance plans not eligible
San Diego County Employees' Retirement Association [^]	
San Joaquin County Employees' Retirement Association [^]	
San Jose Federated City Employees' Retirement System	
San Luis Obispo County Pension Trust	
San Mateo County Employees' Retirement Association [^]	
Santa Barbara County Employees' Retirement System [^]	
Sonoma County Employees' Retirement Association [^]	
Stanislaus County Employees' Retirement Association [^]	
State Teachers' Retirement System	Defined benefit plan only; cash balance plans not eligible
Tulare County Employees' Retirement Association [^]	
University of California Retirement Program	Defined benefit plan only; cash balance plans not eligible
Ventura County Employees' Retirement Association [^]	
* = Also CalPERS-covered agency	[^] = 1937 Act Counties



Reciprocal Self-Certification Form

Complete the following information and return this form to your personnel office **within 10 business days**. To ensure this form is completed correctly, please reference the enclosed List of Qualifying Public Retirement Systems and instructions.

Section 1. Member Information	
Member Name:	(Last) _____ (First) _____ (Middle) _____
Date of Birth:	CalPERS ID: _____
Membership Status in Qualifying Public Retirement Systems:	
<input type="checkbox"/> I have not been a member of a qualifying public retirement system in California. (skip to section 3)	
<input type="checkbox"/> I have membership in a defined benefit plan under a qualifying public retirement system in California other than CalPERS. (complete section 2 with membership information for each qualifying public retirement system)	

Section 2. Qualifying Reciprocal Membership Information			
Name of Most Recent Public Retirement System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date: / /
Name of Prior Public Retirement System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date: / /
Name of Prior Public Retirement System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date: / /

**Please provide dates, if applicable. Not all sections may be applicable for each Public Retirement System.*

Section 3. Sign and Certify
I understand that by accepting employment in a qualified public retirement system, I am subject to the applicable laws and regulations of that system. I also understand that completing this form is not a request to establish reciprocity.
I hereby certify that the foregoing information has been verified with the qualifying public retirement system as true and correct and any information found to be incorrect may require corrections to my CalPERS account including, but not limited to, my retirement enrollment level and adjustments to my member contributions. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.
Member Signature: _____ Date: _____

Section 4. To Be Completed by Employer Only	
Name of CalPERS Agency: _____	
CalPERS Business Partner ID: _____	Member's Enrollment Eligibility Date: _____
Designee of Employer: (print name) _____	Designees' Title: _____
<i>Designee Signature:</i> _____	<i>Date:</i> _____
The employer must retain this form in the member's file for auditing purposes.	
<i>For more direction regarding how to process the Reciprocal Self-Certification Form, please refer to our employer reference guides.</i>	

Instructions for Completing the Reciprocal Self-Certification Form

<p>Section 1. Member Information</p>	<ul style="list-style-type: none"> • Complete the required fields with your name, date of birth, and CalPERS ID. • Check one of the appropriate boxes to indicate if you have had membership in a defined benefit plan in one of the qualifying public retirement systems named on the enclosed list. <ul style="list-style-type: none"> – If you have not been a member of any of the qualifying public retirement systems, mark the first box and skip to section 3. – If you have membership in a defined benefit plan of any of the qualifying public retirement systems on the enclosed list, mark the second box and continue to section 2. – This form is to obtain information regarding your membership in <u>other</u> qualifying public retirement systems; do not include CalPERS membership on this form.
<p>Section 2. Qualifying Reciprocal Membership Information</p>	<ul style="list-style-type: none"> • In the first column, titled “Name of Public Retirement System,” list the name of any qualifying public retirement systems you are a member of a defined benefit plan. <ul style="list-style-type: none"> – If you are a member of multiple qualifying public retirement systems, please provide the name of each system beginning with the most recent in descending order. – Please reference the enclosed List of Qualifying Public Retirement Systems in California. Only systems named on this list should be provided on the Reciprocal Self-Certification Form. • In the second column, titled “Membership Date,” list your membership date in the qualifying public retirement system. <ul style="list-style-type: none"> – You must provide a full date, including month, date, and year, which corresponds to each qualifying public retirement system listed. – If you are unsure of your membership date, please contact the qualifying public retirement system to confirm information prior to completing the form. • In the third column, titled “Separation Date,” list your separation date from the qualifying public retirement system. <ul style="list-style-type: none"> – This section may not be applicable for all qualifying public retirement systems. If you have not separated from the qualifying public retirement system, leave this field blank. – If you have separated from the qualifying public retirement system, you must provide a full date including month, date, and year. – If you are unsure of your separation date, please contact the qualifying public retirement system to confirm information prior to completing the form. • In the fourth column, titled “Retired or Refunded,” indicate if you have retired or refunded from the qualifying public retirement system. <ul style="list-style-type: none"> – This section may not be applicable for all qualifying public retirement systems. If you have not retired or refunded from the qualifying public retirement system, leave this field blank. – If you have retired or refunded from the qualifying public retirement system, mark the appropriate box and provide a full date including month, date, and year. – Retired: You have separated from the qualifying public retirement system and receive a monthly retirement allowance. – Refunded: You have terminated your membership in the qualifying public retirement system by withdrawing your contributions.
<p>Section 3. Sign and Certify</p>	<ul style="list-style-type: none"> • Please read the statement. Then, sign your name and date the document before returning it to your personnel office.

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).

SAF SUPPLEMENT

NAME _____

DEPARTMENT _____

CalPERS Membership

The California State University has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit package which includes service retirement, death, and disability benefits.

Are you a current CalPERS member by previous employment (either you have funds on deposit or service credit)?

Yes

No

If yes, what California state agency or employer did you last contribute to CalPERS with?

Degree Information

Highest Level of Education COMPLETED

I.E.: High School, AA/AS, BA/BS, MA/MS, PhD

Name of Institution

(where degree was obtained)

Major

State or Country

(where degree was completed)

Month/Year Degree was received

Payroll Office Use Only:

FICE CODE	LEVEL CODE	YEAR CODE

CALIFORNIA STATE UNIVERSITY, EAST BAY

Post-Employment Invitation to Self-Identify

California State University, East Bay (“CSUEB”) is a Government contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended (“Section 503”), and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (“VEVRA”), which require Government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities and to take affirmative action to employ and advance in employment qualified disabled veterans. In addition, CSUEB is required to comply with federal and state equal employment opportunity laws including, but not limited to: Executive Order 11246, the Americans with Disabilities Act of 1990 (“ADA”), and the California Fair Employment and Housing Act (“FEHA”).

As part of our compliance efforts, we need your cooperation in completing this form. Submission of this information is **voluntary** and no adverse consequences will result from either providing this information or **declining** to provide it. The information you provide will be kept **confidential**.

Name: _____ Date: _____			
Position Title: _____ Department: _____			
Sex and Ethnicity CSUEB provides equal employment opportunity for all applicants and employees regardless of the following, without limitation: race, color, religion, sex or national origin.			
Sex (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Decline to state	Ethnicity (check only one): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Asian – (2) <input type="checkbox"/> Chinese only (J) <input type="checkbox"/> Japanese only (I) <input type="checkbox"/> Korean only (K) <input type="checkbox"/> Vietnamese only (L) <input type="checkbox"/> Laotian only (V) <input type="checkbox"/> Cambodian only (U) <input type="checkbox"/> Filipino only (G) <input type="checkbox"/> Asian Indian only (M) <input type="checkbox"/> Other Asian only (S) </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> American Indian or Alaska Native (7) <input type="checkbox"/> Hispanic/Latino (4) <input type="checkbox"/> Black or African American (F) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (6) <input type="checkbox"/> Guamanian only (R) <input type="checkbox"/> Samoan only (Q) <input type="checkbox"/> Hawaiian only (P) <input type="checkbox"/> Other Native Hawaiian or Other Pacific Islander only (T) <input type="checkbox"/> White (E) <input type="checkbox"/> Unknown (Z) </td> </tr> </table>	<input type="checkbox"/> Asian – (2) <input type="checkbox"/> Chinese only (J) <input type="checkbox"/> Japanese only (I) <input type="checkbox"/> Korean only (K) <input type="checkbox"/> Vietnamese only (L) <input type="checkbox"/> Laotian only (V) <input type="checkbox"/> Cambodian only (U) <input type="checkbox"/> Filipino only (G) <input type="checkbox"/> Asian Indian only (M) <input type="checkbox"/> Other Asian only (S)	<input type="checkbox"/> American Indian or Alaska Native (7) <input type="checkbox"/> Hispanic/Latino (4) <input type="checkbox"/> Black or African American (F) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (6) <input type="checkbox"/> Guamanian only (R) <input type="checkbox"/> Samoan only (Q) <input type="checkbox"/> Hawaiian only (P) <input type="checkbox"/> Other Native Hawaiian or Other Pacific Islander only (T) <input type="checkbox"/> White (E) <input type="checkbox"/> Unknown (Z)
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Disability (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to state (If yes, this does not constitute <i>prima facie</i> evidence of disability or notification for purposes of accommodation)	Confidentiality: Information you submit about your disability will be kept confidential , except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are not inconsistent with Section 503. Affirmative Action Program for Individuals With Disabilities: If you are an individual with a disability, we would like to include you under CSUEB’s affirmative action program. If you have a disability and would like to be considered under CSUEB’s affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future. This information will assist us in placing you in an appropriate position and in making accommodations for your disability. <input type="checkbox"/> Yes , I’d like to be considered <input type="checkbox"/> No, I would not like to be considered at this time		
Veteran Status The information provided will be used only in ways that are not inconsistent with the VEVRA. The information you submit will be kept confidential , except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of special disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, may be informed.			

<p>Veteran Status (check those applicable):</p> <p><input type="checkbox"/> Disabled Veteran</p> <p><input type="checkbox"/> Recently Separated Veteran</p> <p><input type="checkbox"/> Armed Forces Service Medal Veteran</p> <p><input type="checkbox"/> Other Protected Veteran</p> <p><input type="checkbox"/> Not a veteran</p> <p><input type="checkbox"/> Decline to state</p>	<p>Disabled Veteran: (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans' Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.</p> <p>Recently Separated Veteran: Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service. Discharge date (mm/dd/yyyy): __/__/____</p> <p>Armed Forces Service Medal Veteran: Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. (For the current list of military operations for which an Armed Forces service medal was awarded, visit http://www.opm.gov/Veterans/html/vgmedal2.htm for updates).</p> <p>Other Protected Veteran: Veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. (For the current list of campaigns and expeditions for which a campaign badge was authorized – visit http://www.opm.gov/veterans/html/vgmedal2.htm.</p>																																
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<p>Disability/Disabled Veteran Accommodation: If you are an individual with a disability or a Disabled Veteran, it would assist us if you tell us about the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain non-essential duties relating to the job or other accommodations. Please describe:</p> <p>_____</p> <p>_____</p>																																	
<p>Referral source (check one):</p> <table border="0"> <tr> <td><input type="checkbox"/> Asian Americans for Comm. Outreach</td> <td><input type="checkbox"/> Oakland Center</td> </tr> <tr> <td><input type="checkbox"/> Bay Area Black United Fund</td> <td><input type="checkbox"/> Oakland Veterans Center</td> </tr> <tr> <td><input type="checkbox"/> Black Issues in Higher Education</td> <td><input type="checkbox"/> Rehab Associates, Inc.</td> </tr> <tr> <td><input type="checkbox"/> Cal Poly Campus _____</td> <td><input type="checkbox"/> Rose Resnick Lighthouse for the Blind</td> </tr> <tr> <td><input type="checkbox"/> Cal. Dep't of Veteran Affairs</td> <td><input type="checkbox"/> Samaritan House</td> </tr> <tr> <td><input type="checkbox"/> College (Other) _____</td> <td><input type="checkbox"/> School _____</td> </tr> <tr> <td><input type="checkbox"/> Chronicle of Higher Education</td> <td><input type="checkbox"/> SF Vocational Services</td> </tr> <tr> <td><input type="checkbox"/> City Employment Office _____</td> <td><input type="checkbox"/> Sharon E. Taschenberg & Assoc.</td> </tr> <tr> <td><input type="checkbox"/> Comm. Resources for Ind. Living</td> <td><input type="checkbox"/> Swords to Plowshares</td> </tr> <tr> <td><input type="checkbox"/> CSU Campus (Other) _____</td> <td><input type="checkbox"/> The Arlington</td> </tr> <tr> <td><input type="checkbox"/> CSU Chancellor's Office</td> <td><input type="checkbox"/> The Women's Foundation</td> </tr> <tr> <td><input type="checkbox"/> CSUEB Employee</td> <td><input type="checkbox"/> Invited to Apply</td> </tr> <tr> <td><input type="checkbox"/> CSUEB Oakland Campus</td> <td><input type="checkbox"/> Vietnam Vets of CA</td> </tr> <tr> <td><input type="checkbox"/> CSUEB Website</td> <td><input type="checkbox"/> Jobs Consortium</td> </tr> <tr> <td><input type="checkbox"/> Library _____</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other _____</td> </tr> </table>		<input type="checkbox"/> Asian Americans for Comm. Outreach	<input type="checkbox"/> Oakland Center	<input type="checkbox"/> Bay Area Black United Fund	<input type="checkbox"/> Oakland Veterans Center	<input type="checkbox"/> Black Issues in Higher Education	<input type="checkbox"/> Rehab Associates, Inc.	<input type="checkbox"/> Cal Poly Campus _____	<input type="checkbox"/> Rose Resnick Lighthouse for the Blind	<input type="checkbox"/> Cal. Dep't of Veteran Affairs	<input type="checkbox"/> Samaritan House	<input type="checkbox"/> College (Other) _____	<input type="checkbox"/> School _____	<input type="checkbox"/> Chronicle of Higher Education	<input type="checkbox"/> SF Vocational Services	<input type="checkbox"/> City Employment Office _____	<input type="checkbox"/> Sharon E. Taschenberg & Assoc.	<input type="checkbox"/> Comm. Resources for Ind. Living	<input type="checkbox"/> Swords to Plowshares	<input type="checkbox"/> CSU Campus (Other) _____	<input type="checkbox"/> The Arlington	<input type="checkbox"/> CSU Chancellor's Office	<input type="checkbox"/> The Women's Foundation	<input type="checkbox"/> CSUEB Employee	<input type="checkbox"/> Invited to Apply	<input type="checkbox"/> CSUEB Oakland Campus	<input type="checkbox"/> Vietnam Vets of CA	<input type="checkbox"/> CSUEB Website	<input type="checkbox"/> Jobs Consortium	<input type="checkbox"/> Library _____		<input type="checkbox"/> Other _____	
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Return this page directly to California State University - East Bay, Payroll Services, 25800 Carlos Bee Boulevard, SA 2600, Hayward, CA 94542-9988.



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.