

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	<input type="checkbox"/> A98 NEW EMPLOYEE INFORMATION (C THRU H,J,K)	<input type="checkbox"/> E03 WITHHOLDING CHANGE (C, G, H)	<input type="checkbox"/> E04 ADDRESS CHANGE (C, E, H)	<input type="checkbox"/> E05 NAME CHANGE (C, D, H) (ATTACH SUBSTANTIATION) NAME WAS _____	<input type="checkbox"/> E07 BIRTHDATE CHANGE (C, F, H)	<input type="checkbox"/> 105 SSA NUMBER CHANGE (C, H) (ATTACH SUBSTANTIATION) SSN NO. WAS _____	<input type="checkbox"/> 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.		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.)
	01 <input type="checkbox"/> NONRESIDENT ALIEN	04 <input type="checkbox"/> HIGHER WITHHOLDING (MUST BE Y OR N. See reverse employee copy.)	
	02 MARITAL STATUS (Check One) FOR TAX PURPOSES ONLY	05 <input type="checkbox"/> CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER	11 <input type="checkbox"/> 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. 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.
	<input type="checkbox"/> SINGLE	06 <input type="checkbox"/> OTHER INCOME NOT FROM JOBS DEDUCTIONS	
	<input type="checkbox"/> MARRIED	07 <input type="checkbox"/>	IV. NONTAXABLE WAGES - Complete box 12 if wages you will receive are not subject to income tax withholding. (See General Information - Reverse)
	<input type="checkbox"/> HEAD OF HOUSEHOLD	08 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.		12 <input type="checkbox"/> 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: <input type="text"/>
	08 MARITAL STATUS (Check One) FOR TAX PURPOSES ONLY	09 <input type="checkbox"/> REGULAR ALLOWANCES TOTAL YOU ARE CLAIMING	
	<input type="checkbox"/> SINGLE OR MARRIED (WITH TWO OR MORE INCOMES)	10 <input type="checkbox"/> ADDITIONAL ALLOWANCES TOTAL YOU ARE CLAIMING	
	<input type="checkbox"/> MARRIED (ONE INCOME)		
	<input type="checkbox"/> HEAD OF HOUSEHOLD		

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. <input type="checkbox"/> YES <input type="checkbox"/> 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.

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:

- "Minister of a Church"- employed by the State of California as a Minister of a Church.
- "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.
- "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 J01.

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 Form 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 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 § 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.