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). See also retirement beneficiary information on reverse side of employee copy.

STATE OF CALIFORNIA

EMPLOYEE ACTION REQUEST

STD. 686 (REV. 7-99)

PERSONNEL OFFICE USE

A	01 AGENCY	02 UNIT	03 KEYED BY	04 DATE KEYED

CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS. RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALL POINT PEN AND PRINT CLEARLY. NO CARBON REQUIRED.

B

01 ☐ **New Employee** SECTIONS C, E, F, G, H, I	03 ☐ **Withholding Allowance Change** SECTIONS C, E, I	04 ☐ ***Address Change** } SECTIONS C, F, I	05 ☐ **Name Change** (Attach Substantiation) SECTIONS C, D, I	07 ☐ **Birthdate Correction** SECTIONS C, H, I

NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

C

01 SOCIAL SECURITY NUMBER	02 EMPLOYEE LAST NAME	03 FIRST NAME AND MIDDLE INITIAL

NAME CHANGE

D FORMER NAME (Last, First and Middle)

WITHHOLDING ALLOWANCE CHANGE OR NEW EMPLOYEE

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

E

I. FEDERAL AND STATE ALLOWANCE – For Tax Purposes Only. If no tax should be withheld, complete Part IV or V only.

01 MARITAL STATUS FOR TAX PURPOSES ONLY *(Check One)*

☐ **SINGLE**

☐ **MARRIED**

02 ☐ **TOTAL** - Number of allowances you are claiming

NOTE: Employers must notify IRS if more than 10 allowances are claimed.

II. SPECIAL TREATMENT OF STATE ALLOWANCES – Complete boxes 03 thru 05 if you wish your State withholding to be different than what you claim for Federal withholding. *IF BOXES ARE NOT COMPLETED, CURRENT SPECIAL TREATMENT (IF ANY) WILL BE CANCELLED.*

03 MARITAL STATUS FOR TAX PURPOSES ONLY *(Check One)*

☐ **SINGLE**

☐ **MARRIED**

☐ **HEAD OF HOUSEHOLD**

04 ☐ **REGULAR ALLOWANCE(S)** Total you are claiming

05 ☐ **ADDITIONAL ALLOWANCE(S)** Total you are claiming

NOTE: Employers may be required to notify EDD if more than 10 allowances are claimed.

III. ADDITIONAL DEDUCTIONS – Complete box 06 and/or 07 if you wish additional Federal and/or State tax withheld from your wages. Part I (and Part II, if your State allowance claim differs from your Federal) must be completed. The first deduction will be made from your earnings for the pay period in which this form is processed. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE CANCELLED.

I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below. I understand that if boxes are not completed, current deductions, if any, will be cancelled.

06 $ **FEDERAL** ADDITIONAL DEDUCTION

07 $ **STATE** ADDITIONAL DEDUCTION

IV. EXEMPTION FROM WITHHOLDING – Check box 08 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

08 ☐ *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.

NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year. **Employers are required to notify IRS if you earn more than $200 per week.**

V. NONTAXABLE WAGES – Check box 09 if wages you will receive are not subject to income tax withholding.

09 ☐ 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) NONIMMIGRANT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on back of third page.):

ADDRESS CHANGE OR NEW EMPLOYEE *See Back of Third Page

F

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

04 EMPLOYMENT LIST

☐ Check this box if your address is changing and your name appears on any departmental employment list. (See back of third page.)

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:	01 LAST NAME (if different)	03 SEPARATED MO YR	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School or Utility, etc.)	05 LAST NAME (if different)	06 SEPARATED MO YR

NEW EMPLOYEE OR BIRTHDATE CORRECTION

H BIRTHDATE MO DAY YR

EMPLOYEE SIGNATURE

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.*

EMPLOYEE SIGNATURE	DATE

PERSONNEL OFFICE USE

J

REVIEWER'S SIGNATURE	
DATE	PHONE NO.

White — Personnel/Payroll Services Div. Yellow — Personnel Pink — Employee