

CSU STUDENT PAYROLL ACTION REQUEST

THIS IS CARBONLESS PAPER.
PRINT CLEARLY. USE BALLPOINT PEN.

See instructions on reverse of this form before completing.

OFFICE USE ONLY

A 01 AGENCY	02 UNIT	03 CLASS	04 SERIAL
-------------	---------	----------	-----------

B TYPE OF TRANSACTION
CHECK ALL APPROPRIATE BOXES AND COMPLETE LISTED SECTIONS

A98 NEW EMPLOYEE INFORMATION (C thru I, K, L)
E03 WITHHOLDING ALLOWANCE CHANGE (C, H, I)
E04 ADDRESS CHANGE (C, D, I)
E05 NAME CHANGE (C, I) (ATTACH SUBSTANTIATION) NAME WAS _____

E07 BIRTHDATE CHANGE (C, E, I)
105 SSA NUMBER CHANGE (C, I) (ATTACH SUBSTANTIATION) SSA NO. WAS _____

445 ETHNIC CORRECTION (C, G, I)

CAMPUS USE ONLY

DESIGNEE CHANGE (C, I, K)

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

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

E BIRTHDATE _____ **F** SEX _____ **G** ETHNIC CODE _____

Mo. Day Yr. M or F (Enter Code)

Z For ethnic codes, see Section G of instructions. Enter appropriate code in space at the left.

H WITHHOLDING ALLOWANCE CERTIFICATE *IMPORTANT***** Before completing Section H you must read IRS Form W-4 or W-4A and state tax Form DE-4.

I. FEDERAL AND STATE ALLOWANCES
01 If no tax should be withheld, complete Part III or IV only. **MARITAL STATUS (Check One)** FOR TAX PURPOSES ONLY:
 SINGLE MARRIED
 NONRESIDENT ALIEN 02 TOTAL ALLOWANCES

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

II. SPECIAL TREATMENT OF STATE ALLOWANCES
Complete boxes 03 thru 05 if you wish your California state withholding to be different than what you claim for federal withholding.
03 **MARITAL STATUS (Check One)** FOR TAX PURPOSES ONLY:
 SINGLE MARRIED HEAD OF HOUSEHOLD
04 REGULAR ALLOWANCES 05 ADDITIONAL ALLOWANCES

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

III. EXEMPTION FROM WITHHOLDING - Complete box 06 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 - fourth page.)
06 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 on February 15th of next year unless you file a new certification by January 31st of next year.
Employers are required to notify IRS if you earn more than \$200 per week.

IV. NONTAXABLE WAGES - Complete box 07 if wages you will receive are not subject to income tax withholding. (See General Information - fourth page.)
07 I claim that the wages I will be receiving from the State are either 1) MINISTER OF A CHURCH, 2) NONRESIDENT ALIEN wages, or 3) Deceased Employee Wages. Indicate reason:

I EMPLOYEE CERTIFICATION

I certify the above information is true and that I have read IRS Form W-4 or W-4A and state Form DE-4. Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed does not exceed the number 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 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. If completing Section K, I hereby revoke any previous designation. If completing Section L, I hereby subscribe to the oath of allegiance or declaration of permission to work.

SIGNATURE _____ DATE _____

J CSU REPRESENTATIVE SIGNATURE

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 _____

K DESIGNEE FOR STATE WARRANT(S)

01 DESIGNEE FIRST NAME AND INITIAL _____ 02 LAST NAME _____ 03 RELATIONSHIP _____

05 DESIGNEE ADDRESS (Street, P.O. Box, or Rural Route) _____ 06 CITY AND STATE _____ 07 ZIP CODE _____

L OATH OF ALLEGIANCE/DECLARATION OF PERMISSION TO WORK Complete Part I or Part II

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 Constitution of 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 the State of California; that I take this obligation freely without any mental reservation or purpose of evasion; and that 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 I 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.

GENERAL INFORMATION

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/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.

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 H. If you are new to State service and you fail to complete Section H, you will be treated (for withholding tax purposes) as a single person claiming no allowances (Section 3402(c) and Section 3402(1) of the Internal Revenue Code).

If you are returning to State service and you fail to complete Section H 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 EITHER FEDERAL OR STATE WITHHOLDING but not exempt from both, contact your personnel/payroll office for special instructions for completing Section H.

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 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 _____")

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 Employment Tax District 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 I. Retain the 4th (Green) 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.

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 D

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 E

Birthdate - Enter numerically the month, day, and year of your birth. (March 20, 1949 enter 03/20/49.)

SECTION F

Sex - Enter "M" for Male or "F" for Female.

SECTION G

Ethnic Code - Enter the code of the ethnic group with which you most closely identify yourself from the chart below. This request is consistent with U.S. Department of Labor Regulations mandated by Federal Executive Orders 11246 and 11375. This confidential information does not become part of an employee's personnel file. The employer is required to make a visual identification of those individuals who do not complete this item.

RACE / ETHNICITY	ETHNIC CODE	RACE / ETHNICITY	ETHNIC CODE
Mexican, Mexican-American, Chicano	A	Japanese	I
Puerto Rican	B	Chinese	J
Cuban	C	Korean	K
Any Other Spanish/Hispanic	D	Vietnamese	L
White	E	Asian Indian	M
Black	F	Cambodian	U
Filipino	G	Laotian	V
Hawaiian	P	Other Asian	S
Samoan	Q	American Indian	N
Guamanian/Chamorro	R	Eskimo	H
Other Pacific Islander	T	Alut	O
		Other, Not Listed	X

SECTION H

- Part I - Federal and State Allowances
- Part II - Special Treatment of State Allowance
- Part III - Exemption from Withholding
- Part IV - Nontaxable Wages

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

See General Information above.

SECTION I

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

SECTION K

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 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 K01 and K02. Specify the relationship of the person designated in K03 (e.g., wife, husband, domestic partner, daughter, son, mother, father, parent, or friend). Enter address in K05 to K07. If you have no designee, enter "NONE" in K01.

Designee Address - Enter the permanent mailing address. File a new STD. 457 any-time your designee's address changes.

Designee Change - You may change or revoke your designee at any time by completing a new STD. 457.

SECTION L

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."

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
CSU, Fresno 5150 N Maple Ave. Fresno, California 93740		

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
-----------------------	-------------------	---------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

	OR	
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
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	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	5. Native American tribal document	
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	For persons under age 18 who are unable to present a document listed above:	6. U.S. Citizen ID Card (Form I-197)
	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



**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 ID #
CAMPUS	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 based 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	EMPLOYER ID#

Privacy Notice

The Information Practice Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

The principal purpose for requesting information on this form is to verify your identity, and to comply with federal law. CSU policy and state and federal statutes authorize the maintenance of this information.

It is mandatory to furnish all information requested on this form.

CSU requires employee's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

Information provided on the form will be forwarded to the appropriate governmental agency. The official(s) responsible for the maintenance of the forms is:

UC HR/Benefits
Records Management
P.O. Box 24570
Oakland, CA 94623-1570

CalPERS - Form SSA-1945
P.O. Box 942715
Sacramento, CA 94229-2715

Please note: Forms for employees eligible for the DPA PST plan are not mailed to that agency because the plan does not meet the criteria of a pension-paying agency.

REQUEST FOR NONDISCLOSURE OF EMPLOYEE HOME ADDRESS

PLEASE TYPE OR USE INK PEN - PRINT CLEARLY

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER
------------------------------------	------------------------

Pursuant to Government Code Section 6254.3:

(a) The home address and home telephone numbers of state employees of a school district or county office of education shall not be deemed to be public records and shall not be open to public inspection, except that disclosure of information may be made as follows:

- (1) To an agent, or family member of the individual to whom the information pertains.
- (2) To an officer or employee of another state agency, school district, or county office of education when necessary for the performance of its official duties
- (3) To an employee organization pursuant to the regulations and decisions of the Public Employment Board, except that the home addresses and home telephone numbers of employees performing law enforcement-related functions shall not be disclosed.
- (4) To an agent or employee of a health benefit plan providing health services or administering claims for health services to state, school districts, and county office of education employees and their enrolled dependents, for the purpose of providing the health services or administering claims for the employees and their enrolled dependents.

(b) Upon written request of any employee, a state agency, school district, or county office of education shall not disclose the employee's home address or home telephone number pursuant to paragraph (3) of subdivision (a) and an agency shall remove the employee's home address and home telephone number from any mailing list maintained by the agency, except if the list is used exclusively by the agency to contact the employee.

CHECK APPROPRIATE BOX

I request that my home address not be disclosed as provided by Government Code Section 6254.3 (b). I understand that my home address can be disclosed to specified individuals or organizations under Government Code Sections 6254.3.

I cancel my previous request of having my home address not be disclosed.

PRIVACY NOTICE

The Information Practice's Act of 1977 (California Civil Code Section 1798.17) and the Federal Privacy Act (5 USC 552a, subd. (3)) require this notice to be provided when collecting personal information from individuals. Information requested on this form, which includes the social security number, is used for the purposes of identification and address withhold processing. Furnishing the requested information on this form is mandatory. Failure to provide the mandatory information may result in the address withhold action not being processed or being processed incorrectly.

Legal references authorizing the maintenance of this information include Federal Internal Revenue Code (26 USC Sections 3402(a), 6011, 6051, and 6109) and the regulations thereto; and California Government Code Sections 12470 through 12479 and 16391 through 16395; delegated authority from the State Personnel Board; and delegated authority from the Trustees of the California State University.

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

DRUG FREE WORKPLACE

POLICY

The Drug Free Workplace Act of 1988, effective March 18, 1989, requires that the University certify that it will provide a drug-free workplace.

In compliance with the Act, employees are hereby notified that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in our workplace. Violation of this policy may result in disciplinary action, including but not limited to suspension and/or termination or a requirement to participate in an approved drug abuse assistance or rehabilitation program.

Employees must be aware that as a condition of employment they will abide by the terms of this policy and will notify the University of any criminal drug statute conviction for a violation occurring in the workplace within five (5) days after such conviction.

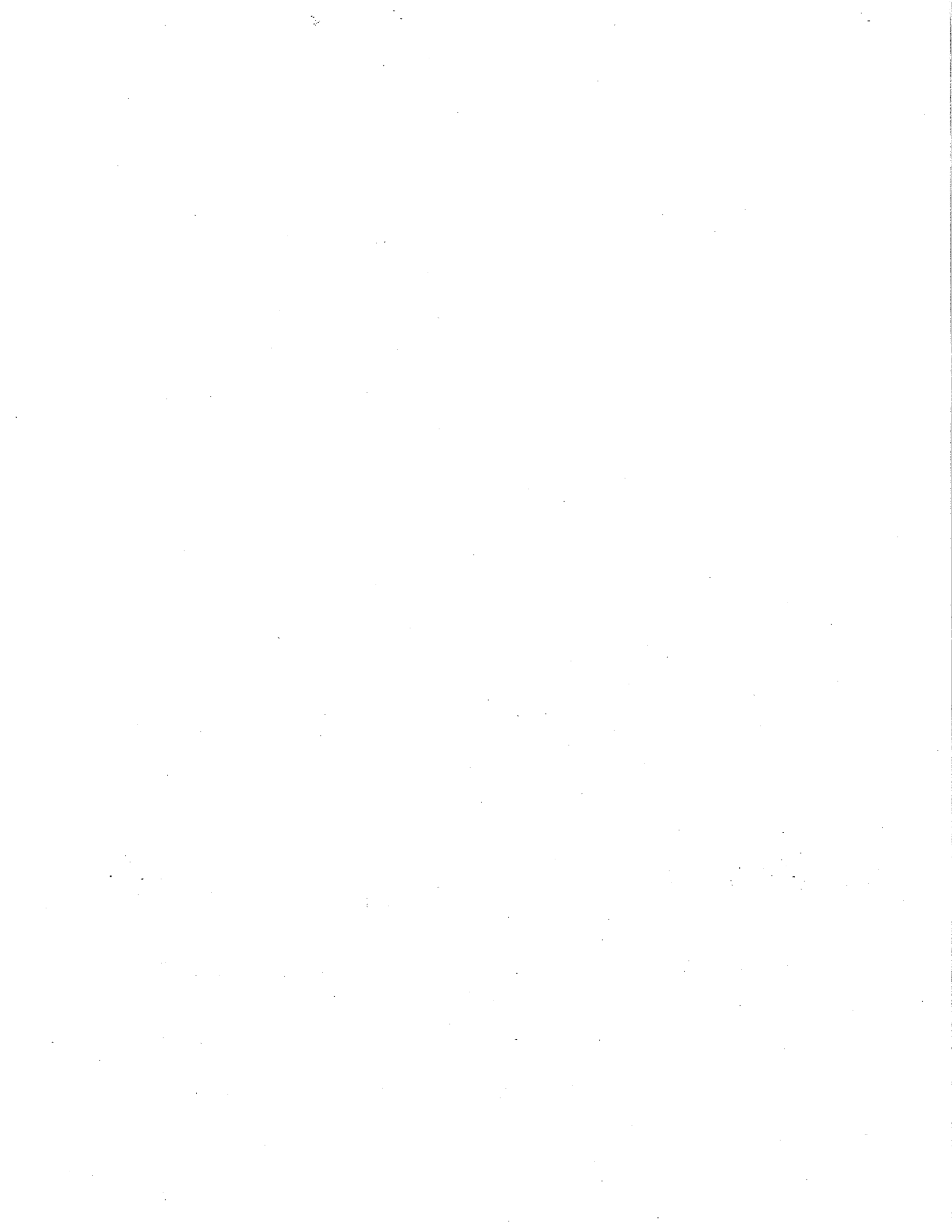
The University must notify the federal agency involved of the conviction within 10 days of receiving such a notice. Within 30 days, the University will initial the appropriate personnel action or require satisfactory participation in an approved drug abuse assistance or rehabilitation program.

By signing below, I hereby certify that I have read, understand and will abide by the conditions of the Drug Free Workplace Policy.

EMPLOYEE SIGNATURE: _____ DATE: _____

BELOW TO BE COMPLETED PAYROLL DEPARTMENT ONLY

REVIEWER SIGNATURE: _____ DATE: _____



DIRECT DEPOSIT

ENROLLMENT AUTHORIZATION

STD. 699 (REV. 1/2006)

This authorization remains in full force and effect until the State Controller's Office receives written notification from the employee of its termination, or until the State Controller's Office or appointing authority deems it necessary to terminate the agreement.

COMPLETION INSTRUCTIONS AND PRIVACY NOTICE ARE ON THE REVERSE OF THE EMPLOYEE COPY. PLEASE TYPE OR USE BALL POINT PEN-PRINT CLEARLY.

SECTION A (To be completed by employee)

1. TYPE OF ENROLLMENT ACTION		2. SOCIAL SECURITY NUMBER	
1. <input type="checkbox"/> NEW	SECTIONS A, B, AND C MUST BE COMPLETED		
2. <input type="checkbox"/> CHANGE	SECTIONS A, B, AND C MUST BE COMPLETED	3. NAME (First Middle Last)	
3. <input type="checkbox"/> CANCEL	SECTIONS A, B, AND D MUST BE COMPLETED		

SECTION B (To be completed by employee if NEW or CHANGE box in Section A is checked)

1. TYPE OF ACCOUNT- MUST BE CHECKED, IF LEFT BLANK, WILL BE PROCESSED AS CHECKING	
<input type="checkbox"/> C (Checking)	<input type="checkbox"/> S (Savings)
Verify Routing/Depositor Numbers with Financial Institution	
2. ROUTING NUMBER	3. DEPOSITOR ACCOUNT NUMBER
4. FINANCIAL INSTITUTION NAME	
5. FINANCIAL INSTITUTION ADDRESS	(Number and Street State ZIP)

SECTION C (To be completed by employee if NEW or CHANGE box in Section A is checked)

X I hereby authorize the State Controller's Office to provide for direct deposit of any salary or wages due me, less any mandatory or authorized withholding or deductions therefrom, in the above designated account. If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize the State Controller's Office to either:

(a) Withhold a sum equal to the overpayment from future salary or wages; or
 (b) Recover such overpayment from the above-designated account.

If the State is legally obligated to withhold any part of my wage or salary payment for any reason, or if I no longer meet eligibility requirements for the Direct Deposit program, I understand the State Controller's Office may terminate my enrollment in the program. If any action taken by me results in nonacceptance of a direct deposit by the designated financial institution, I understand that the State assumes no responsibility for processing a supplemental salary or wage payment until the amount of the nonacceptance deposit is returned to the State by the financial institution.

SIGNATURE	DATE

SECTION D (To be completed by employee if CANCEL box in Section A is checked)

I hereby cancel my Direct Deposit authorization.	SIGNATURE	DATE

SECTION E (To be completed by state agency or campus personnel/payroll office only)

1. AGENCY/CAMPUS NAME		2. AGENCY CODE	3. UNIT
CALIFORNIA STATE UNIVERSITY, FRESNO		213	
4. REMARKS		5. AUTHORIZED AGENCY/CAMPUS SIGNATURE	
		I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED AND ACTING OFFICER OF THE HEREIN NAMED AGENCY/CAMPUS AND THAT, BEING SO AUTHORIZED, DO CERTIFY THAT THIS EMPLOYEE IS ELIGIBLE FOR DIRECT DEPOSIT.	
		TELEPHONE NUMBER	DATE RECEIVED IN EMPLOYING OFFICE
		559-278-2032	MO. DAY YR.
		<input type="checkbox"/> CHECK IF CALNET	

FOR SCO ONLY		
1. EFFECTIVE DATE		
MO.	DAY	YR.

DISTRIBUTION: WHITE-TO STATE CONTROLLER'S OFFICE
 CANARY-TO AGENCY
 PINK-TO EMPLOYEE

PLEASE READ THIS INFORMATION CAREFULLY

COMPLETION INSTRUCTIONS

1. To enroll in Direct Deposit, complete this form as follows:

General Instructions

- Complete Sections A, B and C if you are enrolling for the first time, re-enrolling after cancellation, or changing your existing Direct Deposit information.
- Complete Section A and D only if you are cancelling your enrollment.

Specific Instructions

- Section A — (Item 1) Type of Enrollment Action

New—Complete for new enrollment or re-enrollment after cancellation

Change—Complete to change type of account, financial institution or branch (routing number), or depositor account number

Cancel—Complete to cancel your Direct Deposit

- Section B — (Item 1) Indicate checking OR savings. Only one box must be checked. If left blank, will be processed as **checking**.
(Item 2) Enter Routing Number (cannot begin with a '5' and cannot exceed 9 digits)
(Item 3) Enter Depositor Number (cannot exceed 17 digits).

IMPORTANT: PLEASE VERIFY YOUR DEPOSITOR ACCOUNT NUMBER AND ROUTING NUMBER WITH YOUR FINANCIAL INSTITUTION.

2. Forward your completed form to your personnel/payroll office for completion of Section E.

3. Your first payment will be deposited into your designated account within 40 days after your form is received by the Controller's Office.

DIRECT DEPOSIT POSTING DATES

Funds for regular monthly or semi-monthly employees paid on the last day of the pay period should be available the first banking day after the end of the pay period. For example, if the pay period ends on a Wednesday, funds should be available on Thursday. If the pay period ends on a Friday, a weekend, or a holiday, funds should be available on the next banking day.

Funds for positive pay employees paid with a lag between the end of the pay period and pay day are available within two banking days after the issue date of the payment on the direct deposit earnings statement.

While most financial institutions post funds to accounts at the beginning of the bank business day, this is not a universal practice. Some institutions post funds in the afternoon instead of the morning. It is strongly recommended that you check with your financial institution to determine when your funds will be available.

CHANGING FINANCIAL INSTITUTION OR DEPOSITOR ACCOUNTS

Your Direct Deposit will continue to be deposited into your designated account at your financial institution until the State Controller's Office is notified that you wish to redesignate your account and/or your financial institution. To redesignate, complete and submit a new STD. 699 with the new information. **DO NOT CLOSE YOUR OLD ACCOUNT UNTIL YOUR FIRST PAYMENT IS DEPOSITED INTO YOUR NEWLY DESIGNATED ACCOUNT AND/OR FINANCIAL INSTITUTION.** Your first payment into your new account will be within 40 days after your form is received by the Controller's Office. You may receive a paper warrant during this period.

PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the State Controller's Office for the purposes of identification and enrollment processing. It is mandatory to furnish all information requested on this form except for financial institution name, address and branch number or name. Failure to provide the mandatory information may result in the enrollment action not being processed or being processed incorrectly.

Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act. Copies of the Enrollment Authorization are maintained in confidential files of the State Controller's Office for six years. Employees have the right of access to copies of their Enrollment Authorization forms upon request. The official responsible for maintenance of the forms is: Chief of Personnel/Payroll Operations Branch, State Controller's Office, P.O. Box 942850, Sacramento, California 94250-5878.

What is an Employee's Withholding Allowance Certificate (commonly referred to as a W-4 Form)?

The W-4 is the form that your employer uses to compute your federal and state income tax withholding.

Why Must I File a W-4?

The W-4 form is used to determine how much income tax to withhold from your wages. If you do not provide the information requested on the form, your employer must withhold state and federal income tax from your pay, as if you were single with no dependents.

When Should I File a W-4?

A W-4 form must be filed when:

- you begin working for a new employer.
- you add or lose dependents.
- you change your marital status.
- you have a substantial change in your allowable deductions.

How Many Allowances May I Claim?

In general, you are entitled to one allowance for yourself, one for your spouse, and one for each dependent. You may also claim additional withholding allowances if you expect a decrease in the amount of tax you will have to pay next year. For example, you may anticipate having more itemized deductions such as a large medical bill or additional tax credits or dependents which would reduce next year's tax. However, you should not claim a greater number of exemptions than you are entitled to. A worksheet is available. Refer to the Employment Development Department's (EDD) Employee's Withholding Allowance Certificate (DE-4) to help you determine your withholding allowances.

May I Simply Have a Percentage of My Wages Withheld?

No. Your options are limited to claiming allowances as described above. However, you may ask that a specific **additional** dollar amount be withheld.

May I Claim to be Exempt From Withholding and Pay What is Due When I File My Return?

No. Exempt from withholding means that last year you owed no California income tax and if any tax was withheld, all of it was refunded to you. It also means that this year you do not expect to owe any California income tax. It is unlikely that you are exempt from withholding unless you are employed on a part-time or seasonal basis, such as a student working during the summer. If you file as exempt from withholding knowing that you will owe tax, you will be guilty of filing a false or fraudulent W-4 form.

What Happens if I File a False or Fraudulent W-4?

You may have to pay \$500 or more in penalties for each false form you file. Additionally, you could be imprisoned for up to one year and be fined up to \$20,000.

