

For Designee Change, please complete ONLY fields outlines in RED below:

**CSU STUDENT PAYROLL
ACTION REQUEST**

OFFICE USE ONLY

A	01 AGENCY	02 UNIT	03 CLASS	04 SERIAL
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CHECK ALL APPROPRIATE BOXES AND COMPLETE LISTED SECTIONS

<input type="checkbox"/> 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 checked="" type="checkbox"/> CAMPUS USE ONLY DESIGNEE CORRECTION (C, H,J)
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<input type="checkbox"/> C 01 SOCIAL SECURITY NUMBER 111-11-111	02 EMPLOYEE LAST NAME Toro	03 FIRST NAME AND MIDDLE INITIAL Joe A.	<input type="checkbox"/> D FORMER NAME (Last, First and Middle Initial)
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<input type="checkbox"/> E 01 EMPLOYEE ADDRESS (Street, P.O. Box, or Rural Route)	02 CITY	STATE	03 ZIP CODE	<input type="checkbox"/> F BIRTHDATE Mo. Day Yr.
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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.)**

<p><input type="checkbox"/> G I. FEDERAL WITHHOLDING If no tax should be withheld, complete Box 3 and Parts III and IV.</p> <p>01 <input type="checkbox"/> NONRESIDENT ALIEN</p> <p>02 MARITAL STATUS (Check One) FOR TAX PURPOSES ONLY</p> <p><input type="checkbox"/> SINGLE</p> <p><input type="checkbox"/> MARRIED</p> <p><input type="checkbox"/> HEAD OF HOUSEHOLD</p> <p>03 EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03 (See Reverse)</p> <p>04 <input type="checkbox"/> HIGHER WITHHOLDING (MUST BE Y OR N. See reverse employee copy.)</p> <p>05 <input type="checkbox"/> CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER</p> <p>06 <input type="checkbox"/> OTHER INCOME NOT FROM JOBS DEDUCTIONS</p> <p>07 <input type="checkbox"/></p> <p>08 MARITAL STATUS (Check One) FOR TAX PURPOSES ONLY</p> <p><input type="checkbox"/> SINGLE OR MARRIED (WITH TWO OR MORE INCOMES)</p> <p><input type="checkbox"/> MARRIED (ONE INCOME)</p> <p><input type="checkbox"/> HEAD OF HOUSEHOLD</p> <p>09 <input type="checkbox"/> REGULAR ALLOWANCES TOTAL YOU ARE CLAIMING</p> <p>10 <input type="checkbox"/> ADDITIONAL ALLOWANCES TOTAL YOU ARE CLAIMING</p>	<p>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.)</p> <p>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.</p> <p>IV. NONTAXABLE WAGES - Complete box 12 if wages you will receive are not subject to income tax withholding. (See General Information - Reverse)</p> <p>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:</p>
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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

<input type="checkbox"/> J 01 DESIGNEE FIRST NAME AND INITIAL	02 LAST NAME	03 RELATIONSHIP
04 DESIGNEE ADDRESS (Street, P.O. Box, or Rural Route)	05 CITY AND STATE	06 ZIP CODE

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

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

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