

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

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)
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C	01 SOCIAL SECURITY NUMBER	02 EMPLOYEE LAST NAME	03 FIRST NAME AND MIDDLE INITIAL	D	FORMER NAME (Last, First and Middle Initial)
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E	01 EMPLOYEE ADDRESS (Street, P.O. Bo , or Rural Route)	02 CITY	STATE	03 ZIP CODE	F	BIRTHDATE Mo. Da 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.)

G

I. FEDERAL WITHHOLDING
 If no tax should be withheld, complete Boxes 3 and Parts III and IV.

01 <input type="checkbox"/> NONRESIDENT ALIEN	04 <input type="checkbox"/>	
02 MARITAL STATUS (Check One) FOR TAX PURPOSES ONLY	05 <input type="checkbox"/>	CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER
	06 <input type="checkbox"/>	
	07 <input type="checkbox"/>	
	07 <input type="checkbox"/>	
03 <input type="checkbox"/> SINGLE		OTHER INCOME NOT FROM JOBS
03 <input type="checkbox"/> MARRIED		DEDUCTIONS
03 <input type="checkbox"/> HEAD OF HOUSEHOLD		

II. STATE ALLOWANCES
 If no tax should be withheld, complete Part III or IV only.

08 **MARITAL STATUS (Check One)**
 FOR TAX PURPOSES ONLY
 SINGLE OR MARRIED (WITH TWO OR MORE INCOMES)

DATE

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
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J **DESIGNEE FOR STATE WARRANTS**

01 DESIGNEE FIRST NAME AND INITIAL	02 LAST NAME	03 RELATIONSHIP
04 DESIGNEE ADDRESS (Street, P.O. Bo , or Rural Route)		06 ZIP CODE
05 CITY AND STATE		

OATH OF ALLEGIANCE/DECLARATION OF PERMISSION TO WORK (NEW EMPLOYEES ONLY)

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 YES NO
 If "NO", I hereby certify that I have permission to work in this country and have declared an I am a lawful permanent resident noncitizen of the United States.

