



PLEASE COMPLETE ALL REQUESTED DOCUMENTS CONTAINED WITHIN EAR PACKET

## Employee Action Request

### Section C

Type your **Social Security Number**, **Legal First and Last Name** along with **middle initial** (if applicable) as it is shown on your Social Security Card.

### Section E

The **W-4\*** also known as “Withholding Allowances” is an IRS form you complete to let your employer know how much money to withhold from your paycheck for federal and state taxes. Accurately completing your W-4 can help you from having an outstanding balance due at tax time. When completing the first form (Employee Action Request) be sure to follow the instructions on page two of the document to know how to complete the form as well as reviewing the additional information link provided under the form on the website.

\*If you claim **EXEMPT** on your W-4, there will be no **taxes** taken out of your paycheck throughout the year to cover what you may owe to the IRS. Exempt filers **MUST RE-NEW their Exemption** every year in February.

### Section F

Please provide your **most permanent** address and **home phone number (can be home or cell number)**. The address you provide is where your **W-2** tax information will be sent in January of next year.

If you move and need to update your address, review [Employee Address Changes](#) webpage. Do not use a University Housing address if possible.

### Section G

Complete this section if you were previously employed with a different California State Agency (**NOT CSU, CHICO**).

### Section H

Enter your birthdate.

## Employee Data

### Preferred Name:

Complete if you would like to be recognized by a name other than your legal name.

### Education

List the highest degree **EARNED**, not a degree in progress. Be sure to indicate if the degree is a **BA, BS, MA, MS**, etc.

- If you haven't yet earned a degree, check **Some college (no degree)**.

### Emergency Contact

Emergency contacts listed **must** live in the United States and be at least 18 years old.

- Only one is required, however you may list two.

## Veteran Self-Identification Form for Employees

### Self-Identification

Check whichever box applies to you.

## Voluntary Self-Identification of Disability

### Check Boxes

Check whichever box applies to you.

## Oath of Allegiance

### Answer whether you are a United States Citizen

If you are a US citizen complete "Part 1" and click to sign on "Part 3."

If you are **NOT** a US Citizen complete "Part 2" and click to sign on "Part 3".

## Additional Information for Payroll

Click the box that applies to you.

## Designation of Person(s) Authorized to Receive Warrants

### Primary and Contingent Designee(s)

Designate a person who is **18 years of age or older and lives in the United States** to receive your last paycheck if you were to pass away during your employment with the University.

You are only required to designate a Primary but are more than welcome to put up to three Contingent Designees.

## CalPERS Reciprocal Self-Certification Form

### Section 1 – Member Information

- Enter your CalPERS ID (if known).
- Check whichever box applies (if you are currently a member of CalPERS, you will NOT check a box),
- If you check the second box complete Section 2.

### Section 2 – Qualifying Reciprocal Membership Information

Refer to the list of Qualifying Public Retirement Systems in California.

## Policies Acknowledgement

- Please review the policies.
- Check appropriate appointment type.

## Direct Deposit (Optional)

Once you become active in the payroll System you will be sent an email with instructions on how to enroll.