

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 (C, E, H)	<input type="checkbox"/> 105 SSA NUMBER CHANGE (C, H) (ATTACH SUBSTANTIATION) 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. Box, or Rural Route)	02 CITY	STATE	03 ZIP CODE	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)

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

EMPLOYEE CERTIFICATION

H I certify the above information is true and that I have read IRS Form W-4 or 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 over collections. 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
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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
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DESIGNEE FOR STATE WARRANTS

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; and that I 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.

GENERAL INFORMATION

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 G. If you are new to State service and you fail to complete Section G, you will be treated (for withholding tax purposes) as a single person with standard deduction with no other entries. (IRS Publication 15-T, 2020 Federal Income Tax Withholding Methods and Section 3401(1) of the Internal Revenue Code).

If you are returning to State service and you fail to complete Section G and you have received within the past year, earnings paid under the Uniform State Payroll System, taxes will be withheld from you wages based on the allowances you previously claimed.

IF YOU ARE EXEMPT FROM STATE WITHHOLDING ONLY, but not exempt from Federal and State, contact your personnel office for special instructions.

IF YOU ARE EXEMPT FROM FEDERAL WITHHOLDING ONLY, write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. No Federal income tax will be withheld from you wages.

IF YOU ARE A NONRESIDENT ALIEN PER INTERNAL REVENUE SERVICE (IRS) NOTICE 2005-76 check the Nonresident Alien box (Section G, Box 1). 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:

- "Minister of a Church" - employed by the State of California as a Minister of a Church.
- "Nonimmigrant Alien per Tax Treaty" (indicate on claim: "Exempt per Article _____ of treaty between United States and _____") (country) Tax Treaty must cite exemption from both Federal and State personal income tax to qualify for this exemption.
- "Deceased Employee Wages" - agency administrative action.

If you have any questions regarding your eligibility under the above reasons, you should contact your local Internal Revenue Service Office or the Local 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 H. Retain the a copy for your records. I 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.

SECTION D

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 E

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 F

Birthdate - Enter numerically the month, day and year of your birth. (March 20, 2002 enter 03/20/02).

SECTION G

Part I - Federal and State Allowances } Use worksheets on Internal Revenue Form W-4 and California or DE-4 to complete your withholding allowances.

Part II - Special Treatment of State Allowance } See General Information above.

Part I - Federal and State Allowances

Part II - Special Treatment of State Allowance

STATE

MUST BE COMPLETED, EFFECTIVE 2020

For important information regarding these items, you must read Employment Development Department (EDD) Form DE-4.

09. REGULAR ALLOWANCES: Total number of Allowances you are claiming.

10. ADDITIONAL ALLOWANCES: If you expect to itemize deduction on your California income tax return, you can claim additional withholding allowances, Use Worksheet B and C from the EDD Form DE-4 to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances.

SECTION H

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

SECTION J

Designee for State Payroll Warrants (G.C. 12479) - This item must be completed by all employees. Notwithstanding any 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 a 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 J01 and J02. Specify the relationship of the person designated in J03 (e.g. wife, husband, domestic partner, daughter, son, mother, father, parent, or friend). Enter the address in J05 to J07. If you have no designee, enter "NONE" in K01.

Designee Address - Enter the permanent mailing address. File a new STD.457 anytime your designee's address changes. **Designee Change** - You may change or revoke your designee at any time by completing a new STD. 457.

SECTION K

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 nor more than 14 years."

FEDERAL

MUST BE COMPLETED, EFFECTIVE 2020

For important information regarding these items, you must read Internal Revenue Service (IRS) Form W-4

04. HIGHER WITHHOLDINGS (TWO JOB INDICATOR - STEP 2(C) ON THE IRS 2020 FORM W-4):
Y - YES TO HIGHER WITHHOLDING

N - NO TO HIGHER WITHHOLDING

05. CLAIM DEPENDENTS: Enter the annual amount to be claimed. This is the amount for the child tax credit and the credits for other dependents that may be claimed on your tax return.

06. OTHER INCOME (NOT FROM JOBS): Enter the total dollar amount of other estimated income for the year, if any. This does not include income from other jobs. This may include, interest dividends and retirement income.

07. DEDUCTIONS: Enter the resulting amount from the Deductions Worksheet on the IRS Form W-4, if you expect to claim deductions other than the basic standard deductions on the current year's tax return.

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 on the State Controller's Office include: Federal Internal Revenue Code (26 USC §§ 3402(a), 6011, 6051, 6109) and the regulations there to; Federal Public Health and Welfare Code (42 USC § 403); California Government Code §§ 12470 and 12479 and 16391 through 16395; California Unemployment Insurance Code § 13030; 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, Departmental 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.



To: All CSU, Chico Employees
From: Financial Services, # 6082
Student Loan and Past Due Accounts Unit

Please read carefully. Based on the State Administrative Manual, Section 8776.7 and California Government Code, Section 19838, the following statement details procedures that may occur should you owe any funds to the University and repayment is not made. Please read and sign, acknowledging you have received notification of these possible procedures.

In the event that I owe any repayment to the State of California for wages or benefits, whether the need for repayment resulted from actions on my part or on the part of the State, I agree to make repayment in accordance with schedule mutually agreed upon between the Payroll Office and myself.

I understand that failure to pay the amount due may result in referral of the debt to an outside collection agency and/or credit reporting agency, offset against amounts due me from the State of California, and/or legal action. I agree to pay all costs of collection, including attorney fees and court costs. I understand that collection costs will increase my debt substantially.

Employee signature

Chico State ID#

Date



During the course of your employment with the University, you may have access to sensitive and/or personal information regarding our students and employees. Information may include, but is not limited to, student loans or financial records, students academic records, student medical records, and employe personnel history and files. Such information should be treated in a confidential manner and should not be part of any public or private conversation. With respect to these records and information, and other confidential and proprietary CSU, Chico information and records, you have read, understand, and agree to the following:

1. I acknowledge the confidentiality of all student and employee information and records and other confidential and proprietary information and records. This information will not be revealed to distributed or discussed with anyone other than my supervisor and appropriate University officials.
2. I will not attempt to alter, change, modify, add or delete student or employee record information or University documents unless specifically instructed to do so by my supervisor or appropriate University officials.
3. Personal or identifying information about employees (such as name, address, telephone number, performance reviews, and net salaries) will not be released to unauthorized individuals or agencies, without the consent of the designated University Officials.
4. I will access only information specified by my supervisor or appropriate University officials. Access to information will be made through normal departmental procedures to obtain specific access to information written documents, computer files, student records, or other University information.
5. I understand that information acquired during the course of my work assignments may not be utilized for personal gain or benefit.
6. All procedures, creative work, written documents, records, and computer programs are created and documented according to University policies and procedures. These materials are considered the property of CSU, Chico and are not for public disclosure or use.

I understand that misuse of personal information or data obtained through my employment is a violation of these agreements. Disciplinary action may be taken pursuant to Section 41301, Title 5 of the California Administrative Code of Regulations, up to and including termination, and may also be subject to legal action.

Name	
Signature	Date

University Signature

Date



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number	Employee's E-mail Address			Employee's Telephone Number	

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 boxes):

1. A citizen of the United States

2. A noncitizen national of the United States *(See instructions)*

3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
 Some aliens may write "N/A" in the expiration date field. *(See instructions)*

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: _____
OR
 2. Form I-94 Admission Number: _____
OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

QR Code - Section 1
 Do Not Write In This Space

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date <i>(mm/dd/yyyy)</i>		
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>			
Address <i>(Street Number and Name)</i>			City or Town	State	ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	OR	<ol style="list-style-type: none"> 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. 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



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.