

# CSU STUDENT PAYROLL ACTION REQUEST

**OFFICE USE ONLY**

<b>A</b>	01 AGENCY	02 UNIT	03 CLASS	04 SERIAL
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**CHECK ALL APPROPRIATE BOXES AND COMPLETE LISTED SECTIONS**

<b>B</b>	<input type="checkbox"/> <b>A98</b> NEW EMPLOYEE INFORMATION <small>(C THRU H,J,K)</small>	<input type="checkbox"/> <b>E03</b> WITHHOLDING CHANGE <small>(C, G, H)</small>	<input type="checkbox"/> <b>E04</b> ADDRESS CHANGE <small>(C, E, H)</small>	<input type="checkbox"/> <b>E05</b> NAME CHANGE (C, D, H) <small>(ATTACH SUBSTANTIATION) NAME WAS</small>	<input type="checkbox"/> <b>E07</b> BIRTHDATE CHANGE <small>(C, F, H)</small>	<input type="checkbox"/> <b>105</b> SSA NUMBER CHANGE (C, H) <small>(ATTACH SUBSTANTIATION) SSN NO. WAS</small>	<b>CAMPUS USE ONLY</b> <input type="checkbox"/> DESIGNEE CORRECTION (C, H,J)
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<b>C</b>	01 SOCIAL SECURITY NUMBER	02 EMPLOYEE LAST NAME	03 FIRST NAME AND MIDDLE INITIAL	<b>D</b>	FORMER NAME (Last, First and Middle Initial)
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<b>E</b>	01 EMPLOYEE ADDRESS (Street, P.O. Bo , or Rural Route)	02 CITY	STATE	03 ZIP CODE	<b>F</b>	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="text"/>	CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER OTHER INCOME NOT FROM JOBS DEDUCTIONS
02	MARITAL STATUS (Check One) <small>FOR TAX PURPOSES ONLY</small>	05	<input type="text"/>	
	<input type="checkbox"/> SINGLE	06	<input type="text"/>	
	<input type="checkbox"/> MARRIED	07	<input type="text"/>	
	<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)		05 CITY AND STATE
06 ZIP CODE		

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

