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

CSU STUDENT PAYROLL ACTION REQUEST

111-11-1111  Toro  Joe A

STATE OF CALIFORNIA - CONTROLLER'S OFFICE
STD 457 (REV. 10/2005)

CSU STUDENT PAYROLL ACTION REQUEST
THIS IS CARBONLESS PAPER.
PRINT CLEARLY. USE BALLPOINT PEN.
See instructions on reverse of this form before completing.

CAMEL USE ONLY

WITHHOLDING ALLOWANCE CERTIFICATE **IMPORTANT**

I. FEDERAL AND STATE ALLOWANCES

SI: If no tax should be withheld, complete Part III or IV only.

01. MARITAL STATUS (Check One)

FOR TAX PURPOSES ONLY

02. TOTAL ALLOWANCES

NOTE: Employers may notify IRS if more than 10 allowances are claimed.

II. SPECIAL TREATMENT OF STATE ALLOWANCES

Complete boxes 03 thru 05 if you wish your California state withholding to be different than what you claim for federal withholding.

03. MARITAL STATUS (Check One)

FOR TAX PURPOSES ONLY

04. HEAD OF HOUSEHOLD

05. ADDITIONAL ALLOWANCES

NOTE: Employers may be required to notify EDD if more than 10 allowances are claimed.

III. EXEMPTION FROM WITHHOLDING - Complete box 06 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.

06. 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 on February 15th of next year unless you file a new certification by January 31st of next year.

Employers are required to notify IRS if you earn more than $200 per week.

IV. NONTAXABLE WAGES - Complete box 07 if wages you receive are not subject to income tax withholding. (See General Information - fourth page.)

07. I claim that the wages I will be receiving from the State are either 1) MINISTER OF A CHURCH, 2) NONRESIDENT ALIEN wages, or 3) Deceased Employee Wages. Indicate reason:

EMPLOYEE CERTIFICATION

I certify the above information is true and that I have read IRS Form W-4 or W-4A and state Form DE-4. Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify I incurred no tax liability for last year and anticipate I will incur no liability this year, I authorize my employer via the State Controller's Office to refund any overcollection of current or 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 K, I hereby revoke any previous designation. If completing Section L, I hereby subscribe to the oath of allegiance or declaration of permission to work.

CSU REPRESENTATIVE SIGNATURE

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 WARRANT(S)

I hereby subscribe to this oath by signing in Section L above.

SIGNATURE

DATE

OATH OF ALLEGIANCE/DECLARATION OF PERMISSION TO WORK

Complete Part I or Part II

I, the undersigned, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of 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 the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that 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 L above.

PART I - OATH OF ALLEGIANCE

I, the undersigned, hereby affirm that 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.

SIGNATURE

DATE

DISTRIBUTION: BLUE - Personnel/Payroll Division;  PINK/YELLOW - Campus Copies;  GREEN - Employee
## CSU Student Payroll Action Request

This is carbonless paper. Print clearly. Use ballpoint pen. See instructions on reverse of this form before completing.

### Type of Transaction

- **A98**: New Employee Information (Title, I.D., L)
- **E03**: Withholding Allowance Change (G, H, I, J)
- **E04**: Address Change (C, L, I)
- **E05**: Name Change (C, E, I) (Attach Substantiation) Name Was
- **E07**: Birthdate Change (C, E, I)
- **105**: SSA Number Change (C, I)
- **445**: Ethic Origin Change (C, I, K)

### Campus Use Only

- **C**: Social Security Number
- **M**: Employee Last Name
- **O**: Employee First Name and Middle Initial
- **D**: Employee Address (Street, P.O. Box, or Rural Route)
- **F**: Sex
- **G**: Ethnic Code

### Withholding Allowance Certificate

**IMPORTANT**

Before completing Section H you must read IRS Form W-4 or W-4A and state tax Form DE-4.

### H. Federal and State Allowances

- **01**: If no tax should be withheld, complete Part III or IV only.
- **03**: Marital Status (Check One)
  - Single
  - Married
  - Nonresident Alien
  - Total Allowances

**NOTE:** Employers may notify IRS if more than 10 allowances are claimed.

### II. Special Treatment of State Allowances

Complete boxes 03 thru 05 if you wish your California state withholding to be different than what you claim for federal withholding.

- **03**: Marital Status (Check One)
  - Single
  - Married
- **04**: Head of Household
  - Regular
  - Additional

**NOTE:** Employers may be required to notify EDD if more than 10 allowances are claimed.

### III. Exemption from Withholding

- **06**: 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. I do not expect to have a tax liability this year.
- **07**: I claim the wages I will be receiving from the State are either 1) Minister of a Church, 2) Nonresident Alien wages, or 3) Deceased Employee Wages.

### Employee Certification

I certify the above information is true and that I have read IRS Form W-4 or W-4A and state Form DE-4. Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed does not exceed the number 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 overcollection 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 K, I hereby revoke any previous designation. If completing Section L, I hereby subscribe to the oath of allegiance or declaration of permission to work.

### CSU Representative Signature

**Signature**

**Date**

### redesignee for state warrant(s)

- **K01**: Designee First Name and Initial
- **K02**: Last Name
- **K03**: Relationship
- **K04**: Designee Address (Street, P.O. Box, or Rural Route)
- **K05**: City and State
- **K07**: Zip Code

### Oath of Allegiance/Declaration of Permission to Work

Complete Part I or Part II

#### 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 Constitution of 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 the State of California; that I take this obligation freely without any mental reservation or purpose of evasion; and that 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 L 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.**

### Distribution

- Blue: Personnel/Payroll Division
- Pink/Yellow: Campus Copies
- Green: Employee
STATE OF CALIFORNIA – CONTROLLER’S OFFICE

CSU STUDENT ACTION REQUEST

STD. 457 (REV. 10/2000)

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 H. If you are new to State service and you fail to complete Section H, you will be treated (for withholding tax purposes) as a single person claiming no allowances (Section 3402(c) and Section 3402(f) of the Internal Revenue Code).

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

IF YOU ARE EXEMPT FROM EITHER FEDERAL OR STATE WITHHOLDING but not exempt from both, contact your personnel/payroll office for special instructions for completing Section H.

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

a. "Minister of a Church" - employed by the State of California as a Minister of a Church
b. "Nonresident Alien per Tax Treaty" - (Indicate on claim: "Exempt per Article of treaty between the United States and (country)")

tax Treaty must cite exemption from both Federal and State personal income tax to qualify for this exemption.
c. "Deceased Employee Wages": campus administrative action.

If you have any questions regarding your eligibility under any of the above reasons, you should contact your local Internal Revenue Service Office or the 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 I. Retain the 4th (Green) copy for your records. If 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.

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 D

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 E

Birthdate - Enter numerically the month, day, and year of your birth. (March 20, 1949 enter 03/20/49.)

SECTION F

Sex - Enter "M" for Male or "F" for Female.

SECTION G

Ethnic Code - Enter the code of the ethnic group with which you most closely identify yourself from the chart below. This request is consistent with U.S. Department of Labor Regulations mandated by Federal Executive Orders 11246 and 11375. This confidential information does not become part of an employee's personnel file. The employer is required to make a visual identification of those individuals who do not complete this item.

<table>
<thead>
<tr>
<th>RACE / ETHNICITY</th>
<th>ETHNIC CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexican, Mexican-American, Chicano</td>
<td>A</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>B</td>
</tr>
<tr>
<td>Cuban</td>
<td>C</td>
</tr>
<tr>
<td>Any Other Spanish/Hispanic</td>
<td>D</td>
</tr>
<tr>
<td>White</td>
<td>E</td>
</tr>
<tr>
<td>Black</td>
<td>F</td>
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<tr>
<td>Filipino</td>
<td>G</td>
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<tr>
<td>Hawaiian</td>
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<tr>
<td>Samoan</td>
<td>I</td>
</tr>
<tr>
<td>Guamanian or Chamorro</td>
<td>J</td>
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<tr>
<td>Other Pacific Islander</td>
<td>K</td>
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<tr>
<td>Japanese</td>
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<td>Other</td>
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<td>R</td>
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<tr>
<td>Pakistani</td>
<td>S</td>
</tr>
<tr>
<td>Pakistani Indian</td>
<td>T</td>
</tr>
<tr>
<td>Other, Not Listed</td>
<td>X</td>
</tr>
</tbody>
</table>

Use worksheets on Internal Revenue Service Form W-4 or W-4A and California to complete your withholding allowances.

SECTION I

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

SECTION K

Designee for State Payroll Warrants (G.C. 12479) - This item must be completed by all employees. Withholding any other provision of law, the person designated, if 18 years of age or over, shall be entitled upon your death to receive all State warrants due you, excluding retirement benefits. Your designee must file 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 K01 and K02. Specify the relationship of the person designated in K03 (e.g., wife, husband, domestic partner, daughter, son, mother, father, parent, or friend). Enter address in K05 to K07. If you have no designee, enter "NONE" in K01.

Designee Address - Enter the permanent mailing address. File a new STD. 457. 60 days after your address changes.

Designee Change - You may change or revoke your designee at any time by completing a new STD. 457.

SECTION L

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.

Thereafter, 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 one nor more than 14 years."