

Instructions: The following forms are to be completed and submitted directly to the Human Resources office prior to your first day of employment. Our office is located on the 3rd floor of the UPD building at 7th St. and San Salvador. Please allot for 30 minutes for the new hire process.

Note: Areas asking for “**Employee ID #**,” write your **Student ID #**.
Areas asking for “**Department**,” write the department that hired you.

Additional information on these forms are provided on our website at: www.sjsu.edu/hr

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Section **E** has already been filled out based on the allowances stated on the **General Contact Information Nonresident Alien Tax Assessment** form.

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Please be prepared to fill out the form in our office.

CSU Form SSA-194514

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Direct Deposit20

Please bring the following **original** documents to the Human Resources Department to complete the new hire process:

- **Passport**
- **Visa**
- **I-94**
- **I-20**
- **Work Permit:**
 - Request this permit from International Programs Services (IPS Office) located in Clark Hall, Room 543.
 - The Permit needs to be valid for the semester you intent to work.
- **Social Security Card:**
 - If you do not have a social security card, please request one from the social security office. The office location, hours, and contact information are listed below.

Social Security Office

Address:
280 S. First Street
San Jose, CA 95113
**Photo ID required to enter building.

Phone: 1-800-772-1213
TTY: 1-800-325-0778

Website: www.socialsecurity.gov

Hours: Monday 9:00 AM – 3:00 PM
Tuesday 9:00 AM – 3:00 PM
Wednesday 9:00 AM – 12:00 PM
Thursday 9:00 AM – 3:00 PM
Friday 9:00 AM – 3:00 PM
Saturday Closed
Sunday Closed

Closed during all federal holidays.



Instructions: Please print legibly using blue or black ink pen.

The Internal Revenue Service (IRS) requires that San José State University (“the university”) comply with specific federal tax withholding and reporting regulations when making payments to nonresident aliens. For tax purposes, foreign nationals may be classified as either “resident aliens” or “nonresident aliens.” Resident aliens are taxed in the same manner as U.S. citizens. However, different tax rules apply when making payments to nonresident aliens. In order to comply with these rules, the university is required to identify all nonresident aliens who receive payments from the university. Payments affected by these IRS rules include: compensation, wages, honoraria, consulting fees, scholarships, fellowships, stipends, and some reimbursements for travel and other expenses.

In regard to wages, the IRS places restrictions on nonresident aliens’ federal tax withholding filing, limiting the number of allowable exemptions, and prohibits claiming the standard deduction, as stated in IRS Publication 15, Circular E, Employer’s Tax Guide. The IRS requires nonresident alien employees completing withholding allowance forms to:

1. Not claim an exemption from income tax withholding.
2. Request “**SINGLE**” status withholding, regardless of actual marital status.
3. Claim only **ONE** (1) allowance.

Withholding rules published by the IRS stipulate that federal tax withholding will be calculated on a combination of “actual” earned income and a standard “artificial” amount corresponding to the payroll schedule of an employer. This amount is published in December of each year in IRS Notice 1036, with amounts effective on or after January 1 of the following year.

For 2014, SJSU employees paid on a monthly payroll schedule will have \$187.50 “artificially” added to their federal wage earnings before the withholding calculation is determined. This additional amount, however, will not be included in W-2 earnings or added to other applicable withholding calculations (e.g. state tax, FICA, Medicare, disability insurance or Federal Unemployment Act/FUTA tax liability).

This is your first notification of nonresident alien tax assessment. Please complete the contact information below. If applicable, copies of your passport/I-94, I-20/IAP66/DS2019/I-797, work eligibility letter from the International Programs Office, appointment forms, Form I-9, Social Security Card and EAR form will be attached to this information request by the HR representative and forwarded to the Nonresident Alien Tax Specialist. You will receive email correspondence in approximately one week directing you to complete additional web-based information. Once complete, an interview will be scheduled for final assessment of your tax liability.

GENERAL INFORMATION	
Name (last, first, middle):	
Address:	
City, State:	Zip Code:
Phone:	Email:
Hiring Department:	Supervisor:
Department Phone:	Have you filed for an adjustment to lawful permanent residence status (Form I-485) with the USCIS(INS)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Country of Citizenship	SJSU Student ID Number
Signature	Date

Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243). See also retirement beneficiary information on reverse side of employee copy.

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE

EMPLOYEE ACTION REQUEST

STD. 686 (REV. 7/2007c) (FRONT)

PERSONNEL OFFICE USE

01 AGENCY	02 UNIT	03 KEYPED BY	04 DATE KEYPED
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NRA - SPECIAL WITHHOLDING

CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS. RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY. NO CARBON REQUIRED.

B	01 <input checked="" type="checkbox"/> New Employee SECTIONS C, E, F, G, H, I	03 <input type="checkbox"/> Withholding Allowance Change SECTIONS C, E, I	04 <input type="checkbox"/> *Address Change	SECTIONS C, F, I	05 <input type="checkbox"/> Name Change (Attach Substantiation) SECTIONS C, D, I	07 <input type="checkbox"/> Birthdate Correction SECTIONS C, H, I
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NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

C	01 SOCIAL SECURITY NUMBER	02 EMPLOYEE LAST NAME	03 FIRST NAME AND MIDDLE INITIAL
	D FORMER NAME (Last, First and Middle)		

WITHHOLDING ALLOWANCE CHANGE OR NEW EMPLOYEE

*****IMPORTANT***** Before completing Section E, you must read IRS Form W-4 and the applicable state tax form. (For California use Form DE-4.)

E	I. FEDERAL AND STATE ALLOWANCE - For Tax Purposes Only. If no tax should be withheld, complete Part IV or V only. 01 <input checked="" type="checkbox"/> NONRESIDENT ALIEN (See back of third page) 02 MARITAL STATUS FOR TAX PURPOSES ONLY (Check One) <input checked="" type="checkbox"/> SINGLE 03 <input type="checkbox" value="1"/> TOTAL - Number of allowances you are claiming <input type="checkbox"/> MARRIED NOTE: Employers may be required to notify IRS of the number of allowances claimed.		III. ADDITIONAL DEDUCTIONS - Complete box 06 and/or 07 if you wish additional Federal and/or State tax withheld from your wages. Part I (and Part II, if your State allowance claim differs from your Federal) must be completed. The first deduction will be made from your earnings for the pay period in which this form is processed. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE CANCELLED. I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below. I understand that if boxes are not completed, current deductions, if any, will be cancelled. 06 \$ <input type="text"/> FEDERAL ADDITIONAL DEDUCTION 07 \$ <input type="text"/> STATE ADDITIONAL DEDUCTION	
	II. SPECIAL TREATMENT OF STATE ALLOWANCES - Complete boxes 03 thru 05 if you wish your State withholding to be different than what you claim for Federal withholding. IF BOXES ARE NOT COMPLETED, CURRENT SPECIAL TREATMENT (IF ANY) WILL BE CANCELLED. 04 MARITAL STATUS FOR TAX PURPOSES ONLY (Check One) <input type="checkbox"/> SINGLE 05 <input type="text"/> REGULAR ALLOWANCE(S) <input type="checkbox"/> MARRIED Total you are claiming <input type="checkbox"/> HEAD OF HOUSEHOLD 06 <input type="text"/> ADDITIONAL ALLOWANCE(S) Total you are claiming NOTE: Employers may be required to notify EDD if more than 10 allowances are claimed.		IV. EXEMPTION FROM WITHHOLDING - Check box 08 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, II OR III. (See General Information on back of third page.) 08 <input type="checkbox"/> 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. NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year. Employers may be required to notify IRS if you earn more than \$200 per week.	
V. NONTAXABLE WAGES - Check box 09 if wages you will receive are not subject to income tax withholding. 09 <input type="checkbox"/> I claim that the wages I will be receiving from the State are either a 1) MINISTER OF A CHURCH in the exercise of his/her ministry, 2) NONIMMIGRANT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on back of third page.):				

ADDRESS CHANGE OR NEW EMPLOYEE *See Back of Third Page

F	01 EMPLOYEE ADDRESS (Street, Rural Route or P.O. Box)	02 CITY	STATE	03 ZIP CODE
	04 EMPLOYMENT LIST		WORK PHONE	HOME PHONE

Check this box and enter your phone number(s) if your address is changing and your name appears on any departmental employment list. (See back of third page.)

NEW EMPLOYEE THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS.

G	01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:	01 LAST NAME (if different)	03 SEPARATED	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School or Utility, etc.)	05 LAST NAME (if different)	06 SEPARATED
			MO YR			MO YR

NEW EMPLOYEE OR BIRTHDATE CORRECTION **EMPLOYEE SIGNATURE**

H	BIRTHDATE	I certify that the above information is true and correct and that I have read the IRS Form W-4 and the applicable state form. Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I incurred no tax liability for last year and that I anticipate that 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.
	MO DAY YR	

PERSONNEL OFFICE USE

J	REVIEWER'S SIGNATURE
	DATE PHONE NO.

White - Personnel/Payroll Services Div.

Yellow - Personnel

Pink - Employee

INFORMATION FOR EMPLOYEES COVERED BY THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)

You are entering into membership in the Public Employees' Retirement System (PERS) which provides you and your fellow State employees with retirement and other benefits. Member contributions, those contributions made by the State of California, and the interest earned on investments provide for service retirement, disability retirement, and death benefits. An information booklet is available from your personnel office. The booklet describes your particular benefit coverage in detail.

BENEFICIARIES FOR DEATH BENEFITS

- 1. STATUTORY BENEFICIARIES** – If you should die while in employment covered by PERS and you do not name other beneficiaries, death benefits will be paid to your survivors in the following order:
 - a. Your spouse (husband or wife) or domestic partner.
 - b. If you have no spouse or domestic partner, your children (share and share alike).
 - c. If you have no spouse, domestic partner, or children, your parents (share and share alike).
 - d. If you have none of the above, the benefits will be paid to your estate. If your estate will not be probated, payment will be made to next of kin as provided by law.
- 2. NAMING DIFFERENT BENEFICIARIES** – If you wish, you may at any time name different beneficiaries or change the order of those listed as statutory. To do so, you must file with PERS, a Beneficiary Designation (State Form STD. 241), obtainable from your personnel office. **DO NOT FILE FORM STD. 241 IF THE STATUTORY BENEFICIARIES LISTED IN ITEM NO. 1 ARE SATISFACTORY.**

Each time you have a change in marital or domestic partnership status, or you acquire a child by birth or adoption, the Public Employees' Retirement Law will automatically revoke any previously named beneficiaries and establish statutory beneficiaries as listed in Item No. 1. If the statutory beneficiaries are not satisfactory, you must file a form STD. 241 to reflect your desired change.

RESTORATION OR PURCHASE OF RETIREMENT SERVICE CREDIT

If you were a former member of the Public Employees' Retirement System (PERS) and withdrew your contributions, you have the right to redeposit those funds as a member of the first-tier retirement plan and restore your previous service; or your previous state service can be restored at no cost if you are a member of the second-tier plan and you have elected to have all past service credited to your account. You may also have the right to receive retirement service credit for state employment in which you were not a PERS member. Additional retirement service credit will in most cases increase your potential retirement benefits. Information on restoration or purchase of retirement service credit may be obtained by writing to the Public Employees' Retirement System, Member Services Division – 832, P.O. Box 942704, Sacramento, CA 94229-2704.

GENERAL INFORMATION

TAXES

IF YOU ARE A NONRESIDENT ALIEN PER INTERNAL REVENUE SERVICE (IRS) NOTICE 2005-76 check the Non-resident Alien box. If you have questions as to whether you should mark this box, you should contact your human resources office.

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

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 the church in the exercise of his / her ministry" – employed by the State of California as a Chaplain.
- b. "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.
- c. "Deceased Employee Wages" – agency 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.

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, the University of California or Legislative employees.

IF YOUR NORMAL LOCATION OF EMPLOYMENT IS NOT IN CALIFORNIA and you are a California State employee, you may be eligible to have income tax for another state withheld from your wages under the reciprocity provisions required by G.C. 1170.5. Contact your personnel office for additional information.

EARNED INCOME CREDIT (EIC)

You may be entitled to an income tax refund or credit from the Internal Revenue Service (IRS) if you meet certain eligibility requirements relating to your annual income and family size. You have the option of receiving advance payments of the earned income credit each month or claiming the credit on Form 1040 or 1040A, your annual tax return, and receiving the credit when you file. To find out more information about the credit, contact your personnel/payroll office or IRS at 1-800-829-1040. To request advance EIC payments, you must complete a Form W-5, Earned Income Advance Payment Certificate. The W-5 is available at your local IRS office or can be ordered by calling 1-800-829-3676.

ADDRESS CHANGE

IF YOU HAVE A U.S. SAVINGS BOND DEDUCTION and the address of the registered owner is changing, you must complete a new United States Savings Bonds Purchase/Payroll Deduction Authorization, STD. 242.

IF YOU HAVE OTHER DEDUCTIONS, you must change your address with the deduction company. This form does not affect an address change with deduction companies.

IF YOUR NAME APPEARS ON ANY DEPARTMENTAL EMPLOYMENT LIST (Open, Promotional, Reemployment, etc.), and your address is changing, check Box 04 and enter your phone number(s) in Section F. Your department will update the appropriate list(s) with this information.

PRIVACY NOTIFICATION

The Information Practices Act of 1977 (California Civil Code Section 1798.17) and the Federal Privacy Act (5 USC 552a, subd. (e)(3)) require this notice to 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. The information will be used by the State Controller's Office for personnel, payroll, retirement and health benefits processing.

Furnishing the information requested on this form is mandatory except for Prior Public Employment (Section G). Furnishing prior public employment information is voluntary. Noncompliance in providing your social security number and name will result in refusal of employment. Failure to furnish other requested information may result in inaccurate determination of credit for State service, payroll calculations, retirement and/or health benefits.

Legal references authorizing the maintenance of this information by the State Controller's Office include: Federal Internal Revenue Code (26 USC Sections 3402(a), 6011, 6051, and 6109) and the regulations thereto; Federal Public Health and Welfare Code (42 USC Section 403); and California

Government Code Sections 12470 through 12479 and 16391 through 16395; California Unemployment Insurance Code Section 13020; delegated authority from the State Personnel Board; and 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; State Personnel Board, Department of Personnel Administration, Trustees of the California State University, Employment Development Department, Department of Social Services, Department of Finance, Public Employees' Retirement System, 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 entities when required by state or federal law, organizations for which deductions are authorized by law, and collective bargaining organizations.

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, P.O. Box 942850, Sacramento, CA 94250-5878.



Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:	Date (mm/dd/yyyy):
--------------------------------------	--------------------

Last Name (Family Name)	First Name (Given Name)
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Address (Street Number and Name)	City or Town	State	Zip Code
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Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

SAMPLE

Certification

COMPLETE IN HR

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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	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) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
-----------------------------------------------------------------------------	----------------	-------------------------------------------------

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
-----------------------------------------------------	--------------------	------------------------------------------------------



**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#

Instructions: Please print using blue or black ink. Submit to Personnel Services, Human Resources 0046.

OATH OF ALLEGIANCE AND DECLARATION OF PERMISSION TO WORK

PART 1 – OATH OF ALLEGIANCE (TO BE COMPLETED BY UNITED STATES CITIZENS ONLY)

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 to enter.

PART 2 – DECLARATION OF PERMISSION TO WORK (TO BE COMPLETED BY LEGALLY EMPLOYED NON-CITIZENS ONLY)

I am a lawful permanent resident alien of the United States. Yes No

If No, please read the following: 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.

DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS

Pursuant to Section 12479 of the Government Code, I hereby designate the following person who, notwithstanding any other provision of the law, shall be entitled upon my death to receive all warrants that would have been payable to me had I survived. NOTE: Direct deposit payments are not subject to the provisions of this designation. You may change your designation at any time by completing a new form.

Name: _____ Telephone: _____
(Last, First, Middle)

Address: _____
(Street, City, State, Zip)

EMERGENCY CONTACT

Name: _____ Telephone: _____
(Last, First, Middle)

Address: _____ Relationship: _____
(Street, City, State, Zip)

I affirm that all of the answers and statements on this form are complete and true to the best of my knowledge and belief.

Name: _____ Department/College: _____
(Print)

Signature: _____ Date: _____ Employee ID: _____

Additional Information on back or second page

GENDER

- Male
- Female

EDUCATIONAL LEVEL

Highest Degree Earned:	_____	Year Earned:	_____
Granting Institution:	_____	State:	_____
Degree Major:	_____		

**Statement of Understanding of
The Family Educational Rights and Privacy Act
(Buckley Amendment)**

I understand that because of my employment with San José State University, I may have access to student educational, financial, and employment records that contain individually identifiable information, the disclosure of which is prohibited by the Family Educational rights and Privacy Act of 1974 (FERPA).

I acknowledge that I fully understand that disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by the FERPA law. I further acknowledge that any such willful or unauthorized disclosure also violates the University policy on privacy rights for students and could constitute just cause of disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

By signing this document, I agree to keep all student records of all kinds, student information, and any student files confidential. I will not disclose any type of student information or records to any unauthorized person while working for San José State University, or after my employment at the University.

Name (Print):			
Signature:		Date:	
Employee ID:			

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, student academic records, and employee 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 all other confidential and proprietary SJSU information and records, the employee has read, understands, and agrees to the following:

1. I acknowledge the confidentiality of all student and employee information and records and other confidential and proprietary SJSU information and records. This information will not be revealed to or distributed to or discussed with anyone other than my supervisor and appropriate University officials. I have also read, understood, and signed the Buckley Amendment.
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 supervisor or appropriate University official.
3. Personal or identifying information about SJSU employees (such as name, address, telephone, number, performance reviews, and salaries) will not be released to unauthorized individuals or agencies, without the consent of the Associate Vice President for Human Resources or other appropriately designated University official.
4. I will access only information specified and authorized by my supervisor or appropriate University official. Access to information should be through normal departmental procedures for obtaining specific access to the information in 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 San José State University and are not for public disclosure or use. Faculty should refer to the respective collective bargaining agreement regarding intellectual property rights.

I understand that misuse of personal information or data obtained through my employment is a violation of these agreements and grounds for immediate disciplinary action, up to and including termination, and may also be subject to legal action.

Name:			
Signature:		Date:	
Employee ID:			

ACKNOWLEDGEMENT OF RESPONSIBILITY

I have read the above statement and will comply with the applicable reporting requirements. Please sign and return this page to HR, ext zip 0046.

Employee's Name: _____ Dept.: _____

Signature: _____ Date: _____

My signature above is also an acknowledgement of receipt of a copy of the executive order including the following attachments:

Attachment A [*THIS ACKNOWLEDGEMENT*]

Attachment B (Certificate of Training Completion)

Attachment C (Copy of Penal Code §§ 11165.7, 11166, and 11167)

Attachment D (Form SS 8572, Suspected Child Abuse Report form)

NOTE: The original signed version of this Acknowledgement (Attachment A) as well as Attachment B should be retained in the Employee's Official Personnel File. The employee should keep a copy for their own records.

Employee ID: _____

PLEASE READ THIS INFORMATION CAREFULLY

COMPLETION INSTRUCTIONS

1. To enroll in Direct Deposit, complete this form as follows:

General Instructions

- Complete Sections A, B and C if you are enrolling for the first time, re-enrolling after cancellation, or changing your existing Direct Deposit information.
- Complete Section A and D only if you are cancelling your enrollment.

Specific Instructions

- Section A — (Item 1) Type of Enrollment Action
 - New—Complete for new enrollment or re-enrollment after cancellation
 - Change—Complete to change type of account, financial institution or branch (routing number), or depositor account number
 - Cancel—Complete to cancel your Direct Deposit
- Section B — (Item 1) Indicate checking OR savings. Only one box must be checked. If left blank, will be processed as **checking**.
(Item 2) Enter Routing Number (cannot begin with a '5' and cannot exceed 9 digits)
(Item 3) Enter Depositor Number (cannot exceed 17 digits)
- Section C — According to National Clearing House Association Operating Rules, effective September 18, 2009, you are not allowed to forward 100% of your net payment to a financial institution outside of the United States (U.S.). If 100% of the net deposit is being sent outside the jurisdiction of the U.S., you are no longer allowed to participate in the Direct Deposit program and must cancel your enrollment. A paper warrant will be issued to you effective the month the cancellation is processed.

For new/change enrollments, please mark the box indicating you are aware of this requirement and are not sending 100% of the net deposit outside the jurisdiction of the U.S.

IMPORTANT: PLEASE VERIFY YOUR DEPOSITOR ACCOUNT NUMBER AND ROUTING NUMBER WITH YOUR FINANCIAL INSTITUTION.

2. Forward your completed form to your personnel/payroll office for completion of Section E.
3. Your first payment will be deposited into your designated account within 40 days after your form is received by the Controller's Office.

DIRECT DEPOSIT POSTING DATES

Funds for regular monthly or semi-monthly employees paid on the last day of the pay period should be available the first banking day after the end of the pay period. For example, if the pay period ends on a Wednesday, funds should be available on Thursday. If the pay period ends on a Friday, a weekend, or a holiday, funds should be available on the next banking day.

Funds for positive pay employees paid with a lag between the end of the pay period and pay day are available within two banking days after the issue date of the payment on the direct deposit earnings statement.

While most financial institutions post funds to accounts at the beginning of the bank business day, this is not a universal practice. Some institutions post funds in the afternoon instead of the morning. It is strongly recommended that you check with your financial institution to determine when your funds will be available.

CHANGING FINANCIAL INSTITUTION OR DEPOSITOR ACCOUNTS

Your Direct Deposit will continue to be deposited into your designated account at your financial institution until the State Controller's Office is notified that you wish to redesignate your account and/or your financial institution. To redesignate, complete and submit a new STD. 699 with the new information. **DO NOT CLOSE YOUR OLD ACCOUNT UNTIL YOUR FIRST PAYMENT IS DEPOSITED INTO YOUR NEWLY DESIGNATED ACCOUNT AND/OR FINANCIAL INSTITUTION.** Your first payment into your new account will be within 40 days after your form is received by the Controller's Office. You may receive a paper warrant during this period.

PRIVACY NOTICE

The Information Practices 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. Information requested on this form is used by the State Controller's Office for the purposes of identification and enrollment processing. It is mandatory to furnish all information requested on this form except for financial institution name, address and branch number or name. Failure to provide the mandatory information may result in the enrollment action not being processed or being processed incorrectly.

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. Copies of the Enrollment Authorization are maintained in confidential files of the State Controller's Office for six years. Employees have the right of access to copies of their Enrollment Authorization forms upon request. The official responsible for maintenance of the forms is: Chief of Personnel/Payroll Operations Branch, State Controller's Office, P.O. Box 942850, Sacramento, California 94250-5878.