Student Employment New Hire Paperwork:

User Guide for Student Employees

Contact information:
hr-studentemployment@csus.edu

SACRAMENTO STATE
HUMAN RESOURCES

Table of Contents

New Hire Paperwork Overview …… 2
Employee Action Request ……. 3 - 4
I-9 Employment Eligibility Verification …….. 5 - 6
Emergency Contact ……..…...…7
Designation of Warrants ……..….. 8
Oath of Allegiance ……...…..…… 9
CalPERS Self Certification ……..…..... 10
Supplemental Application Form ……..…… 11
SSA 1945a ……...… 12
Student Employee Agreement ……. 13
Voluntary Self Identification of Disability ……..... 14
Voluntary Veterans Survey ……..….. 15
Voluntary Self-Identification Form …….……...…. 16
Direct Deposit ……...…. 17

New Hire Paperwork Overview

Congratulations on your employment with Sac State! As a new student employee, you are required to submit new hire paperwork in order to complete your Human Resources onboarding. This user guide is designed to help you complete your new hire paperwork by highlighting all the required fields you must fill out. Though we suggest reading through the paperwork thoroughly for understanding, some notes have also been provided for fields that we receive questions about most frequently. If you have any additional questions, please feel free to reach out to Student Employment by email at hr-studentemployment@csus.edu.

Required Documents*:

1. Employee Action Request
2. I-9 Employment Eligibility Verification
3. Emergency Contact
4. Designation of Warrants
5. Oath of Allegiance
6. CALPERS Self Certification
7. Supplemental Application Form
8. SSA 1945a
9. Student Employee Agreement

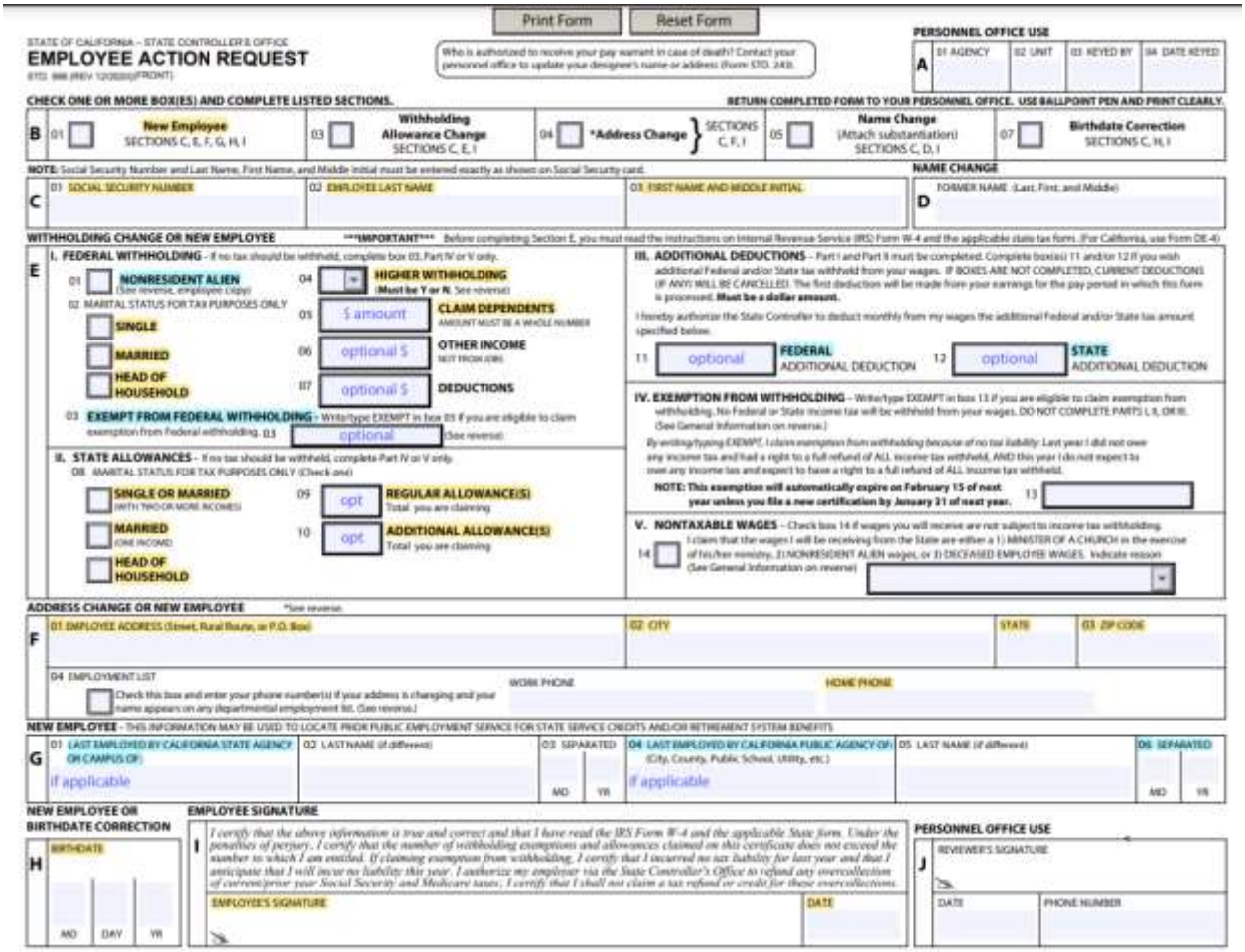
Voluntary Documents*:

A. Self-Identification of Disability
B. Veterans Survey
C. Self-Identification Form
D. Direct Deposit

* Fields on the forms that are highlighted yellow are required. Fields that highlighted blue should be filled out if applicable.

** Students can choose to submit these voluntary documents at any point during their employment.

Employee Action Request



STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

EMPLOYEE ACTION REQUEST

Print Form | Reset Form

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).

PERSONNEL OFFICE USE

A | 01 AGENCY | 02 UNIT | 03 KEYED BY | 04 DATE KEYED

CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS. RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY.

B | 01 ☐ New Employee SECTIONS C, E, F, G, H, I | 03 ☐ Withholding Allowance Change SECTIONS C, E, I | 04 ☐ *Address Change } SECTIONS C, F, I | 05 ☐ Name Change (Attach substantiation) SECTIONS C, D, I | 07 ☐ Birthdate Correction SECTIONS C, H, I

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

NAME CHANGE

D | FORMER NAME (Last, First, and Middle)

WITHHOLDING CHANGE OR NEW EMPLOYEE ***IMPORTANT*** Before completing Section E, you must read the instructions on Internal Revenue Service (IRS) Form W-4 and the applicable state tax form. (For California, use Form DE-4)

E

I. FEDERAL WITHHOLDING – If no tax should be withheld, complete box 03. Part IV or V only.

01 ☐ NONRESIDENT ALIEN (See reverse, employee copy)

02 MARITAL STATUS FOR TAX PURPOSES ONLY

☐ SINGLE ☐ MARRIED ☐ HEAD OF HOUSEHOLD

03 EXEMPT FROM FEDERAL WITHHOLDING – Write/type EXEMPT in box 03 if you are eligible to claim exemption from federal withholding. 03 optional (See reverse)

04 ☐ HIGHER WITHHOLDING (Must be Y or N. See reverse)

05 $ amount CLAIM DEPENDENTS (AMOUNT MUST BE A WHOLE NUMBER)

06 optional $ OTHER INCOME (NOT FROM JOBS)

07 optional $ DEDUCTIONS

II. STATE ALLOWANCES – If no tax should be withheld, complete Part IV or V only.

08 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)

☐ SINGLE OR MARRIED (WITH TWO OR MORE INCOMES) ☐ MARRIED (ONE INCOME) ☐ HEAD OF HOUSEHOLD

09 opt REGULAR ALLOWANCE(S) Total you are claiming

10 opt ADDITIONAL ALLOWANCE(S) Total you are claiming

III. ADDITIONAL DEDUCTIONS – Part I and Part II must be completed. Complete box(es) 11 and/or 12 if you wish additional Federal and/or State tax withheld from your wages. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE CANCELLED. The first deduction will be made from your earnings for the pay period in which this form is processed. **Must be a dollar amount.**

I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below.

11 optional FEDERAL ADDITIONAL DEDUCTION 12 optional STATE ADDITIONAL DEDUCTION

IV. EXEMPTION FROM WITHHOLDING – Write/type EXEMPT in box 13 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 reverse.)

By writing/typing EXEMPT, 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. 13

V. NONTAXABLE WAGES – Check box 14 if wages you will receive are not subject to income tax withholding.

14 ☐ 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) NONRESIDENT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on reverse)

ADDRESS CHANGE OR NEW EMPLOYEE *See reverse.

F | 01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box) | 02 CITY | STATE | 03 ZIP CODE

04 EMPLOYMENT LIST ☐ Check this box and enter your phone number(s) if your address is changing and your name appears on any departmental employment list. (See reverse.)

WORK PHONE HOME PHONE

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: if applicable | 02 LAST NAME (if different) | 03 SEPARATED MO YR | 04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.) if applicable | 05 LAST NAME (if different) | 06 SEPARATED MO YR

NEW EMPLOYEE OR BIRTHDATE CORRECTION

H | BIRTHDATE MO DAY YR

EMPLOYEE SIGNATURE

I *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.*

EMPLOYEE'S SIGNATURE | DATE

PERSONNEL OFFICE USE

J | REVIEWER'S SIGNATURE | DATE | PHONE NUMBER

Notes

Section B: Check box 01 – New Employee
Section C: Social security number and legal full name.
Section E: This section is regarding how you want to be taxed on your paychecks.

- Box I: This box indicates your Federal withholding.
  - I.01 (required, if applicable) - If you are a non-resident alien, check this box.
  - I.02 (required) - Select Single, Married, or Head of Household.
  - I.03 - If you are claiming exemption from Federal withholding, write EXEMPT.
    - This exemption does not include State withholding.
    - If you would like to claim exemption from both Federal and State withholding, please fill out Box IV.

- I.04 (required) – Select either "Yes or "No".
  - If "No", move forward to Box II.
  - If "Yes", it will result a higher amount of tax withholding.
    - "Yes" may be necessary if your spouse also works of if you hold multiple jobs or sources of income.
- I.05 - Indicate number of dependents by a dollar amount – If your total household income will be $200,000 or less ($400,000 or less if married filing jointly):
  - Multiply the number of qualifying children under the age of 17 by $2,000.
  - Multiply the number of other dependents by $500.
  - Add these two numbers together and enter total in this box.
- I.06 - If you have income from other sources, you can have additional taxes withheld from your paycheck by completing this box.
- I.07 - Indicate any additional deductions you expect to claim other than the basic standard deductions.

- Box II: This box indicates your State withholding.
  - II.08 (required) - Select Single, Married, or Head of Household.
  - II.09 (required) - Indicate the total number of allowances you are claiming.
  - II.10 (required) - Indicate any additional allowances you are claiming.
- Box III: If you would like to claim any additional deductions, indicate how much you would like to claim for your Federal and State tax.
  - The number must be a dollar amount.
- Box IV: Writing EXEMPT in this box states that you are claiming exemption from Federal and State tax withholding.
  - You will not have any income tax withheld from your monthly paycheck because you are claiming no tax liability.
  - This certification expires each year and you must submit a new EAR form stating "exempt" by January 31st of each year for it to continue.
- Box V: Claiming nontaxable wages indicates the funding source of your paychecks is coming from one of the sources stated in box 5.
  - Typically, students are funded either by the state or by federal work study, so this section may not apply.

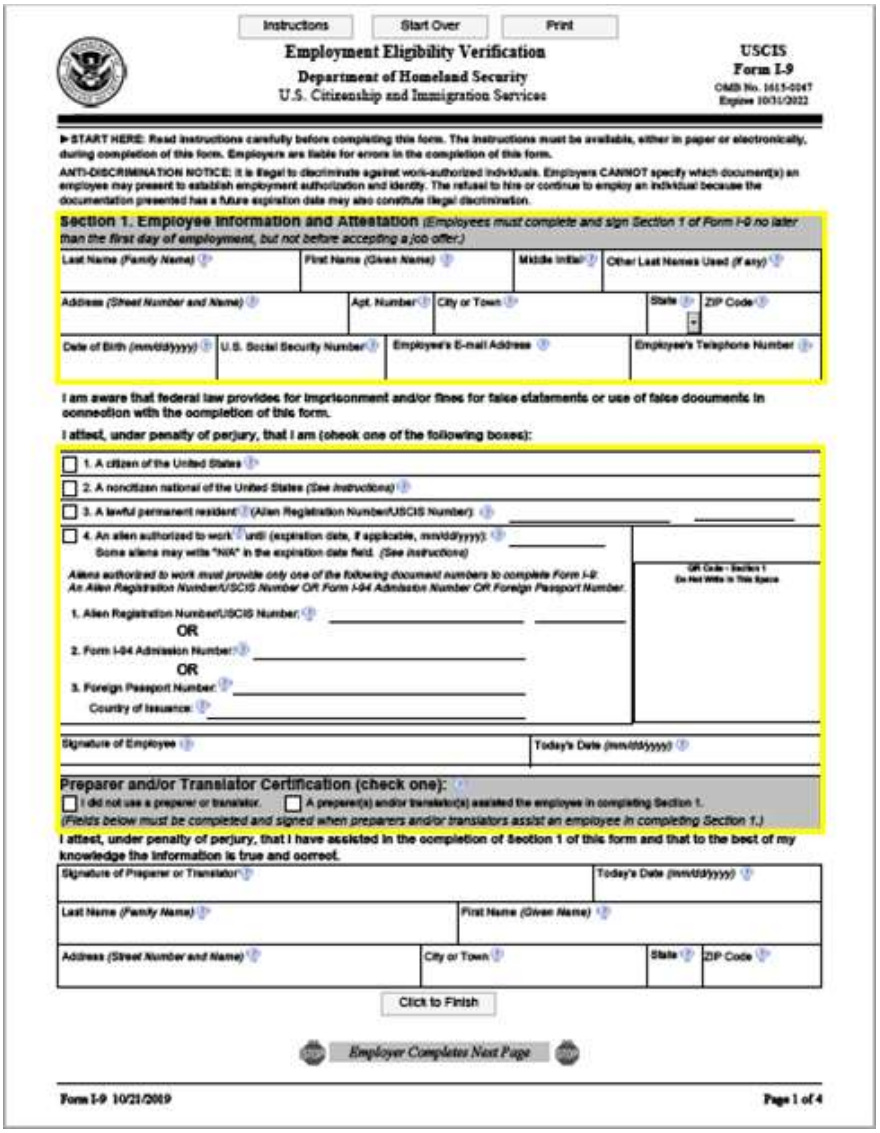
Section F: This address indicates where your W-2s will get mailed to at the beginning of the incoming year.

Section G: If you have worked on another college campus or for a state agency, please indicate that previous employment here. You may leave this section blank if you have never worked for another campus or state agency.

Section H: Date of birth.

Section I: Sign and date.

I-9 Employment Eligibility Verification



Instructions | Start Over | Print

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 (Family Name) | First Name (Given Name) | Middle Initial | Other Last 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 | 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 (mm/dd/yyyy)

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 (mm/dd/yyyy)

Last Name (Family Name) | First Name (Given Name)

Address (Street Number and Name) | City or Town | State | ZIP Code

Click to Finish

Employer Completes Next Page

Form I-9 10/21/2019 | Page 1 of 4

Notes

- Sac State uses a 3rd party vendor called Tracker I-9 Complete to create and track I-9 employment eligibility verification forms electronically. New employees or returning employees who have been separated from the campus for a year or more will be asked to complete this process.
- Steps to complete I-9 verification process:
    1. You will receive an email from i9complete@trackercorp.com requesting you to complete the front page of the required form.

2. You will follow the link in the email, input the required information, and sign.

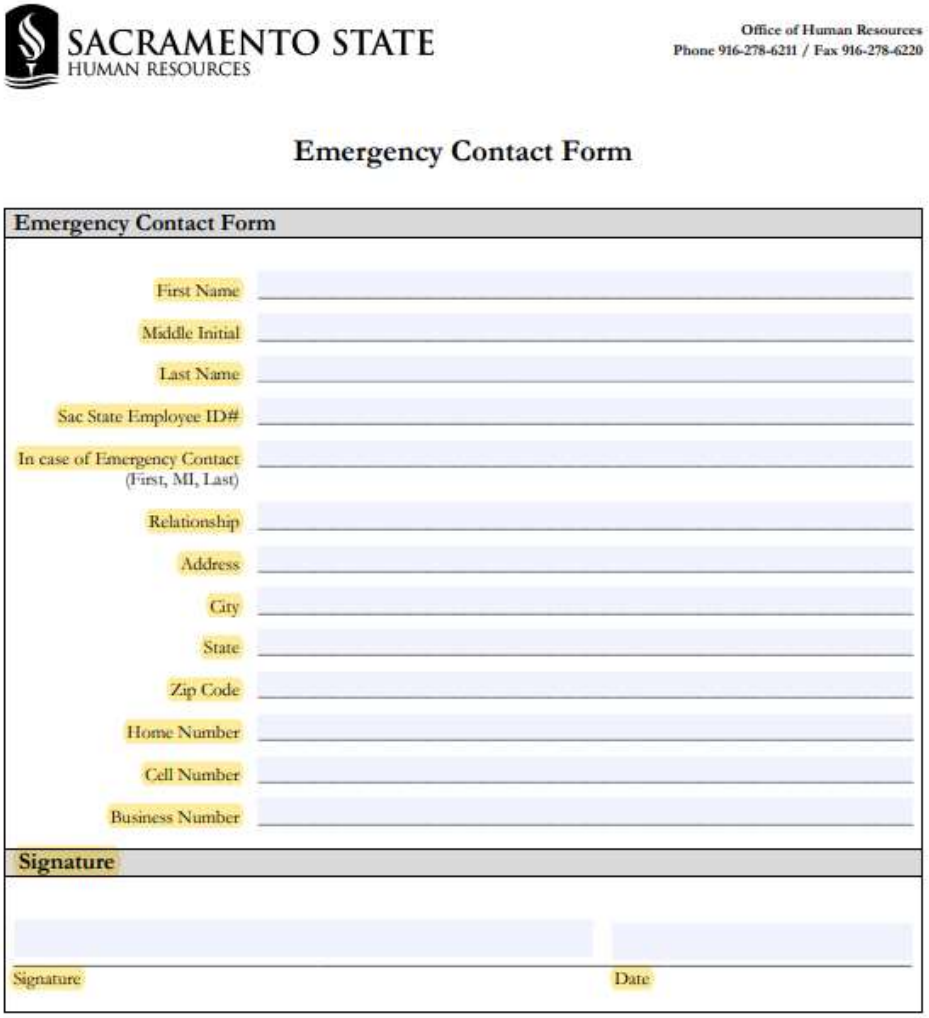
3. Review acceptable documents for section two of your I-9 verification here. Gather your original, unexpired documents.

4. Bring your documents to our office Del Norte Hall room 3009, between 8:00 am – 4:30 pm, Monday through Friday. Our staff will complete section two of your I-9 verification in person.

*** International Students** are required to provide the following documents along with this form:

- Passport & Visa
- Social Security Card
- I-94
- I-20

Emergency Contact



SACRAMENTO STATE
HUMAN RESOURCES

Office of Human Resources
Phone 916-278-6211 / Fax 916-278-6220

Emergency Contact Form

Emergency Contact Form

First Name _____

Middle Initial _____

Last Name _____

Sac State Employee ID# _____

In case of Emergency Contact (First, MI, Last) _____

Relationship _____

Address _____

City _____

State _____

Zip Code _____

Home Number _____

Cell Number _____

Business Number _____

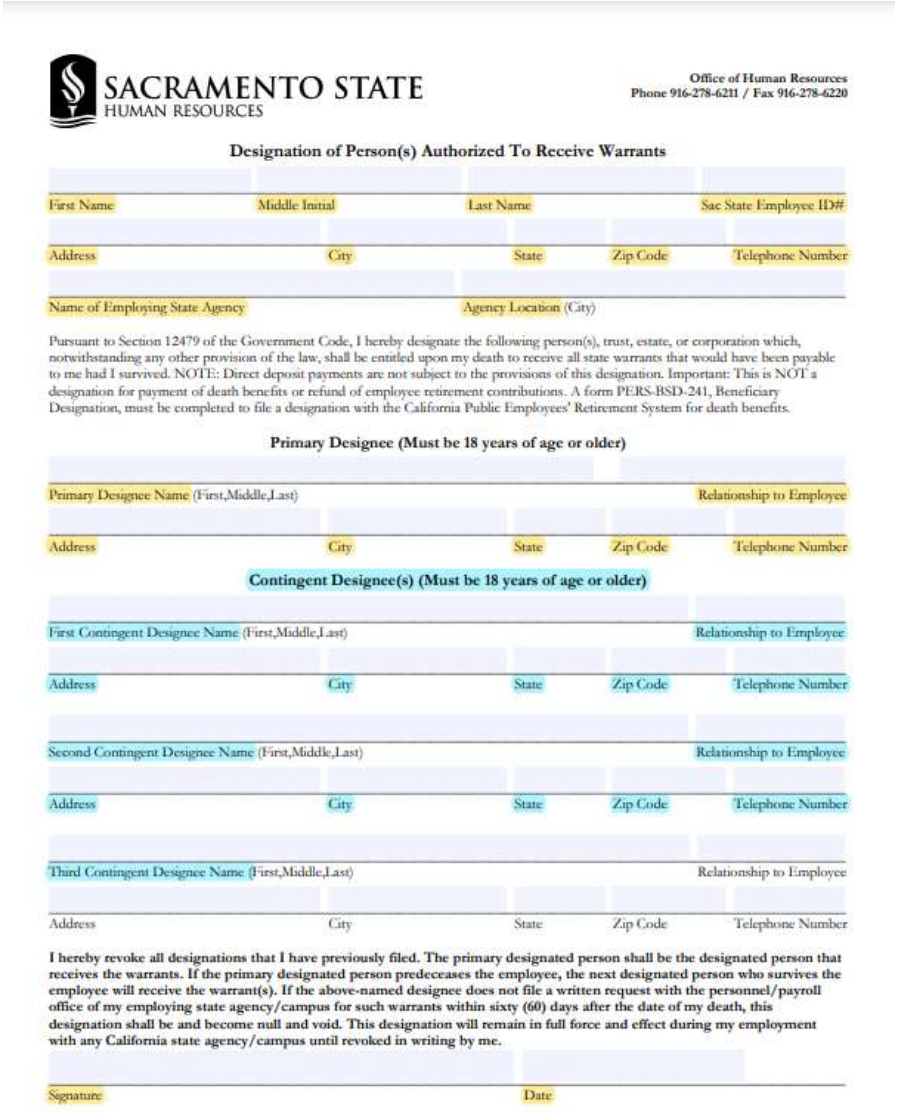
Signature

Signature _____ Date _____

Notes

- The first 4 lines must be filled with your information
- Employee ID number is your Sac State Student ID number

Designation of Warrants



SACRAMENTO STATE
HUMAN RESOURCES

Office of Human Resources
Phone 916-278-6211 / Fax 916-278-6220

Designation of Person(s) Authorized To Receive Warrants

First Name | Middle Initial | Last Name | Sac State Employee ID#

Address | City | State | Zip Code | Telephone Number

Name of Employing State Agency | Agency Location (City)

Pursuant to Section 12479 of the Government Code, I hereby designate the following person(s), trust, estate, or corporation which, notwithstanding any other provision of the law, shall be entitled upon my death to receive all state warrants that would have been payable to me had I survived. NOTE: Direct deposit payments are not subject to the provisions of this designation. Important: This is NOT a designation for payment of death benefits or refund of employee retirement contributions. A form PERS-BSD-241, Beneficiary Designation, must be completed to file a designation with the California Public Employees' Retirement System for death benefits.

Primary Designee (Must be 18 years of age or older)

Primary Designee Name (First,Middle,Last) | Relationship to Employee

Address | City | State | Zip Code | Telephone Number

Contingent Designee(s) (Must be 18 years of age or older)

First Contingent Designee Name (First,Middle,Last) | Relationship to Employee

Address | City | State | Zip Code | Telephone Number

Second Contingent Designee Name (First,Middle,Last) | Relationship to Employee

Address | City | State | Zip Code | Telephone Number

Third Contingent Designee Name (First,Middle,Last) | Relationship to Employee

Address | City | State | Zip Code | Telephone Number

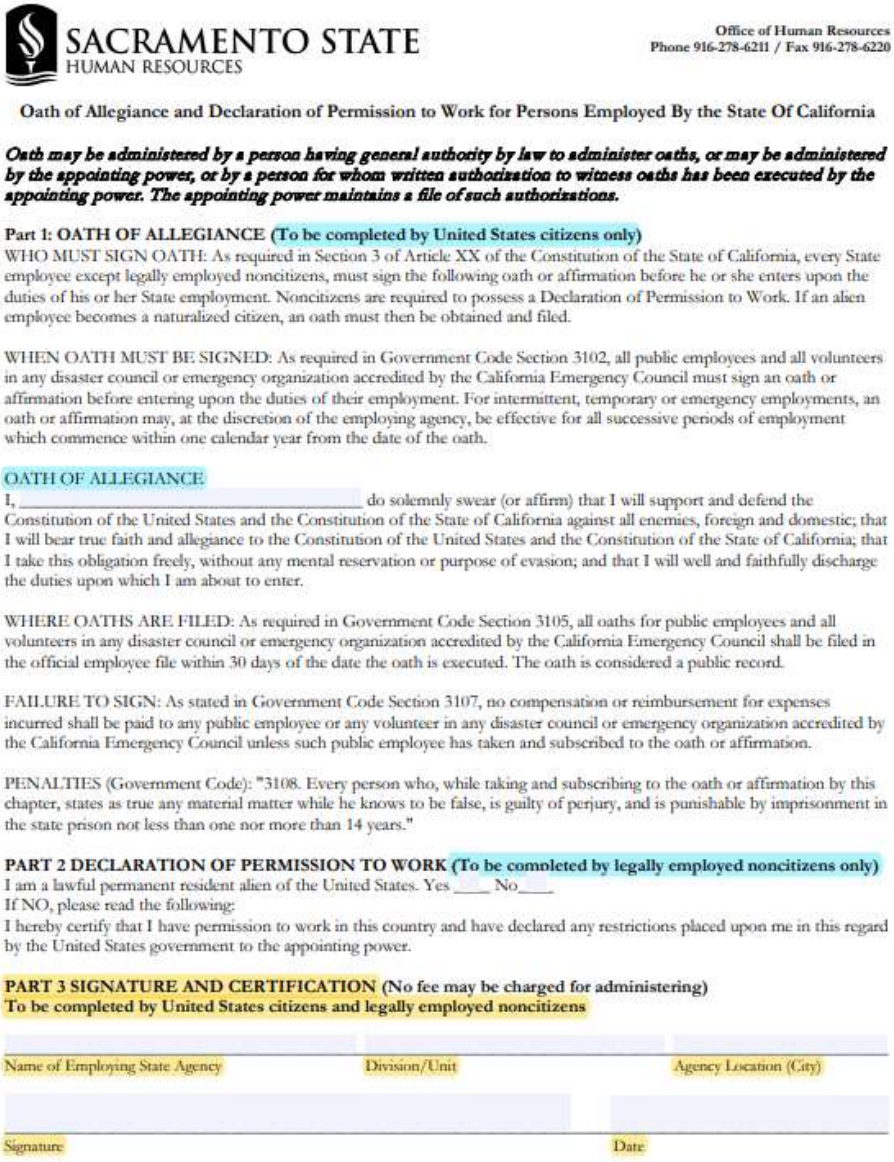
I hereby revoke all designations that I have previously filed. The primary designated person shall be the designated person that receives the warrants. If the primary designated person predeceases the employee, the next designated person who survives the employee will receive the warrant(s). If the above-named designee does not file a written request with the personnel/payroll office of my employing state agency/campus for such warrants within sixty (60) days after the date of my death, this designation shall be and become null and void. This designation will remain in full force and effect during my employment with any California state agency/campus until revoked in writing by me.

Signature | Date

Notes

- First field of information needs to be filled out with your information
- Listing a primary designee, who must be at least 18 years old, is mandatory
- Contingent designees are optional
- Employing State Agency is CSUS
- Employee ID number is your Sac State Student ID number

Oath of Allegiance



SACRAMENTO STATE
HUMAN RESOURCES

Office of Human Resources
Phone 916-278-6211 / Fax 916-278-6220

Oath of Allegiance and Declaration of Permission to Work for Persons Employed By the State Of California

Oath may be administered by a person having general authority by law to administer oaths, or may be administered by the appointing power, or by a person for whom written authorization to witness oaths has been executed by the appointing power. The appointing power maintains a file of such authorizations.

Part 1: OATH OF ALLEGIANCE (To be completed by United States citizens only)
WHO MUST SIGN OATH: As required in Section 3 of Article XX of the Constitution of the State of California, every State employee except legally employed noncitizens, must sign the following oath or affirmation before he or she enters upon the duties of his or her State employment. Noncitizens are required to possess a Declaration of Permission to Work. If an alien employee becomes a naturalized citizen, an oath must then be obtained and filed.

WHEN OATH MUST BE SIGNED: As required in Government Code Section 3102, all public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council must sign an oath or affirmation before entering upon the duties of their employment. For intermittent, temporary or emergency employments, an oath or affirmation may, at the discretion of the employing agency, be effective for all successive periods of employment which commence within one calendar year from the date of the oath.

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.

WHERE OATHS ARE FILED: As required in Government Code Section 3105, all oaths for public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council shall be filed in the official employee file within 30 days of the date the oath is executed. The oath is considered a public record.

FAILURE TO SIGN: As stated in Government Code Section 3107, no compensation or reimbursement for expenses incurred shall be paid to any public employee or any volunteer in any disaster council or emergency organization accredited by the California Emergency Council unless such public employee has taken and subscribed to the oath or affirmation.

PENALTIES (Government Code): "3108. Every person who, while taking and subscribing to the oath or affirmation by this chapter, states as true any material matter while he 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."

PART 2 DECLARATION OF PERMISSION TO WORK (To be completed by legally employed noncitizens 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.

PART 3 SIGNATURE AND CERTIFICATION (No fee may be charged for administering)
To be completed by United States citizens and legally employed noncitizens

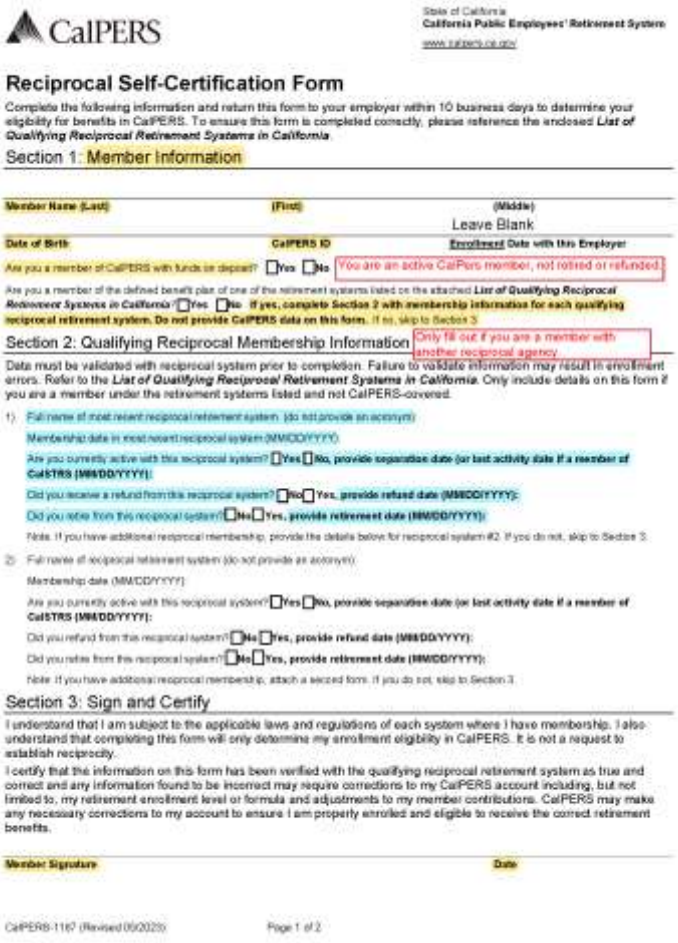
Name of Employing State Agency | Division/Unit | Agency Location (City)

Signature | Date

Notes

- Part 1 is to be filled out if you are a U.S. Citizen
- Part 2 is to be filled out of you are NOT a U.S. Citizen
- Part 3 must be completed by all
- Employing State Agency is CSUS
- Division/Unit is the department you will be working in

CalPERS Self Certification



CalPERS

State of California
California Public Employees' Retirement System
www.calpers.ca.gov

Reciprocal Self-Certification Form

Complete the following information and return this form to your employer within 10 business days to determine your eligibility for benefits in CalPERS. To ensure this form is completed correctly, please reference the enclosed ***List of Qualifying Reciprocal Retirement Systems in California***.

Section 1: Member Information

Member Name (Last) **(First)** **(Middle)**

Leave Blank

Date of Birth **CalPERS ID** **Enrollment Date with this Employer**

Are you a member of CalPERS with funds on deposit? ☐Yes ☐No You are an active CalPers member, not retired or refunded.

Are you a member of the defined benefit plan of one of the retirement systems listed on the attached ***List of Qualifying Reciprocal Retirement Systems in California***? ☐Yes ☐No **If yes, complete Section 2 with membership information for each qualifying reciprocal retirement system. Do not provide CalPERS data on this form.** If no, skip to Section 3.

Section 2: Qualifying Reciprocal Membership Information Only fill out if you are a member with another reciprocal agency.

Data must be validated with reciprocal system prior to completion. Failure to validate information may result in enrollment errors. Refer to the ***List of Qualifying Reciprocal Retirement Systems in California***. Only include details on this form if you are a member under the retirement systems listed and not CalPERS-covered.

1) Full name of most recent reciprocal retirement system (do not provide an acronym)

Membership date in most recent reciprocal system (MM/DD/YYYY)

Are you currently active with this reciprocal system? ☐Yes ☐No, **provide separation date (or last activity date if a member of CalSTRS (MM/DD/YYYY)**:

Did you receive a refund from this reciprocal system? ☐No ☐Yes, **provide refund date (MM/DD/YYYY)**:

Did you retire from this reciprocal system? ☐No ☐Yes, **provide retirement date (MM/DD/YYYY)**:

Note: If you have additional reciprocal membership, provide the details below for reciprocal system #2. If you do not, skip to Section 3.

2) Full name of reciprocal retirement system (do not provide an acronym)

Membership date (MM/DD/YYYY)

Are you currently active with this reciprocal system? ☐Yes ☐No, **provide separation date (or last activity date if a member of CalSTRS (MM/DD/YYYY)**:

Did you refund from this reciprocal system? ☐No ☐Yes, **provide refund date (MM/DD/YYYY)**:

Did you retire from this reciprocal system? ☐No ☐Yes, **provide retirement date (MM/DD/YYYY)**:

Note: If you have additional reciprocal membership, attach a second form. If you do not, skip to Section 3.

Section 3: Sign and Certify

I understand that I am subject to the applicable laws and regulations of each system where I have membership. I also understand that completing this form will only determine my enrollment eligibility in CalPERS. It is not a request to establish reciprocity.

I certify that the information on this form has been verified with the qualifying reciprocal retirement system as true and correct and any information found to be incorrect may require corrections to my CalPERS account including, but not limited to, my retirement enrollment level or formula and adjustments to my member contributions. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.

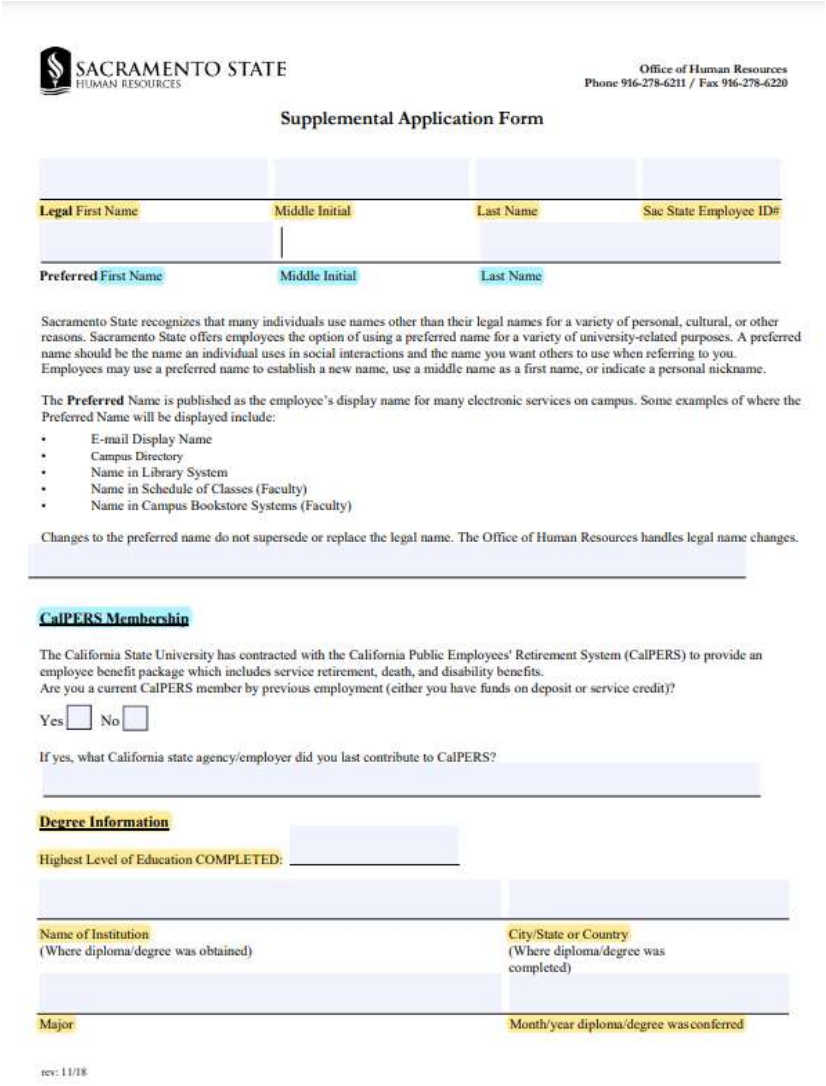
Member Signature **Date**

CalPERS-1167 (Revised 05/2023) Page 1 of 2

Notes

- Scenario 1: If you have not invested into a retirement program, you must fill out section 1 and 3 of this form. In section 1, you must provide us with your personal information, but you can leave the CalPERS ID blank. Then select "no" for the two check box questions, indicating that you are not a member of any retirement system.
- Scenario 2: If you have been previously employed prior to being offered a position at Sac State and have only invested into CalPERS retirement, you must fill out section 1 and 3 and provide your CalPERS ID. Then you will need to answer the first check box questions regarding your CalPERS funds, and select "no" for the second question in section 1.
- Scenario 3: If have previously been employed prior to being offered a position at Sac State and have invested into a retirement program other than CalPERS, you must fill out section 1, 2, and 3. Fill out your personal information in section 1. You can leave the CalPERS ID blank and answer "no" to the first check box question regarding your CalPERS funds. Then you will need to answer "yes" to the second question in section 1 and move onto section 2 to provide information about the reciprocal retirement system. The retirement system must match the name on the list of retirement systems and the required information must be completed with exact dates. Finally, you will complete section 3.

Supplemental Application Form



SACRAMENTO STATE
HUMAN RESOURCES

Office of Human Resources
Phone 916-278-6211 / Fax 916-278-6220

Supplemental Application Form

Legal First Name | Middle Initial | Last Name | Sac State Employee ID#

Preferred First Name | Middle Initial | Last Name

Sacramento State recognizes that many individuals use names other than their legal names for a variety of personal, cultural, or other reasons. Sacramento State offers employees the option of using a preferred name for a variety of university-related purposes. A preferred name should be the name an individual uses in social interactions and the name you want others to use when referring to you. Employees may use a preferred name to establish a new name, use a middle name as a first name, or indicate a personal nickname.

The **Preferred** Name is published as the employee's display name for many electronic services on campus. Some examples of where the Preferred Name will be displayed include:

- E-mail Display Name
- Campus Directory
- Name in Library System
- Name in Schedule of Classes (Faculty)
- Name in Campus Bookstore Systems (Faculty)

Changes to the preferred name do not supersede or replace the legal name. The Office of Human Resources handles legal name changes.

CalPERS Membership

The California State University has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit package which includes service retirement, death, and disability benefits.
Are you a current CalPERS member by previous employment (either you have funds on deposit or service credit)?

Yes ☐ No ☐

If yes, what California state agency/employer did you last contribute to CalPERS?

Degree Information

Highest Level of Education COMPLETED: _____

Name of Institution (Where diploma/degree was obtained) | City/State or Country (Where diploma/degree was completed)

Major | Month/year diploma/degree was conferred

rev: 11/18

Notes

- This form is a supplement to the previous CalPERS form
- Employee ID number is your Sac State Student ID number
- Highest Level of Education Completed
    - Ex. High School Diploma, Associates, Bachelors, Masters, etc.

SSA 1945a

Technical Letter
HR/Benefits 2005-05
Attachment B

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#

CSU FORM SSA-1945

Notes

- Employer ID # can be left blank

Student Employee Agreement

HUMAN RESOURCES STUDENT EMPLOYMENT OFFICE

Student Employee Agreement

Student Employee Start Date and End Dates

Hiring Managers may not authorize student employees to start work until they have received an official **Employment Confirmation Notice** from the Human Resources Student Employment Office. Student employees will receive their notice within 48 hours of completing all required HR/Payroll forms. Student employees are not allowed to work beyond their appointment end date.

Work Schedule

Hiring Managers should discuss the student employees work schedule with the student. Student Employee's first role at Sacramento State is to be a student. It is important that the hiring manager remains flexible with student's hours. It is the student's responsibility to inform their manager of exams and papers ahead of time to allow the manager to plan around their school needs.

Student's Hours

Student Employees are not allowed to work over 20 hours per week. This includes students who have multiple positions on campus. For example, a student who works 10 hours in one department can only work 10 hours in another department.

Breaks

Student employees are required to take a 15 minute paid break within the 4 consecutive hours worked, and are required an unpaid half hour break after 6 consecutive hours of work. If the student works two jobs, the student employee is still required to take a meal break after 6 consecutive hours. It is both the student and department's responsibility to keep a record of when breaks are taken.

Timesheet

Student timesheets must be filled out accurately, and provided to the hiring manager on the last day of the pay period for confirmation of hours worked. The signature of both the manager and time keeper are required. All signed timesheets need to be submitted to Payroll prior to deadline. Instructions on how to fill out student timesheets correctly, and Payroll deadlines can be found on the Payroll website at: http://www.csus.edu/hr/departments/payroll/index.html.

Campus Jobs

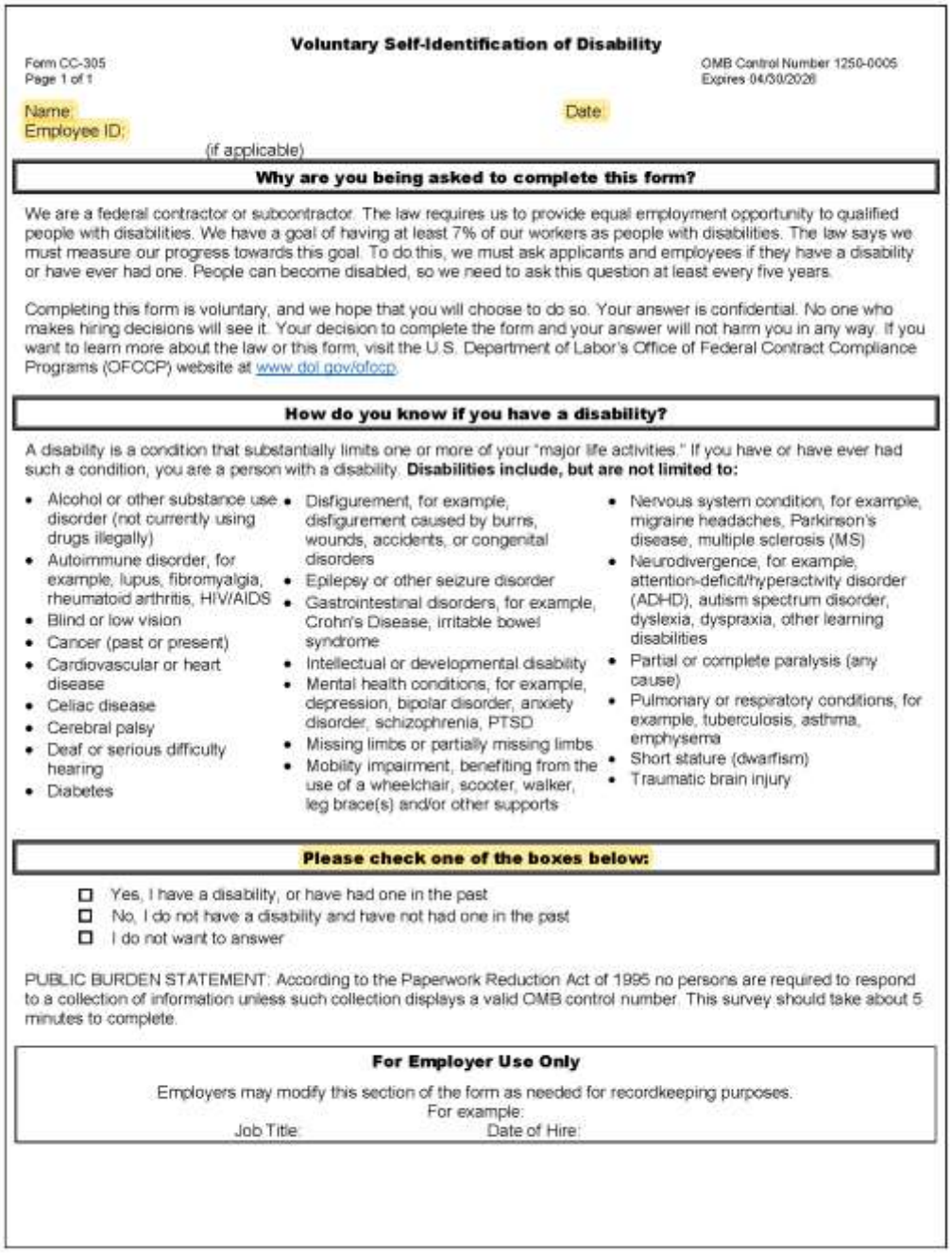
Students are allowed to hold multiple student employment positions i.e. FWS, ISA, GA, TA. Federal Work Study (FWS) student employees are only allowed one FWS position. Student employees can be appointed to multiple positions as long as **20 hours per week are not exceeded**.

☐ I acknowledge and agree to all of the above

Student Employee Name	**Student Employee Signature** (type name for electronic signature)	**Date**

Rev. 2/22/2018

Voluntary Self Identification of Disability



Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: Date:
Employee ID: (if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

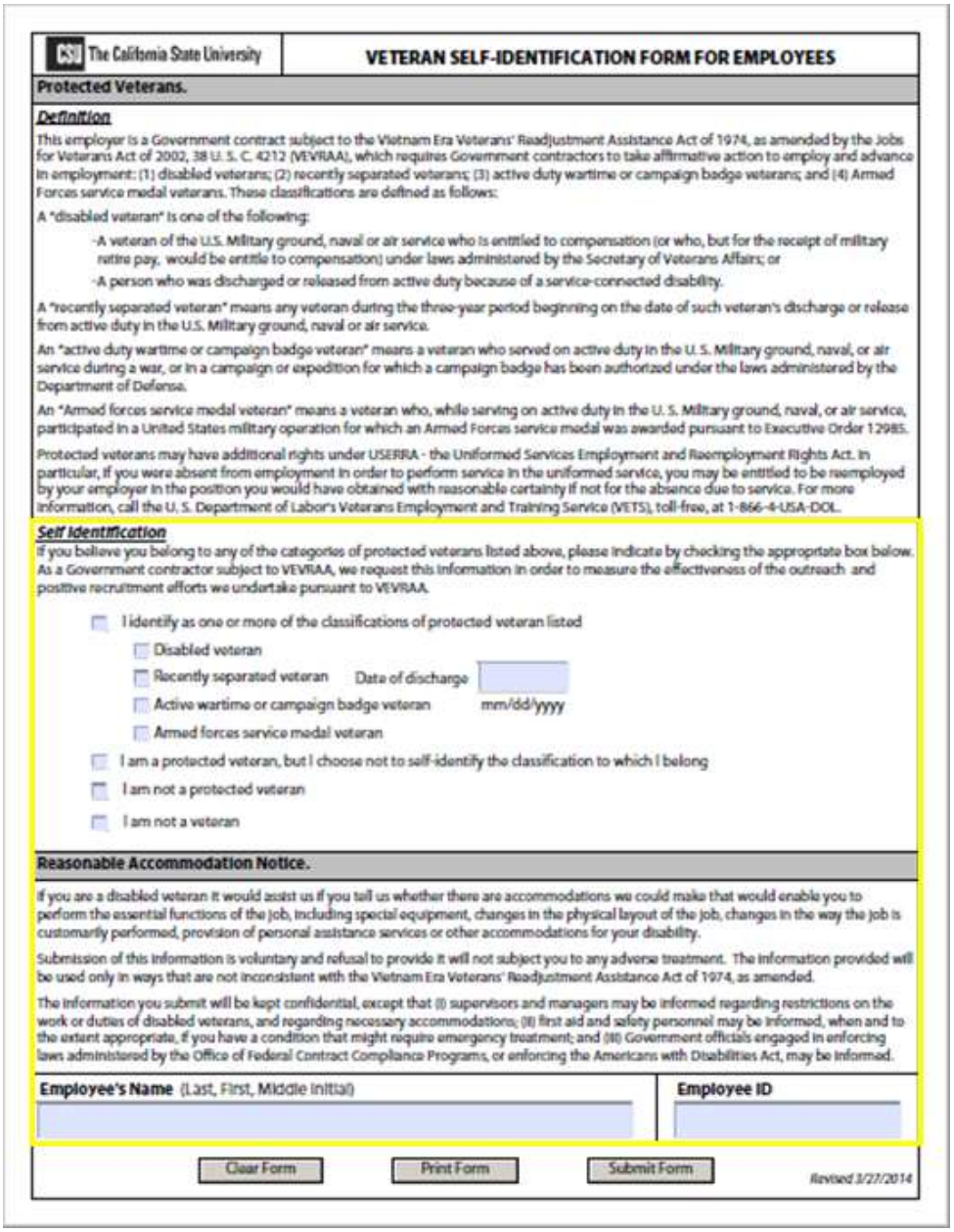
- ☐ Yes, I have a disability, or have had one in the past
- ☐ No, I do not have a disability and have not had one in the past
- ☐ I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.
For example:
Job Title: Date of Hire:

Voluntary Veterans Survey



The California State University

VETERAN SELF-IDENTIFICATION FORM FOR EMPLOYEES

Protected Veterans.

Definition

This employer is a Government contract subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U. S. C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

-A veteran of the U.S. Military ground, naval or air service who is entitled to compensation (or who, but for the receipt of military retire pay, would be entitle to compensation) under laws administered by the Secretary of Veterans Affairs; or

-A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. Military ground, naval or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U. S. Military ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U. S. Military ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U. S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Self Identification

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- ☐ I identify as one or more of the classifications of protected veteran listed
  - ☐ Disabled veteran
  - ☐ Recently separated veteran Date of discharge ____ mm/dd/yyyy
  - ☐ Active wartime or campaign badge veteran
  - ☐ Armed forces service medal veteran
- ☐ I am a protected veteran, but I choose not to self-identify the classification to which I belong
- ☐ I am not a protected veteran
- ☐ I am not a veteran

Reasonable Accommodation Notice.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

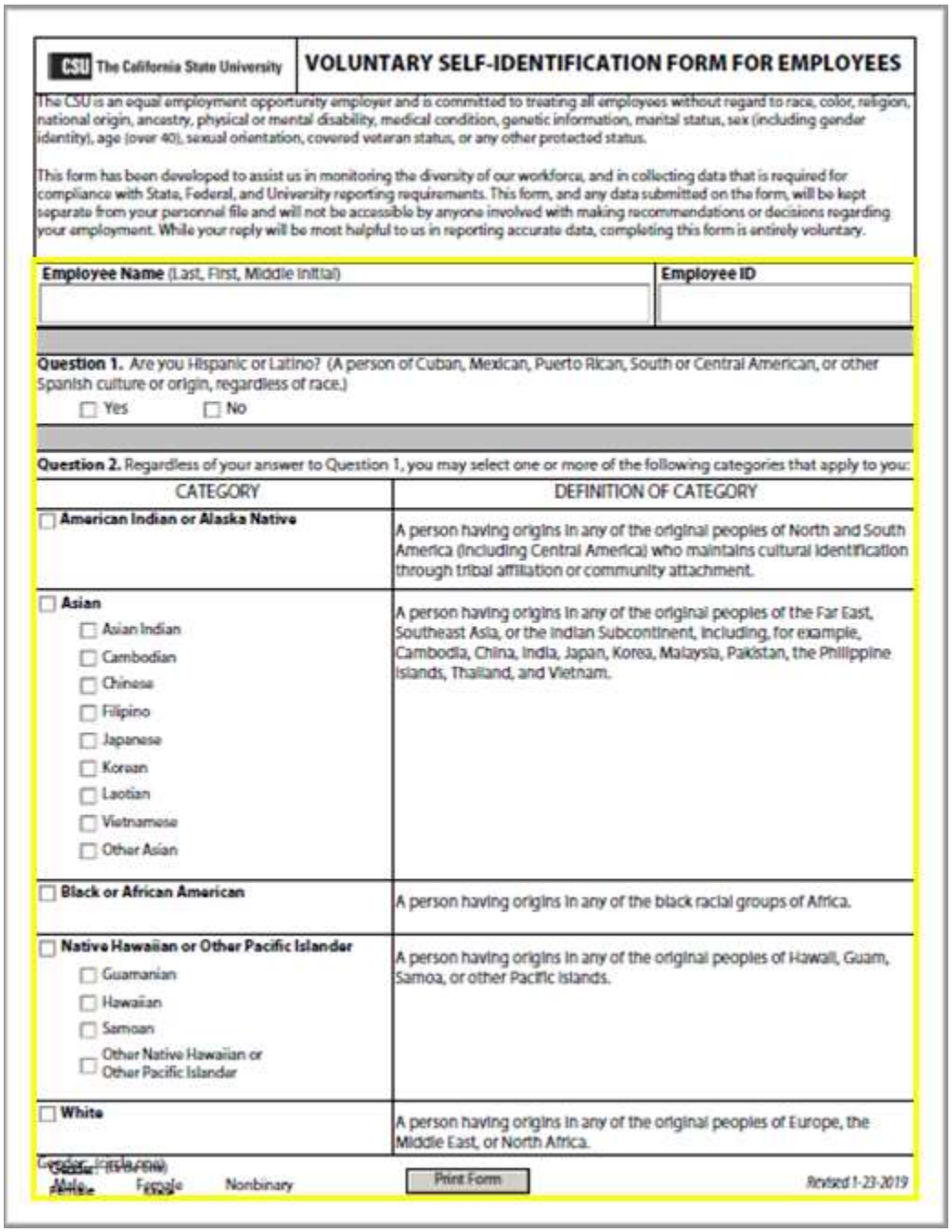
The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Employee's Name (Last, First, Middle Initial) ____ **Employee ID** ____

Clear Form | Print Form | Submit Form

Revised 3/27/2014

Voluntary Self-Identification Form



CSU The California State University

VOLUNTARY SELF-IDENTIFICATION FORM FOR EMPLOYEES

The CSU is an equal employment opportunity employer and is committed to treating all employees without regard to race, color, religion, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status, sex (including gender identity), age (over 40), sexual orientation, covered veteran status, or any other protected status.

This form has been developed to assist us in monitoring the diversity of our workforce, and in collecting data that is required for compliance with State, Federal, and University reporting requirements. This form, and any data submitted on the form, will be kept separate from your personnel file and will not be accessible by anyone involved with making recommendations or decisions regarding your employment. While your reply will be most helpful to us in reporting accurate data, completing this form is entirely voluntary.

Employee Name (Last, First, Middle Initial)	**Employee ID**

Question 1. Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

☐ Yes ☐ No

Question 2. Regardless of your answer to Question 1, you may select one or more of the following categories that apply to you:

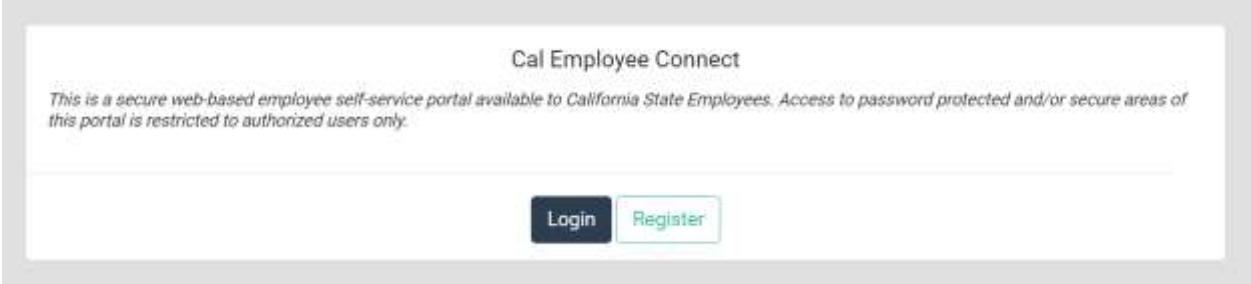
CATEGORY	DEFINITION OF CATEGORY
☐ **American Indian or Alaska Native**	A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
☐ **Asian** ☐ Asian Indian ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Laotian ☐ Vietnamese ☐ Other Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
☐ **Black or African American**	A person having origins in any of the black racial groups of Africa.
☐ **Native Hawaiian or Other Pacific Islander** ☐ Guamanian ☐ Hawaiian ☐ Samoan ☐ Other Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ **White**	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Gender (select one)
Male Female Nonbinary

Print Form

Revised 1-23-2019

Direct Deposit



Notes

- Direct deposit can be set up through the Cal Employee Connect website after you receive your first paper paycheck. Instructions on how to register to Cal Employee Connect can be found here.*
    - You will need to pick up your paycheck from the Bursar's office in Lassen Hall 1001. Please bring a form of ID in order to pick up your paycheck.
- Instructions on how to set up and change deposit through Cal Employee Connect can be found here.*
    - To cancel your direct deposit, please contact your payroll technician.
- Direct deposit information may take 30 to 60 days to process once submitted.
- Payroll direct deposit is not the same as e-refund through your MySacState account.

*Please login to ServiceNow using your SacLink account to view this internal Sac State knowledge base article.