

Student Employment New Hire Paperwork: **User Guide for Student Employees**

Contact information:
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SACRAMENTO STATE
HUMAN RESOURCES

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

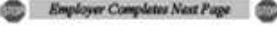
Additional Online Submissions:

- A. Emergency Contact
- B. CSU Paycheck Designee
- C. Direct Deposit**
- D. Self-Identification of Disability**
- E. Veterans Survey**
- F. Self-Identification Form**

* 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.

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 GMB No. 1615-0247 Effective 10/31/2022																																											
<p>► 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.</p> <p>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.</p> <p>Section 1: Employee Information and Attestations (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.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Last Name (Family Name) </td> <td>First Name (Given Name) </td> <td>Middle Initial </td> <td>Other Last Names Used (Family) </td> </tr> <tr> <td colspan="2">Address (Street Number and Name) </td> <td>Apt. Number </td> <td>City or Town </td> </tr> <tr> <td colspan="2">State </td> <td>ZIP Code </td> <td></td> </tr> <tr> <td>Date of Birth (mm/dd/yyyy) </td> <td>U.S. Social Security Number </td> <td>Employee's E-mail Address </td> <td>Employee's Telephone Number </td> </tr> </table> <p>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.</p> <p>I attest, under penalty of perjury, that I am (check one of the following boxes):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 1. A citizen of the United States </td> </tr> <tr> <td><input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) </td> </tr> <tr> <td><input type="checkbox"/> 3. A lawful permanent resident  (Alien Registration Number/USCIS Number) </td> </tr> <tr> <td><input type="checkbox"/> 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)</td> </tr> </table> <p>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</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1. Alien Registration Number/USCIS Number: </td> <td>OR</td> <td style="text-align: right;">OR Code - Section 1 (Do Not Write in This Space)</td> </tr> <tr> <td>2. Form I-94 Admission Number: </td> <td>OR</td> <td></td> </tr> <tr> <td>3. Foreign Passport Number: </td> <td>Country of Issuance: </td> <td></td> </tr> </table> <p>Signature of Employee  Today's Date (mm/dd/yyyy) </p> <p>Preparer and/or Translator Certification (check one):</p> <p><input type="checkbox"/> I did not use a preparer or translator. <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.</p> <p>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</p> <p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Signature of Preparer or Translator </td> <td>Today's Date (mm/dd/yyyy) </td> </tr> <tr> <td>Last Name (Family Name) </td> <td>First Name (Given Name) </td> </tr> <tr> <td colspan="2">Address (Street Number and Name) </td> </tr> <tr> <td colspan="2">City or Town </td> </tr> <tr> <td colspan="2">State </td> </tr> <tr> <td colspan="2">ZIP Code </td> </tr> </table> <p style="text-align: center;">Click to Finish</p> <p style="text-align: center;"></p>			Last Name (Family Name) 	First Name (Given Name) 	Middle Initial 	Other Last Names Used (Family) 	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 	<input type="checkbox"/> 1. A citizen of the United States 	<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) 	<input type="checkbox"/> 3. A lawful permanent resident  (Alien Registration Number/USCIS Number) 	<input type="checkbox"/> 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)	1. Alien Registration Number/USCIS Number: 	OR	OR Code - Section 1 (Do Not Write in This Space)	2. Form I-94 Admission Number: 	OR		3. Foreign Passport Number: 	Country of Issuance: 		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 	
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Form I-9 10/21/2009 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 trackeri9@i9.calstate.edu 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 9:00 am – 4:00 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

Employee Action Request Form

<input type="button" value="Print Form"/> <input type="button" value="Reset Form"/>		<small>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-248).</small>	
STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE EMPLOYEE ACTION REQUEST <small>STD-888 (REV 10/2009) (FRONT)</small>			
CHECK ONE OR MORE BOXES) AND COMPLETE LISTED SECTIONS.			
B 01 <input type="checkbox"/> New Employee <small>SECTION C, E, F, G, H, I</small>		03 <input type="checkbox"/> Withholding Allowance Change <small>SECTION C, E, I</small>	
04 <input type="checkbox"/> *Address Change <small>SECTION C, F, I</small>		05 <input type="checkbox"/> Name Change <small>(Attach substantiation) SECTION C, D, I</small>	
RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY.			
A <input type="checkbox"/> BY AGENCY B2 <input type="checkbox"/> UNIT B3 <input type="checkbox"/> KEYED BY B4 <input type="checkbox"/> DATE KEYED		PERSONNEL OFFICE USE	
C 01 SOCIAL SECURITY NUMBER 02 EMPLOYEE LAST NAME 03 FIRST NAME AND MIDDLE INITIAL		D FORMER NAME (Last, First, and Middle)	
NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.			
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. FEDERAL WITHHOLDING - If no tax should be withheld, complete box 03, Part IV or V only.			
01 <input type="checkbox"/> NONRESIDENT ALIEN 04 <input type="checkbox"/> HIGHER WITHHOLDING <small>(See reverse, employee copy)</small> <small>(Must be Y or N. See reverse)</small>			
02 MARITAL STATUS FOR TAX PURPOSES ONLY <input type="checkbox"/> SINGLE 03 <input type="checkbox"/> CLAIM DEPENDENTS <small>AMOUNT MUST BE A WHOLE NUMBER</small> <input type="checkbox"/> MARRIED 05 <input type="checkbox"/> Amount <input type="checkbox"/> HEAD OF HOUSEHOLD 06 <input type="checkbox"/> optional 5 <small>OTHER INCOME</small> <small>NET FROM JOB</small> 07 <input type="checkbox"/> optional 5 DEDUCTIONS			
03 EXEMPT FROM FEDERAL WITHHOLDING - Write type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03 <input type="checkbox"/> optional <small>(See reverse)</small>			
II. STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only.			
08 MARITAL STATUS FOR TAX PURPOSES ONLY <small>(Check one)</small> <input type="checkbox"/> SINGLE OR MARRIED 09 <input type="checkbox"/> REGULAR ALLOWANCE(S) <small>Total you are claiming</small> <input type="checkbox"/> MARRIED 10 <input type="checkbox"/> ADDITIONAL ALLOWANCE(S) <small>Total you are claiming</small>			
III. ADDITIONAL DEDUCTIONS - Part I and Part II must be completed. Complete boxes 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 see a tax advisor.			
<small>I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below.</small>			
11 <input type="checkbox"/> optional FEDERAL ADDITIONAL DEDUCTION 12 <input type="checkbox"/> 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)			
<small>By writing/type 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.</small>			
<small>NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year.</small>			
V. NONTAXABLE WAGES - Check box 14 if wages you will receive are not subject to income tax withholding.			
<small>14 <input type="checkbox"/> I claim that the wages I will receive from the State are either a) MINISTER OF A CHURCH in the exercise of his/her ministry, b) NONRESIDENT ALIEN wages, or c) DECEASED EMPLOYEE WAGES. Indicate reason</small> <small>(See General Information on reverse)</small>			
ADDRESS CHANGE OR NEW EMPLOYEE <small>(See reverse)</small>			
F 01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)		02 CITY	
04 EMPLOYMENT LIST <small>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.)</small>		WORK PHONE <small>HOME PHONE</small>	
NEW EMPLOYEE - THIS INFORMATION MAY BE USED TO LOCATE PRIVATE PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS			
G 01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS <small>If applicable</small>		02 LASTNAME (if different) <small>03 SEPARATED <small>MD YR</small> </small>	
04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OR CITY, COUNTY, PUBLIC SCHOOL, UTILITY, ETC. <small>If applicable</small>		05 LAST NAME (if different) <small>06 SEPARATED <small>MD YR</small> </small>	
NEW EMPLOYEE OR BIRTHDATE CORRECTION			
H BIRTHDATE <small>MM DD YY</small>			
EMPLOYEE SIGNATURE <small>EMPLOYEE'S SIGNATURE</small>			
I <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 penalties of perjury, I certify that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number in 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 overcollections of current year (Social Security and Medicare taxes). I certify that I shall not claim a tax refund or credit for these overcollections.</i>			
PERSONNEL OFFICE USE			
J REVIEWER'S SIGNATURE <small>DATE</small>		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 or 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.

Oath of Allegiance Form



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 if 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 Form



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 in 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 this 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-116 (Revised 05/2020)

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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



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 Form

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

Additional Online Submissions: CHRS CSU Personal Details

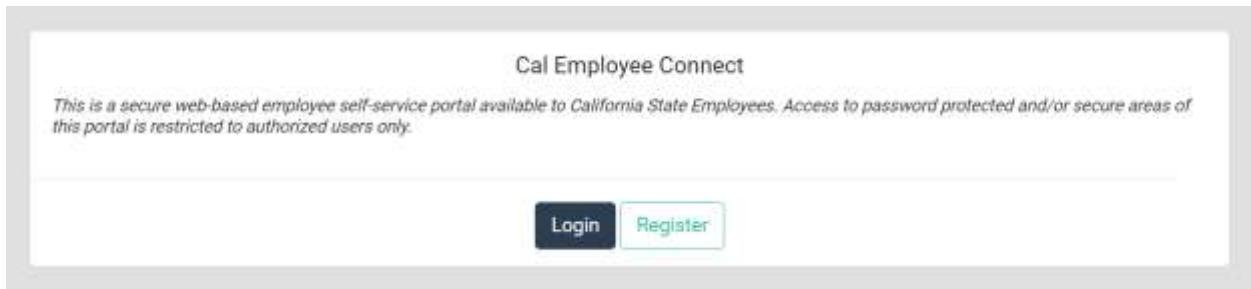
CSU Personal Details



Notes

- Once your employment has been processed and you get access to your MySacState's Employee Center, you can submit the following forms through the CSU Personal Details tile in CHRS. Instructions on how to submit these forms online are linked below.
 - [Emergency contact form](#)
 - [CSU Paycheck Designee form](#)
 - [Voluntary Self Identification of Disability form](#)
 - [Voluntary Veterans Status form](#)
 - [Voluntary Ethnic Self-Identification Form](#)

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.