

Student Payroll Action Request

Hints for Completing the SPAR Form

Top: Add a Department Name and check Work Study or Stud Asst.

Box B: Indicates what sections you need completed

Box H: You must choose single or married and decide on a number of allowances **OR** claim exemption from withholding tax. For assistance please see the IRS W-4 worksheet located on the HR webpage.

Box K: Please complete this box. This is who your check goes to if something happens to you.

Dept Name CSU STUDENT PAYROLL Work Study Chart Field Pay Rate

ACTION REQUEST Stud Asst.

THIS IS CARBONLESS PAPER. PRINT CLEARLY. USE BALLPOINT PEN.
See instructions on reverse of this form before completing.

TYPE OF TRANSACTION
CHECK ALL APPROPRIATE BOXES AND COMPLETE LISTED SECTIONS

B A98 NEW EMPLOYEE INFORMATION (C, D, I, K, L)
E03 WITHHOLDING ALLOWANCE CHANGE (C, H, I)
E04 ADDRESS CHANGE/ADDRESS WITHHOLD DESIGNATION CHANGE (C, D, I)
E05 NAME CHANGE (C, I) (ATTACH SUBSTANTIATION NAME VAM)
E07 BIRTHDATE CHANGE (C, E, I)
105 SSA NUMBER CHANGE (C, I)
SSA NO. WAS: (ATTACH SUBSTANTIATION)
445 ETHNIC CORRECTION (C, G, I)
CAMPUS USE ONLY
 DESIGNEE CHANGE (C, I, K)

OFFICE USE ONLY
01 AGENCY 02 UNIT 03 CLASS 04 SERIAL

C HSU ID 02 EMPLOYEE LAST NAME
SSN Name exactly as it appears on SS card
03 FIRST AND MIDDLE NAME

D 01 EMPLOYEE ADDRESS (Street, P.O. Box or Rural Route) 02 CITY STATE 03 ZIP CODE
04 ADDRESS WITHHOLD
I wish to have my home address kept confidential: YES NO

E BIRTHDATE **F** SEX **G** ETHNIC CODE
Mo Day Yr M or F (Enter Code)
For ethnic codes, see Section G of instructions. Enter appropriate code in space at the left.

WITHHOLDING ALLOWANCE CERTIFICATE *IMPORTANT***** Before completing Section H you must read IRS Form W-4 or W-4A and state tax Form DE-4.

H I. FEDERAL AND STATE ALLOWANCES
If no tax should be withheld, complete Part III or IV only.
01 MARITAL STATUS (Check One) FOR TAX PURPOSES ONLY
 SINGLE MARRIED 02 TOTAL ALLOWANCES

II. SPECIAL TREATMENT OF STATE ALLOWANCES
Complete boxes 03 thru 05 if you wish your California state withholding to be different than what you claim for federal withholding.
03 MARITAL STATUS (Check One) FOR TAX PURPOSES ONLY
 SINGLE MARRIED HEAD OF HOUSEHOLD
04 REGULAR ALLOWANCES 05 ADDITIONAL ALLOWANCES

III. EXEMPTION FROM WITHHOLDING - Complete box 06 if you are eligible to claim exemption from withholding. No Federal or State income tax will be withheld from your wages. DO NOT COMPLETE PARTS I or II. (See General Information - fourth page.)
06 I claim exemption from withholding because of no tax liability. Last year I did not owe any income tax and had a right to a full refund of ALL income tax withheld, AND this year I do not expect to owe any income tax and expect to have a right to a full refund of ALL income tax withheld.
If you are not having income tax withheld this year but expect to have a tax liability next year, you must file a withholding allowance claim by December 1st of this year.
This exemption will automatically expire on February 15th of next year unless you file a new certification by January 31st of next year.

IV. NONTAXABLE WAGES - Complete box 07 if wages you will receive are not subject to income tax withholding. (See General Information - fourth page.)
07 I claim that the wages I will be receiving from the State are either 1) MINISTER OF THE GOSPEL, or 2) NONRESIDENT, NONCITIZEN wages. Indicate reason.

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

CSU REPRESENTATIVE SIGNATURE
J I authorize the State Controller to take the action indicated hereon and do certify that the action is appropriate. I have reviewed the completion of this document and where appropriate, witnessed the subscription to the oath of allegiance or declaration of permission to work.
SIGNATURE DATE

DESIGNEE FOR STATE WARRANT(S)
K 01 DESIGNEE FIRST NAME AND INITIAL 02 LAST NAME
03 SOCIAL SECURITY NUMBER 04 AGE
05 DESIGNEE ADDRESS (Street, P.O. Box, or Rural Route) 06 CITY AND STATE
07 ZIP CODE

OATH OF ALLEGIANCE/DECLARATION OF PERMISSION TO WORK Complete Part I or Part II

L PART I - OATH OF ALLEGIANCE
I, , do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter. I hereby subscribe to this oath by signing in Section I above.

PART II - DECLARATION OF PERMISSION TO WORK
I am a lawful permanent resident noncitizen of the United States. YES NO
If "NO", I hereby certify that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.

Box C: Your name must be entered as it appears on your social security card.

Boxes D-G: Residence hall addresses are not accepted. Please use permanent address only.

Box I: You must sign and date the Employee Certification

Box L: You must sign the Oath of Allegiance if you are a U.S. citizen.

Box L: Leave Part II blank if you are a U.S. citizen. Complete only Part I or Part II.

Questions?

Call the Human Resources office:
Ext. 3626