

Employee Action Request Form

Mark this box , and complete Sections: C, E, F, G, H & I. Print form and sign.

For Section E - Only Complete

E. I. if you want the same withholding for Federal & State. Complete Parts E. II, III, or the remaining sections within Part E only IF they are applicable.

You **must** mark either single or married and put an amount in the rectangle for allowances elected. The higher the number placed in the rectangle, the least amount of taxes are withheld from each paycheck. IE: "Single & '0'" is requesting the highest withholding. Please note: If you don't see any withhold at this level, you didn't earn enough income for withholding.

Clear		Print	
Who is authorized to receive your pay 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 card. ONLY ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS. RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALL POINT PEN AND PRINT CLEARLY. NO CARBON REQUIRED.			
STATES OF CALIFORNIA - STATE CONTROLLER'S OFFICE EMPLOYEE ACTION REQUEST STD. 686 (REV. 12/2004)		PERSONNEL OFFICE USE 01 AGENCY 02 UNIT 03 KEYED BY 04 DATE KEYED	
B 01 <input type="checkbox"/> New Employee SECTIONS G, E, F, G, H, I 02 <input type="checkbox"/> Withholding Allowance Change SECTIONS C, E, F 04 <input type="checkbox"/> Address Change SECTIONS C, F, I 05 <input type="checkbox"/> Name Change (Attach Substantiation) SECTIONS G, C, I 07 <input type="checkbox"/> Birthdate Correction SECTIONS C, H, I		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 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 MARITAL STATUS FOR TAX PURPOSES ONLY (Check One) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED 02 <input type="text"/> TOTAL - Number of allowances you are claiming NOTE: Employees must notify IRS if more than 10 allowances are claimed. 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. 03 MARITAL STATUS FOR TAX PURPOSES ONLY (Check One) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> HEAD OF HOUSEHOLD 04 <input type="text"/> REGULAR ALLOWANCE(S) Total you are claiming 05 <input type="text"/> ADDITIONAL ALLOWANCE(S) Total you are claiming NOTE: Employees may be required to notify EDD if more than 10 allowances are claimed.		III. ADDITIONAL DEDUCTIONS - Complete box on and/or 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. This 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 IV. EXEMPTION FROM WITHHOLDING - Check box on 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. Employees are 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) NONRESIDENT 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 03 STATE 04 ZIP CODE 04 EMPLOYMENT LIST <input type="checkbox"/> 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.) 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. 01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF 02 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 Y YES MO Y YES	
H 01 BIRTHDATE MO DAY YEAR 02 EMPLOYEE SIGNATURE I certify that the above information is true and correct and that I understand the terms and conditions of the State of California's public employee retirement system. I understand that my signature on this form constitutes my agreement to the terms and conditions of the system. I understand that my signature on this form constitutes my agreement to the terms and conditions of the system. I understand that my signature on this form constitutes my agreement to the terms and conditions of the system.		PERSONNEL OFFICE USE 01 REVIEWER'S SIGNATURE 02 DATE 03 PHONE NO.	

>>> Please review page 2 of the actual form, for any clarification or other general information about the form <<<