### CSU Student Payroll Action Request

**This is carbonless paper. Print clearly; use ballpoint pen.**

See instructions on reverse of this form before completing.

**Employee Certification**

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.

**CSU Representative Signature**

I authorize the State Controller to take the action indicated herein 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.

**Designee for State Warrant(s)**

I authorize the State Controller to take the action indicated herein 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.

**Oath of Allegiance/Declaration of Permission to Work**

Complete Part I or Part II

**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.

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**Type of Transaction**

- [ ] Wage
- [ ] Check
- [ ] Deduction
- [ ] Payroll Pension
- [ ] Group Life Insurance
- [ ] Group Hospitalization Insurance
- [ ] Group Disability Insurance
- [ ] Other

**Oath of Allegiance/Declaration of Permission to Work**

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.

- [ ] 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 my income tax withholding for 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 31st of this year.

- [ ] This exemption will automatically expire on February 15th of next year.

- [ ] If wages you will receive are not subject to income tax withholding, (See General Information - fourth page.)

- [ ] I claim that the wages I will be receiving from the State are either 1) MINISTER OF A CHURCH, 2) NONRESIDENT ALIEN wages, or 3) Deceased Employee Wages. Indicate reason:

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**Employee Certification**

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, or to the oath of allegiance or declaration of permission to work.

**CSU Representative Signature**

I authorize the State Controller via the State Controller's Office to do the action indicated herein 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.