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). See also retirement beneficiary information on reverse side of employee copy.

STATE OF CALIFORNIA — STATE CONTROLLER'S OFFICE

EMPLOYEE ACTION REQUEST

STD. 686 (REV. 3/2003)

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 BALL POINT PEN AND PRINT CLEARLY. NO CARBON REQUIRED.

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 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)*

☐ **SINGLE**

☐ **MARRIED**

02 ☐ **TOTAL** - Number of allowances you are claiming

NOTE: Employers 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)*

☐ **SINGLE**

☐ **MARRIED**

☐ **HEAD OF HOUSEHOLD**

04 ☐ **REGULAR ALLOWANCE(S)** Total you are claiming

05 ☐ **ADDITIONAL ALLOWANCE(S)** Total you are claiming

NOTE: Employers may be required to notify EDD if more than 10 allowances are claimed.

III. ADDITIONAL DEDUCTIONS – Complete box 06 and/or 07 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. The 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 $ **FEDERAL** ADDITIONAL DEDUCTION

07 $ **STATE** ADDITIONAL DEDUCTION

IV. EXEMPTION FROM WITHHOLDING – Check box 08 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 ☐ *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. **Employers 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 ☐ 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) NONIMMIGRANT 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	STATE	03 ZIP CODE

04 EMPLOYMENT LIST

☐ Check this box if your address is changing and your name appears on any departmental employment list. (See back of third page.)

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:	01 LAST NAME (if different)	03 SEPARATED MO YR	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School or Utility, etc.)	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 SIGNATURE	DATE

PERSONNEL OFFICE USE

J REVIEWER'S SIGNATURE

DATE	PHONE NO.

White — Personnel/Payroll Services Div. Yellow — Personnel Pink — Employee

STATE OF CALIFORNIA — STATE CONTROLLER'S OFFICE

EMPLOYEE ACTION REQUEST

STD. 686 (REV. 3/2003) (REVERSE, EMPLOYEE COPY)

INFORMATION FOR EMPLOYEES COVERED BY THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)

You are entering into membership in the Public Employees' Retirement System (PERS) which provides you and your fellow State employees with retirement and other benefits. Member contributions, those contributions made by the State of California, and the interest earned on investments provide for service retirement, disability retirement, and death benefits. An information booklet is available from your personnel office. The booklet describes your particular benefit coverage in detail.

BENEFICIARIES FOR DEATH BENEFITS

1. ***STATUTORY BENEFICIARIES*** -- If you should die while in employment covered by PERS and you do not name other beneficiaries, death benefits will be paid to your survivors in the following order:
   a. Your spouse (husband or wife).
   b. If you have no spouse, your children (share and share alike).
   c. If you have neither a spouse nor children, your parents (share and share alike).
   d. If you have none of the above, the benefits will be paid to your estate. If your estate will not be probated, payment will be made to next of kin as provided by law.
2. ***NAMING DIFFERENT BENEFICIARIES*** -- If you wish, you may at any time name different beneficiaries or change the order of those listed as statutory. To do so, you must file with PERS, a Beneficiary Designation (State Form STD. 241), obtainable from your personnel office. **DO NOT FILE FORM STD. 241 IF THE STATUTORY BENEFICIARIES LISTED IN ITEM NO. 1 ARE SATISFACTORY.**

Each time you marry, or your marriage is dissolved or annulled, or you acquire a child by birth or adoption, the Public Employees' Retirement Law will automatically revoke any previously named beneficiaries and establish statutory beneficiaries as listed in Item No. 1. If the statutory beneficiaries are not satisfactory, you must file a form STD. 241 to reflect your desired change.

RESTORATION OR PURCHASE OF RETIREMENT SERVICE CREDIT

If you were a former member of the Public Employees' Retirement System (PERS) and withdrew your contributions, you have the right to redeposit those funds as a member of the first-tier retirement plan and restore your previous service; or your previous state service can be restored at no cost if you are a member of the second-tier plan and you have elected to have all past service credited to your account. You may also have the right to receive retirement service credit for state employment in which you were not a PERS member. Additional retirement service credit will in most cases increase your potential retirement benefits. Information on restoration or purchase of retirement service credit may be obtained by writing to the Public Employees' Retirement System, Member Services Division -- 832, P.O. Box 942704, Sacramento, CA 94229-2704.

GENERAL INFORMATION

TAXES

IF YOU ARE EXEMPT FROM EITHER FEDERAL OR STATE WITHHOLDING, but not exempt from both, contact your personnel office for special instructions.

IF YOU WILL RECEIVE NONTAXABLE WAGES, please indicate the reason on your withholding claim in the space provided. The reason must be one of the following:

a. "Minister of the church in the exercise of his ministry" -- employed by the State of California as a Chaplain.

b. "Nonimmigrant Alien per Tax Treaty" (indicate on claim: "Exempt per Article _____ of treaty between United States and _(Country)_.") Tax Treaty must cite exemption from both Federal and State personal income tax to qualify for this exemption.

c. "Deceased Employee Wages"--agency administrative action.

If you have any questions regarding your eligibility under any of the above reasons, you should contact your local Internal Revenue Service Office or the Employment Tax District Office of the Employment Development Department.

EMPLOYEES WITH TWO OR MORE CONCURRENT JOBS WITH THE STATE OF CALIFORNIA. The allowances you claim on this form will be used for tax withholding purposes for all wages paid under the Uniform State Payroll System. The Uniform State Payroll System includes all California State Agencies (except as noted below) and the California State Universities. It does not include the California Agricultural Associations, the University of California or Legislative employees.

IF YOUR NORMAL LOCATION OF EMPLOYMENT IS NOT IN CALIFORNIA and you are a California State employee, you may be eligible to have income tax for another state withheld from your wages under the reciprocity provisions required by G.C. 1170.5. Contact your personnel office for additional information.

EARNED INCOME CREDIT (EIC)

You may be entitled to an income tax refund or credit from the Internal Revenue Service (IRS) if you meet certain eligibility requirements relating to your annual income and family size. You have the option of receiving advance payments of the earned income credit each month or claiming the credit on Form 1040 or 1040A, your annual tax return, and receiving the credit when you file. To find out more information about the credit, contact your personnel/payroll office or IRS at 1-800-829-1040. To request advance EIC payments, you must complete a Form W-5, Earned Income Advance Payment Certificate. The W-5 is available at your local IRS office or can be ordered by calling 1-800-829-3676.

ADDRESS CHANGE

IF YOU HAVE A U.S. SAVINGS BOND DEDUCTION and the address of the registered owner is changing, you must complete a new United States Savings Bonds Purchase/Payroll Deduction Authorization, STD. 242.

IF YOU HAVE OTHER DEDUCTIONS, you must change your address with the deduction company. This form does not affect an address change with deduction companies.

IF YOUR NAME APPEARS ON ANY DEPARTMENTAL EMPLOYMENT LIST (Open, Promotional, Reemployment, etc.), and your address is changing, check Box 04 in Section F. Your department will update the appropriate list(s) with this information.

PRIVACY NOTIFICATION

The Information Practices Act of 1977 (California Civil Code Section 1798.17) and the Federal Privacy Act (5 USC 552a, subd. (e)(3)) require this notice to be provided when collecting personal information from individuals.

The information your are asked to provide on this form is requested by the Office of the State Controller, Personnel/Payroll Services Division. The information will be used by the State Controller's Office for personnel, payroll, retirement and health benefits processing.

Furnishing the information requested on this form is mandatory except for Prior Public Employment (Section G). Furnishing prior public employment information is voluntary. Noncompliance in providing your social security number and name will result in refusal of employment. Failure to furnish other requested information may result in inaccurate determination of credit for State service, payroll calculations, retirement and/or health benefits.

Legal references authorizing the maintenance of this information by the State Controller's Office include: Federal Internal Revenue Code (26 USC Sections 3402(a), 6011, 6051, and 6109) and the regulations thereto; Federal Public Health and Welfare Code (42 USC Section 403); and California Government Code Sections 12470 through 12479 and 16391 through 16395; California Unemployment Insurance Code Section 13020; delegated authority from the State Personnel Board; and delegated authority from the Trustees of the California State University.

Certain items of information furnished on this form may be transferred to the following governmental or private agencies where authorized by law; State Personnel Board, Department of Personnel Administration, Trustees of the California State University, Employment Development Department, Department of Social Services, Department of Finance, Public Employees' Retirement System, employing State agencies and campuses, Social Security Administration, Federal Internal Revenue Service, California State Franchise Tax Board, other state income tax bureaus and other governmental entities when required by state or federal law, organizations for which deductions are authorized by law, and collective bargaining organizations.

Employees have the right to review their own personal information maintained by the State Controller's Office unless access is exempted by law. Contact: Personnel/Payroll Services Division, State Controller's Office, P.O. Box 942850, Sacramento, CA 94250-5878.