

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE
EMPLOYEE ACTION REQUEST
 STD. 686 (REV 12/2020)(FRONT)

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).

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 BALLPOINT PEN AND PRINT CLEARLY.

B	01 <input type="checkbox"/> New Employee SECTIONS C, E, F, G, H, I	03 <input type="checkbox"/> Withholding Allowance Change SECTIONS C, E, I	04 <input type="checkbox"/> *Address Change } SECTIONS C, F, I	05 <input type="checkbox"/> Name Change (Attach substantiation) SECTIONS C, D, I	07 <input type="checkbox"/> Birthdate Correction SECTIONS C, H, I
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NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

NAME CHANGE	
D	FORMER NAME (Last, First, and Middle)

C	01 SOCIAL SECURITY NUMBER	02 EMPLOYEE LAST NAME	03 FIRST NAME AND MIDDLE INITIAL
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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	I. FEDERAL WITHHOLDING – If no tax should be withheld, complete box 03, Part IV or V only. 01 <input type="checkbox"/> NONRESIDENT ALIEN (See reverse, employee copy) 02 <input type="checkbox"/> MARITAL STATUS FOR TAX PURPOSES ONLY <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> HEAD OF HOUSEHOLD 03 <input type="checkbox"/> EXEMPT FROM FEDERAL WITHHOLDING – Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03 <input type="text"/> (See reverse)		04 <input type="checkbox"/> HIGHER WITHHOLDING (Must be Y or N. See reverse) 05 <input type="text"/> CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER 06 <input type="text"/> OTHER INCOME NOT FROM JOBS 07 <input type="text"/> DEDUCTIONS		III. ADDITIONAL DEDUCTIONS – Part I and Part II must be completed. Complete box(es) 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 be a dollar amount. I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below. 11 <input type="text"/> FEDERAL ADDITIONAL DEDUCTION 12 <input type="text"/> 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.) <i>By writing/typing 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.</i> NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year. 13 <input type="text"/>
	II. STATE ALLOWANCES – If no tax should be withheld, complete Part IV or V only. 08 <input type="checkbox"/> SINGLE OR MARRIED (WITH TWO OR MORE INCOMES) <input type="checkbox"/> MARRIED (ONE INCOME) <input type="checkbox"/> HEAD OF HOUSEHOLD 09 <input type="text"/> REGULAR ALLOWANCE(S) Total you are claiming 10 <input type="text"/> ADDITIONAL ALLOWANCE(S) Total you are claiming		V. NONTAXABLE WAGES – Check box 14 if wages you will receive are not subject to income tax withholding. 14 <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 reverse) <input type="text"/>		

ADDRESS CHANGE OR NEW EMPLOYEE *See reverse.				
F	01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)	02 CITY	STATE	03 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 reverse.)	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

G	01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:	02 LAST NAME (if different)	03 SEPARATED MO YR	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.)	05 LAST NAME (if different)	06 SEPARATED MO YR
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NEW EMPLOYEE OR BIRTHDATE CORRECTION

EMPLOYEE SIGNATURE

H	BIRTHDATE MO DAY YR	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'S SIGNATURE	DATE

PERSONNEL OFFICE USE

J	REVIEWER'S SIGNATURE
	DATE PHONE NUMBER

INFORMATION FOR EMPLOYEES COVERED BY THE CALIFORNIA PUBLIC EMPLOYEES’ RETIREMENT SYSTEM (CalPERS)

You are entering into membership in the California Public Employees’ Retirement System (CalPERS) 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 PRE-RETIREMENT SURVIVOR BENEFITS

For information regarding CalPERS beneficiaries for Survivor Benefits, please go to www.calpers.ca.gov, and use the search engine to locate information on Beneficiary Designations.

RESTORATION OR PURCHASE OF RETIREMENT SERVICE CREDIT

You may be eligible to increase your CalPERS service credit through a service credit purchase and the more service credit you have at retirement, the higher your monthly benefit may be. Information on the purchase or redeposit of retirement service credit may be obtained by visiting the CalPERS website at www.calpers.ca.gov.

ADDRESS CHANGE

IF YOU HAVE 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 and enter your phone number(s) in Section F. Your department will update the appropriate list(s) with this information.

GENERAL TAX INFORMATION

IF YOU ARE A NONRESIDENT ALIEN PER INTERNAL REVENUE SERVICE (IRS) NOTICE 2005-76, check the Nonresident Alien box. If you have questions as to whether you should mark this box, you should contact your human resources office.

IF YOU ARE EXEMPT FROM STATE WITHHOLDING ONLY, but not exempt from federal and state, contact your personnel office for special instructions.

IF YOU ARE EXEMPT FROM FEDERAL WITHHOLDING ONLY, Write/type EXEMPT in box 03 if you are eligible to claim exemption from federal withholding. No Federal income tax will be withheld from your wages.

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 / her ministry” – employed by the State of California as a Chaplain.
- b. “Nonresident 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.

STATE MUST BE COMPLETED, EFFECTIVE 2020

For important information regarding these items, you must read [Employment Development Department](#) (EDD) Form DE-4.

09. REGULAR ALLOWANCES: Total Number of Allowances you are claiming.

10. ADDITIONAL ALLOWANCES: If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances.

FEDERAL NEW ITEMS, EFFECTIVE 2020

For important information regarding these items, you must read the [Internal Revenue Service](#) (IRS) Form W-4.

04. HIGHER WITHHOLDING (TWO JOB INDICATOR - STEP 2(C) ON THE IRS 2020 FORM W-4):

Y- YES TO HIGHER WITHHOLDING

N - NO TO HIGHER WITHHOLDING

05. CLAIM DEPENDENTS: Enter the annual amount to be claimed. This is the amount for the child tax credit and the credits for other dependents that may be claimed on your tax return.

06. OTHER INCOME (NOT FROM JOBS): Enter the total dollar amount of other estimated income for the year, if any. This does not include income from other jobs. This may include, interest dividends and retirement income.

07. DEDUCTIONS: Enter the resulting amount from the Deductions Worksheet on the IRS Form W-4, if you expect to claim deductions other than the basic standard deductions on the current year's tax return.

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 you 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 Human Resources, 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.