

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
EMPLOYEE ACTION REQUEST
 STD. 686 (REV. 7-99)

PERSONNEL OFFICE USE

A	01 AGENCY	02 UNIT	03 KEYED BY	04 DATE KEYED
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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 <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.

C	01 SOCIAL SECURITY NUMBER	02 EMPLOYEE LAST NAME	03 FIRST NAME AND MIDDLE INITIAL
D	NAME CHANGE 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) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	02 <input type="text"/> TOTAL - Number of allowances you are claiming NOTE: Employers must notify IRS 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.
	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: Employers may be required to notify EDD if more than 10 allowances are claimed.	06 \$ <input type="text"/> FEDERAL ADDITIONAL DEDUCTION 07 \$ <input type="text"/> 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 <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. 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 <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) 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 <input type="checkbox"/> 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
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NEW EMPLOYEE OR BIRTHDATE CORRECTION **EMPLOYEE SIGNATURE**

H	BIRTHDATE MO DAY YR	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. EMPLOYEE SIGNATURE DATE
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PERSONNEL OFFICE USE

J	REVIEWER'S SIGNATURE DATE	PHONE NO.
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