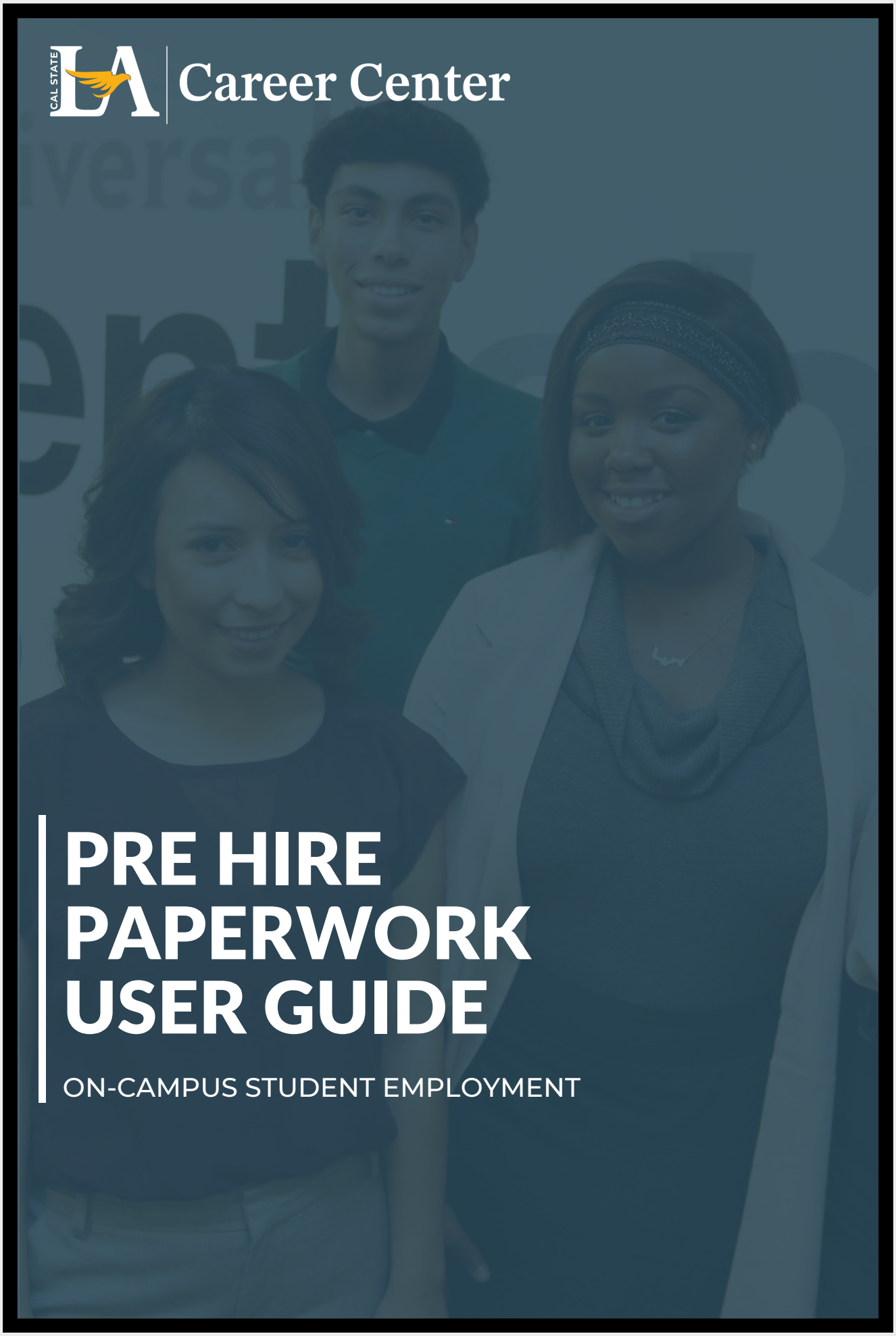


PRE HIRE PAPERWORK USER GUIDE

ON-CAMPUS STUDENT EMPLOYMENT

Pre Hire Paperwork Overview

Welcome to Cal State LA, and congratulations on your student employment offer!

As a new student employee candidate, you are required to complete paperwork as part of the pre-hire process. This guide is here to help you complete the required sections of the forms highlighted. We encourage you to review all forms carefully so you understand the information being requested.

If you need additional assistance at any point, please contact Student Employment at studemp@calstatela.edu.

Pre Hire Forms

1. Student Payroll Action Request Form (SPAR)
2. Social Security Administration Form 1945 (SSA)

Additional Online Submissions

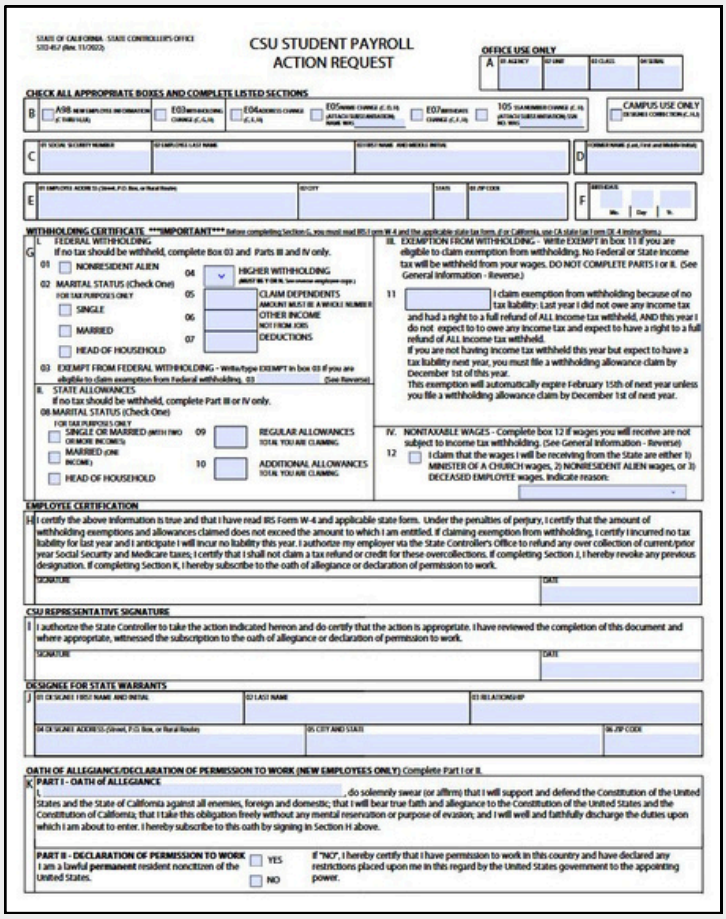
Student employees can add or update the following information at any point during their employment on their CHRS Employee Self Service Homepage.

1. Contact Details
2. Emergency Contacts
3. Personal Address

For more information and quick access to CHRS training materials for student employees, visit the Student Assistants Quick Links webpage.

Student Payroll Action Request (SPAR) Form

Get Ready!



CSU STUDENT PAYROLL ACTION REQUEST

Open the webform link below to access the form.

- SPAR Form Link

Note: As you fill out the SPAR form, please be sure to review the general information and instructions on page two of the packet—they'll guide you through each step of the process.

Note

Everyone's tax situation is a little different, so we encourage you to speak with a tax professional if you have questions about your withholding options. While our office isn't able to offer tax advice, please know that you can update your tax withholding at any time by submitting a revised SPAR form.

CAL STATE LA | Career Center

SPAR Form

Let's Get Started!

Section C

C	01 SOCIAL SECURITY NUMBER	02 EMPLOYEE LAST NAME	03 FIRST NAME AND MIDDLE INITIAL

Type your Social Security Number, Legal Last and First Name along with middle initial (if applicable) as it is shown on your Social Security Card.

Section E

E	01 EMPLOYEE ADDRESS (Street, P.O. Box, or Rural Route)	02 CITY	STATE	03 ZIP CODE

Address – Please provide your mailing address. The address you provide is where your W-2 tax information will be sent in January of next year.

Section F

F	BIRTHDATE		
	Mo.	Day	Yr.

Enter Birthdate. Enter numerically the month, day, and year of your birth.

Section J

DESIGNEE FOR STATE WARRANTS			
J	01 DESIGNEE FIRST NAME AND INITIAL	02 LAST NAME	03 RELATIONSHIP
	04 DESIGNEE ADDRESS (Street, P.O. Box, or Rural Route)	05 CITY AND STATE	06 ZIP CODE

Designate a person who is 18 years of age or older and lives in the United States to receive your last paycheck if you were to pass away during your employment with the University.

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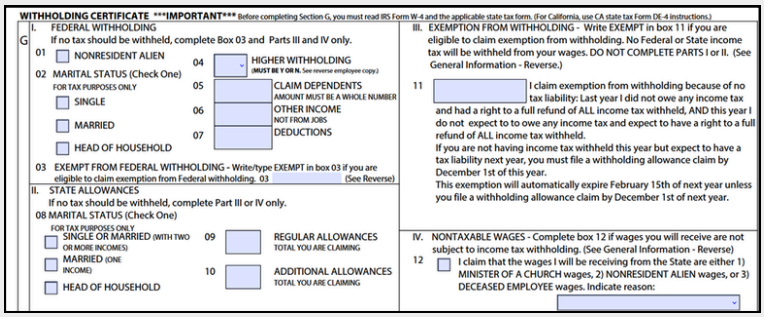
SPAR Form

Section G

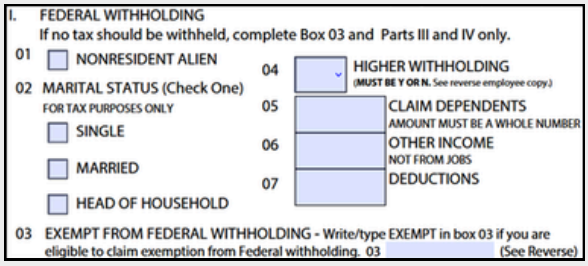

WITHHOLDING CERTIFICATE ***IMPORTANT*** Before completing Section G, you must read IRS Form W-4 and the applicable state tax form. (For California, use CA state tax Form DE-4 Instructions.)

G I. FEDERAL WITHHOLDING
If no tax should be withheld, complete Box 03 and Parts III and IV only.
01 NONRESIDENT ALIEN
02 MARITAL STATUS (Check One) FOR TAX PURPOSES ONLY
SINGLE
MARRIED
HEAD OF HOUSEHOLD
04 HIGHER WITHHOLDING (MUST BE Y OR N. See reverse employee copy.)
05 CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER
06 OTHER INCOME NOT FROM JOBS
07 DEDUCTIONS
03 EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03 (See Reverse)
II. STATE ALLOWANCES
If no tax should be withheld, complete Part III or IV only.
08 MARITAL STATUS (Check One) FOR TAX PURPOSES ONLY
SINGLE OR MARRIED (WITH TWO OR MORE INCOMES)
MARRIED (ONE INCOME)
HEAD OF HOUSEHOLD
09 REGULAR ALLOWANCES TOTAL YOU ARE CLAIMING
10 ADDITIONAL ALLOWANCES TOTAL YOU ARE CLAIMING
III. EXEMPTION FROM WITHHOLDING - Write EXEMPT in box 11 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. (See General Information - Reverse.)
11 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 to owe any income tax and expect to have a right to 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 1st of this year.
This exemption will automatically expire February 15th of next year unless you file a withholding allowance claim by December 1st of next year.
IV. NONTAXABLE WAGES - Complete box 12 if wages you will receive are not subject to income tax withholding. (See General Information - Reverse)
12 I claim that the wages I will be receiving from the State are either 1) MINISTER OF A CHURCH wages, 2) NONRESIDENT ALIEN wages, or 3) DECEASED EMPLOYEE wages. Indicate reason:

Note

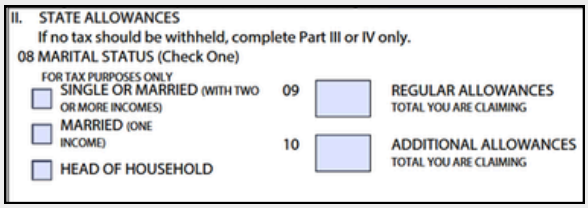
Completing Section G (Withholding Certificate) lets your employer know how much money to withhold from your paycheck for federal and state taxes. Accurately completing Section G can help you avoid an outstanding balance at tax time.

Part I Federal Withholding


I. FEDERAL WITHHOLDING
If no tax should be withheld, complete Box 03 and Parts III and IV only.
01 NONRESIDENT ALIEN
02 MARITAL STATUS (Check One) FOR TAX PURPOSES ONLY
SINGLE
MARRIED
HEAD OF HOUSEHOLD
04 HIGHER WITHHOLDING (MUST BE Y OR N. See reverse employee copy.)
05 CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER
06 OTHER INCOME NOT FROM JOBS
07 DEDUCTIONS
03 EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03 (See Reverse)

In addition to page two of the SPAR packet, use the **IRS Form W-4** worksheets included to complete your federal withholding allowances. The green labels on the IRS Form W-4 correlate to the fields on the SPAR form.

Part II State Allowances


II. STATE ALLOWANCES
If no tax should be withheld, complete Part III or IV only.
08 MARITAL STATUS (Check One) FOR TAX PURPOSES ONLY
SINGLE OR MARRIED (WITH TWO OR MORE INCOMES)
MARRIED (ONE INCOME)
HEAD OF HOUSEHOLD
09 REGULAR ALLOWANCES TOTAL YOU ARE CLAIMING
10 ADDITIONAL ALLOWANCES TOTAL YOU ARE CLAIMING

In addition to page two of the SPAR packet, use the **California Form DE-4** included to complete your state withholding allowances. The green labels on the California Form DE-4 correlate to the fields on the SPAR form.

If you do not complete Section G. *If you are new to State service and you fail to complete Section G, you will be treated (for withholding tax purposes) as a single person with standard deduction with no other entries*

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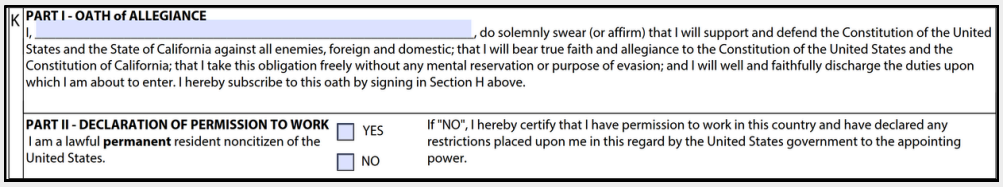
SPAR Form

Section K



K **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 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 California; that I take this obligation freely without any mental reservation or purpose of evasion; and 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 H above.

PART II - DECLARATION OF PERMISSION TO WORK I am a lawful **permanent** resident noncitizen of the United States. ☐ YES ☐ NO
If "NO", I hereby certify that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.

Note

You will complete Part 1 **or** Part 2 of Section K. See the instructions for each part and complete the one that pertains to you.

Part I Oath of Allegiance

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 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 California; that I take this obligation freely without any mental reservation or purpose of evasion; and 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 H above.

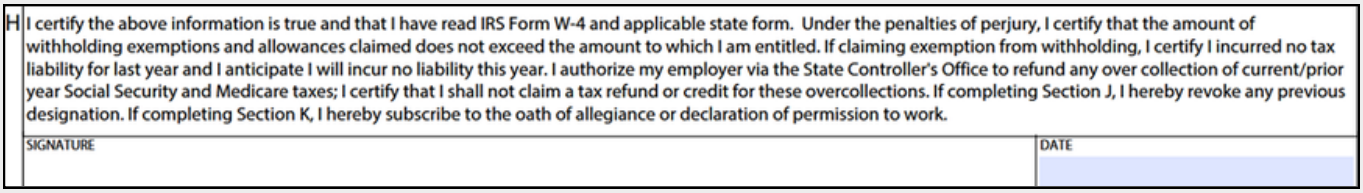
Every State employee, except legally employed noncitizens, must sign the Oath (Part 1).

Part II Declaration of Permission to Work

PART II - DECLARATION OF PERMISSION TO WORK I am a lawful **permanent** resident noncitizen of the United States. ☐ YES ☐ NO
If "NO", I hereby certify that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.

The Declaration of Permission to Work (Part 2), is required of noncitizens.

Section H



H I certify the above information is true and that I have read IRS Form W-4 and applicable state form. Under the penalties of perjury, I certify that the amount of withholding exemptions and allowances claimed does not exceed the amount 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. I authorize my employer via the State Controller's Office to refund any over collection of current/prior year Social Security and Medicare taxes; I certify that I shall not claim a tax refund or credit for these overcollections. If completing Section J, I hereby revoke any previous designation. If completing Section K, I hereby subscribe to the oath of allegiance or declaration of permission to work.

SIGNATURE | DATE

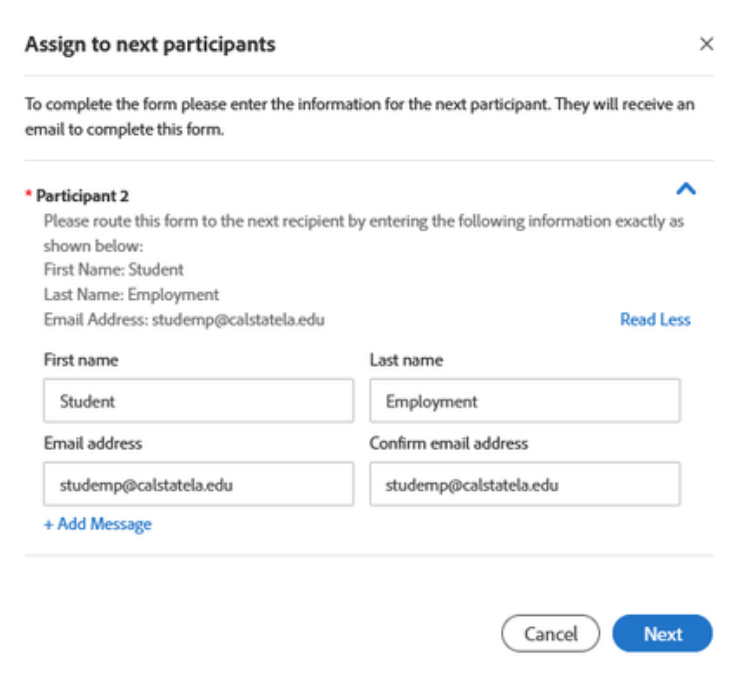
Employee Certification - You must sign your name, certifying to the accuracy of information entered on the form.

CAL STATE LA Career Center

SPAR Form

Assign to Next Participants

After completing the form, you will be prompted to assign the next participant for signature.



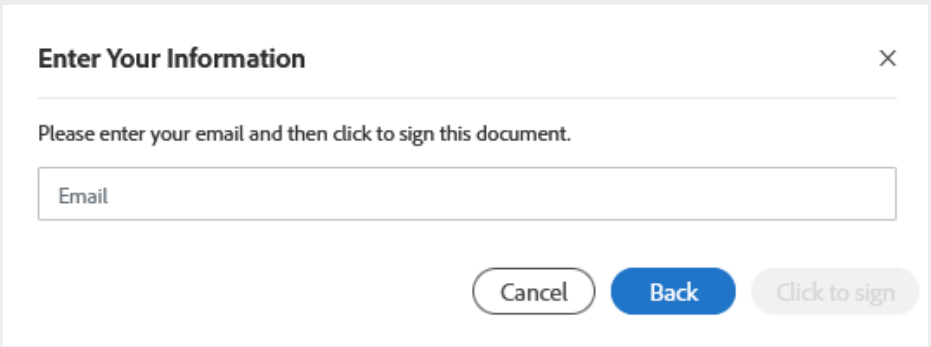
Please route this form to the next recipient by entering the following information exactly as shown below:

First Name: Student
Last Name: Employment
Email Address: studemp@calstatela.edu

After entering the information, continue to send the document for signature processing.

Enter Your Information

After assigning the next participant, you will be prompted to enter your Cal State LA student email.



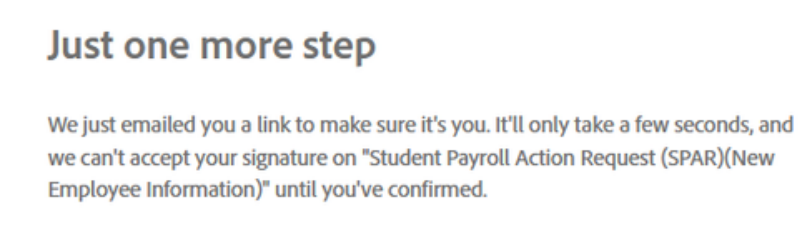
Please **enter** your Cal State LA student email and Click to Sign.

Career Center

SPAR Form

Confirm Your Email

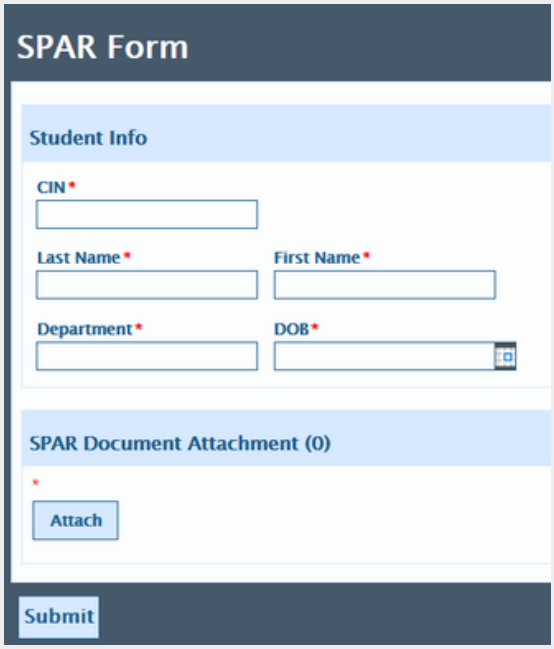
After entering your email, you will be prompted to confirm your email address by opening the verification link sent to your student email.



Note: The form will not be routed to the next participant for signature until you've confirmed your student email.

Upload Your SPAR Form

After the form has been signed by all parties, you will receive a finalized copy in your student email inbox. Please be sure to upload the completed form by following the instructions below.



Open the link below to access the SPAR form submission webpage.

- Upload the SPAR Form Link

Complete the Student Information section, attach the completed form, and click Submit.

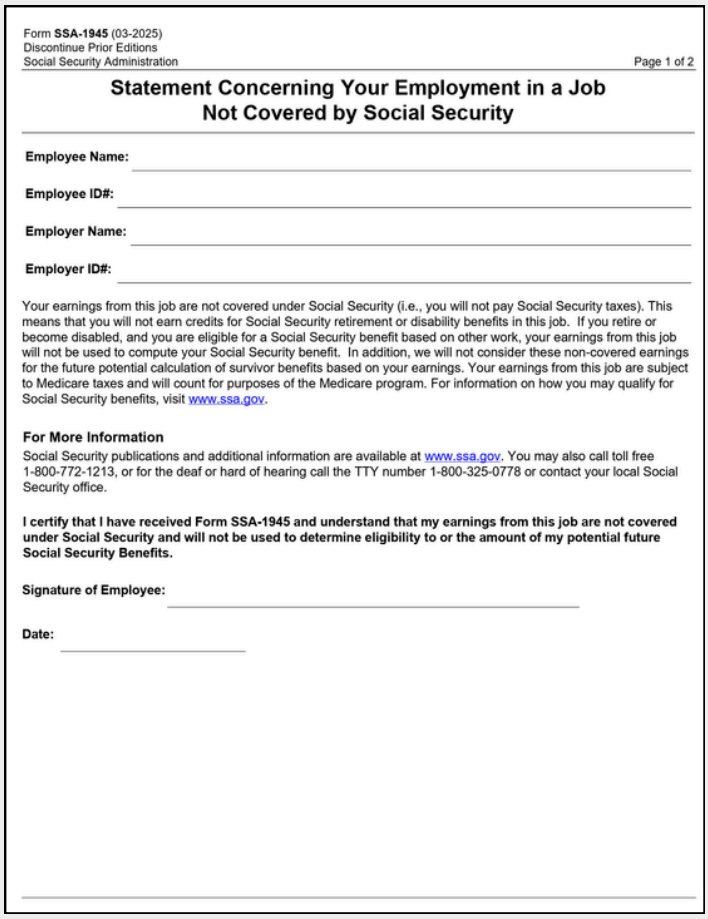
Note: The department refers to the department that offered you the student employment position.

You're finished with the SPAR Form

Career Center

Social Security Administration Form 1945 (SSA)

Get Ready!



Form **SSA-1945** (03-2025)
Discontinue Prior Editions
Social Security Administration
Page 1 of 2

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name: _____

Employee ID#: _____

Employer Name: _____

Employer ID#: _____

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit www.ssa.gov.

For More Information
Social Security publications and additional information are available at www.ssa.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778 or contact your local Social Security office.

I certify that I have received Form SSA-1945 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of my potential future Social Security Benefits.

Signature of Employee: _____

Date: _____

Open the webform link below to access the form.

- SSA 1945 Form

As part of your hiring process, we need you to complete the SSA-1945 form. This form explains how working in a job that doesn't pay into Social Security (like this one) might affect your future Social Security benefits. It's important information for your retirement planning.

Let's Get Started!

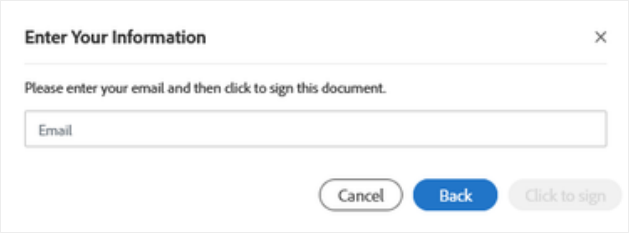
Please review the form carefully, complete the required sections, and sign it.

CAL STATE LA | Career Center

SSA 1945 Form

Enter Your Information

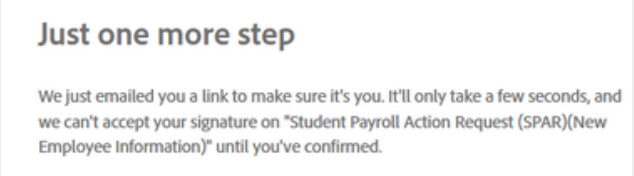
After completing the form, you will be prompted to enter your email.



Please **enter** your Cal State LA student email and Click to Sign.

Confirm Your Email

After entering your student email, you will be prompted to confirm your email address by opening the verification link sent to your student email.



Note: The form will not be signed and finalized until you've confirmed your student email.

Upload Your SSA 1945 Form

After you have signed the form, a finalized copy will be sent to your student email inbox. Please be sure to upload the completed form by following the instructions below.

Open the link below to access the SPAR form submission webpage.

- Upload the SSA 1945 Form Link

Complete the Student Information section, attach the completed form, and click Submit.

You're finished with the SSA 1945 Form

Career Center

Contact Information

323-343-3293

studemp@calstatela.edu

www.calstatela.edu/careercenter

Cal State LA Career Center