

****CSUDH STUDENTS ONLY****

- I understand that neither my employer, the CSUDH Foundation, nor I has a FICA tax liability while my exemption continues to be in effect.
- I am a student at CSUDH and enrolled in at least 6 undergraduate units or 4 graduate units.
- I understand that I cannot work more than 20 hours per week during the academic session in order to qualify for the exemption.
- I understand that I will need to notify the Foundation HR/Payroll Department (in writing) immediately should my enrollment status change.
- I understand that this exemption, if accepted, will remain in effect only for the duration of my employment with the Foundation in connection with my student status as listed above and that this form will need to be submitted each semester in order to qualify for the exemption.

Must attach one of the following:

- 1)** Class schedule (website printout)
- 2)** Letter from CSUDH Enrollment Services
- 3)** Letter from Financial Aid

By signing below, I understand that I will be exempt from Social Security and Medicare (FICA) taxes for the academic session and that the above recitals are true and complete to the best of my knowledge. I understand that any false statements on this document may result in termination.

Name (Print)

Employee Signature

Date

_____ I **do not** wish to participate in the exemption mentioned above.
Initial