



University Corporation At Monterey Bay

100 Campus Center Seaside, CA 93955-9001 831/582-4448

Student Name (Please Print)

Student Employment Acknowledgement of Social Security & Medicare Exemption

****CSUMB STUDENTS ONLY****

I am a student at CSUMB and enrolled in at least 6 undergraduate units or 4 graduate units. All statements made are true and complete to the best of my knowledge, I understand that any false statements on this document may result in termination.

By signing below, I understand that I will be exempt from Social Security and Medicare taxes during Fall and Spring semesters.

I understand that neither my employer, University Corporation of CSUMB, nor I has a FICA tax liability while my exemption continues to be in effect. I will notify the University Corporation immediately should my enrollment status change. Further, I understand that this exemption, if accepted, will remain in effect only for the duration of my employment with the University Corporation in connection with my student status as listed above.

Employee Signature

Date

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