

NAME CHANGE FORM

DATE:

SOCIAL SECURITY #:

NAME ON FILE:

CHANGE TO:

CURRENT ADDRESS:

CURRENT PHONE:

SIGNATURE

YOU WILL NEED TO PROVIDE THE PERSONNEL OFFICE WITH A COPY OF YOUR NEW SOCIAL SECURITY CARD AS WELL AS YOUR DRIVER'S LICENSE, MARRIAGE CERTIFICATE, OR COURT ORDER REFLECTING YOUR NAME CHANGE. PLEASE BRING THE APPROPRIATE DOCUMENTATION, ALONG WITH THIS FORM, TO THE PERSONNEL OFFICE.

FOR OFFICE USE ONLY

ERA FORMS: 1 For Personnel File, 1 To ERA

W-4 FORM: Original To Personnel File, Copy To folder

I-9 FORM: 1 For Personnel

Cc: Benefits, Sharon McKinnon, Leticia Garcia Personnel File, Technology