



Effective Date: _____

NAME CHANGE

Current Employee Name: _____ Employee #: _____

New Employee Name: _____

* Please note the documentation needed for name changes to be processed.

- Marriage (copy of **Social Security Card** with new name and **Marriage License**)
 - Divorce (copy of **Divorce Decree**)
 - Other: _____
-

Employee Signature: _____ Date: _____

Human Resource use only:

Date Received in HR: _____ Date Entered: _____