**Change in Employee Information**

|  |  |  |
| --- | --- | --- |
| **NAME CHANGE** | |  |
| **Dr.**  **Mr.**  **Mrs.**  **Ms.** | **(FROM)**  Last Name: | |
| First Name: Middle: | |
| **Dr.**  **Mr.**  **Mrs.**  **Ms.** | **(TO)**  Last Name: | |
| First Name: Middle: | |

***NOTE: Federal regulations do not allow employers to accept pre-copied, scanned or faxed documents for verification; to complete the name change process the employee must physically visit the Division of Human Resources.***

**VALID SUPPORTING DOCUMENTATION**

* Social Security card (Name Change)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ADDRESS CHANGE** | |  | | |
| **FROM** | Street /Route #: Apt.#: | | | |
| City: | | State: | Zip: |
|  | | | | |
| **TO** | Street/Route #: Apt.#: | | | |
| City: | | State: | Zip: |

|  |  |  |
| --- | --- | --- |
| **TELEPHONE CHANGE** | |  |
| **FROM** | Area Code: Phone #: | |
|  | | |
| **TO** | Area Code: Phone #: | |

|  |  |  |
| --- | --- | --- |
| **EMAIL CHANGE** | |  |
| **FROM** |  | |
|  | | |
| **TO** |  | |

|  |  |
| --- | --- |
| **CHANGE DIVISION INFORMATION** |  |
| Building Location: | |
| New Division: | |
| Telephone: | |
| E-Mail Address: | |

**UPDATE EMPLOYEE DOCUMENTATION REQUIRED:**

* I-9
* W-2
* W-4
* Beneficiary Forms