**Dept. / Division:**  

**Employee Change Form**



# Employee

**Name:**

**Social Security**

**Number:**

**Today’s Date: \_\_\_\_**

**Effective Date: \_\_\_\_**

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**Address**

**Phone Number Emergency Contact**

**TYPE OF CHANGE**

*Please check all that apply.*

 **Marital Status**

 **Name Change**

*Please see below for additional documentation that must be submitted with your request.*

*Please print clearly.*

## Address:

**City: State: ZIP:**

**Phone: ( )**

**Emergency Contact Name: Emergency Contact Phone: ( )**

**Emergency Contact Relationship:**

***THE FOLLOWING CHANGES REQUIRE SUBMISSION OF A NEW W-4 and NC-4 AND COPY OF THE LEGAL DOCUMENTATION WITH THIS CHANGE REQUEST FORM.***

# Marital Status: Single Married Widowed Divorced Name Change:

*This should be your name as it appears on your Social Security card. You must also include a copy of your Social Security card with this request in order for the change to be processed.*

# Original Name:

**New Legal Name:**

**Employee**

**Signature: \_ \_ Date:**