**Change in Employee Information**

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| --- | --- |
| **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)

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| **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