



# Employee or Dependent Name Change Form

Name Change:  Employee or  Dependent spouse or child

Employee New Legal Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Employee Preferred First Name for Directory (If applicable): \_\_\_\_\_

Employee Former Name: \_\_\_\_\_

Or

Dependent New Legal Name: \_\_\_\_\_

Dependent Former Name: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: The updated social security card listing the new name must be presented along with the form to the Human Resources Department in person for verification.**

## Human Resources Verification

On \_\_\_\_\_ (date) I viewed the original updated social security card for the employee or dependent name change listed above. I certify that the information on this form matches the data on the original social security card.

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name Change only: Update I-9 form:

## Employer Use Only

FIMS effective date: \_\_\_\_\_ HR Representative: \_\_\_\_\_ Date entered in FIMS: \_\_\_\_\_

Employee Name Change only: Email department/HR/Risk/payroll:  Update Laserfiche files:  Update email in FIMS (if applicable) :

Tracking List:  Benefits/Insurance systems update (if applicable):  \_\_\_\_\_