Employee Name Change Form

Employee New Legal Name: _____

Employee Preferred First Name for Directory (If applicable): _____

Employee 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: _____

Update I-9 form: ☐

Employer Use Only

FIMS effective date: _____ HR Representative: _____ Date entered in FIMS: _____ EE#_____

Email Employee//Department/HR/Risk/Payroll: ☐ Update Laserfiche files: ☐ Update email in FIMS (if applicable) : ☐

Tracking List: ☐ Benefits/Insurance systems update (if applicable): ☐ _____