



EMPLOYEE CHANGE FORM

NAME: _____

NAME CHANGE:

*YOU ARE REQUIRED TO CHANGE YOUR NAME WITH THE **SOCIAL SECURITY DEPARTMENT** BEFORE FILLING OUT THE "NAME CHANGE" SECTION

EMPLOYEE NAME:

OLD: _____ NEW: _____

ADDRESS CHANGE:

PHONE NUMBER CHANGE:

NEW: _____

NEW :__(_____)_____

SIGN: _____ EFFECTIVE DATE: _____

EMPLOYEE RESPONSIBILITY:

- ▶ Name Change on your Prox/ID Card – **contact Security**
- ▶ Name Change to your E-mail address – **contact IT**
- ▶ Address/Name change in Fellowship – **contact Lindsay Hines**
- ▶ Address/Name change on Expense Reimbursement checks – **contact Ashley Escobar**
- ▶ Address/Name change with Health Insurance providers – **contact each Health Insurance provider - their contact info. is located on [page 16 of the Benefits Brochure](#) (brochure is located on the Backdoor)**

HR RESPONSIBILITY:

Name Change - Update Rock Website

CC: Payroll