



EMPLOYEE NAME CHANGE REQUEST FORM

Employees who have changed their name must first apply for a new Social Security Card with the Social Security Administration. The Social Security Administration can be reached by calling (800) 772-1213 or by visiting a Social Security Administration Office.

After a new Social Security Card has been issued, **the employee must:**

1. Complete and sign this form.
2. Attach a copy of the newly issued Social Security Card.
3. Return this form to HR in person and bring with him/her the original Social Security Card for verification purposes.
4. Complete a new I-9 form.
5. Contact all vendors with which employee has a contract including TSA vendors, Retirement vendors, and Deferred Compensation vendors.
6. If name change is pursuant to judicial order, attach a copy of the court order to this form.

Human Resources will:

1. Update the employee data in SAP. Once the data has been updated, the information will be transmitted directly to the Health Insurance provider and the Group Life Insurance provider during the regularly scheduled weekly transmission.
2. Notify IT so that computer access, phone information and email accounts can be updated.
3. Notify Facilities so that access card information and phone list information can be updated.

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Date Form Completed: _____

Employee Identification Number: _____
(may be found on pay statement or on ESS)

Former Name: _____

New Name: _____

Effective Date: _____

I hereby authorize the Pennsylvania State System of Higher Education Office of the Chancellor to use my new name on all future personnel records. I understand that it is my responsibility to contact any vendors with whom I have contracts (as explained above). I further understand that my computer access, phone number, email account, access cards, travel cards and/or purchasing cards will be updated to reflect this name change.

Signature: _____

Date: _____