

## NAME CHANGE FORM

Date \_\_\_\_\_ Location \_\_\_\_\_

SCHOOL/DEPARTMENT

Phone # \_\_\_\_\_

Previous Name – As currently on file with the District

\_\_\_\_\_  
LAST

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
MIDDLE INITIAL

**NEW NAME – Must have new Social Security Card in new name**

\_\_\_\_\_  
LAST

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
MIDDLE INITIAL

Update my marital status to:    Single    Married    Divorced    Do not change

Employee Type:    Current Employee    Former Employee    Retired  
                         Licensed    ESP/MISC

**Please note: This form must be in the Human Resource Department on or before the TENTH (10<sup>th</sup>) day of the month in order for it to be processed for that month's payroll.**

For changes to your address or phone number, log in to Skyward Employee Access. If you need assistance with your login information, please call the Information Systems Helpdesk at (801) 567-8737.

For changes to your W4 or Direct Deposit information, contact the Payroll Department.

For changes to your insurance including Beneficiary information, contact the Insurance Department.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

For Use by Human Resources Only:

New SS Card received  
I-9 Re-verification

Name change processed \_\_\_\_\_  
Insurance copy