NAME CHANGE *(NEW SOCIAL SECURITY CARD WITH NEW NAME MUST ACCOMPANY THIS FORM)*

EMPLOYEE NAME: _____

DATATEL ID NUMBER: _____

EMPLOYEE STATUS: _____ FULL-TIME FACULTY

_____ PART- TIME FACULTY

_____ CLASSIFIED STAFF

_____ ADMINISTRATION

_____ OTHER HOURLY

_____ STUDENT

_____ RETIREE

NEW NAME: _____

LAST FIRST MIDDLE

BIRTHDATE: _____ ____ MALE ____FEMALE

EMPLOYEE SIGNATURE _____ DATE: _____

HR USE ONLY

DATATEL _____ DATE/INITIAL

ACES _____ DATE/INITIAL

DENTAL _____ DATE/INITIAL

VSP _____ DATE/INITIAL

EBL _____ DATE/INITIAL

PERSONNEL FILE _____ DATE/INITIAL

MEDICAL FILE _____ DATE/INITIAL

STAFF DEVELOPMENT DATABASE _____ DATE/INITIAL

IT _____ DATE/INITIAL

REV. 3/2011