

# Arkansas State University-Jonesboro

## Employee Name Change Form

Employee ID \_\_\_\_\_

Phone \_\_\_\_\_

### Previous Name:

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

### New Name:

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Reason for Change:  Married  Divorced  Other: \_\_\_\_\_

Your name will not be changed in the payroll system unless a new Social Security Card reflecting your new name is attached.

The following documents are required to complete the name change:

1. Form I-9, Employment Eligibility Verification (with required supporting documents such as driver's license or passport)
2. W-4, Federal Tax Withholding form
3. State of Arkansas Tax Withholding form

I understand that for Social Security reporting purposes, my name must appear on the University's Payroll System the same as it appears on my Social Security Card.

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