

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 _____