

# Arkansas State University

## 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: \_\_\_\_\_

In order to update your name in the payroll system, please bring this form to Human Resources in the Administration Building.

The following documents are required to complete the name change:

1. Form I-9, Supplement B, (complete in Human Resources Office)
2. Required supporting documents in your new name such as driver's license or passport, along with your new Social Security Card (bring to Human Resources Office)
3. W-4, Federal Tax Withholding form (assigned by Human Resources in the Talent Center)
4. State of Arkansas Tax Withholding form (assigned by Human Resources in the Talent Center)

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

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