



Name Change Form

All employees must complete:

Today's Date:	Effective Date of Change:
Print (Current) Name:	Employee ID #:
Position Title:	Work Location:
Work Phone Number:	Supervisor's Name:

For those submitting a name change:

*****All name changes require a copy of legal documentation to be sent with this form.*****

Previous Name (First Middle Last):	Name Changed to (First Middle Last):
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Marital Status (check one):	<input type="checkbox"/> Married <input type="checkbox"/> Single
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Via inter-office mail, please send this form & a copy of the legal documentation to:
Human Resources Assistant: Shelby Longman
District Office at DCTC

Legal documentation need only verify the name change. You do not need to send a copy of the entire document.

For all other personal information changes:

All other changes to your personal information can be completed on the Employee Access Center (EAC). Please log in to the EAC and make changes there. Access directions for the EAC are located on the District website.

If you are unable to make changes via the EAC, please complete the following:

<u>Currently listed as:</u>	<u>Changing to:</u>
Street Address:	Street Address:
City:	City:
State & Zip Code:	State & Zip Code:
Home Phone Number:	Home Phone Number:
Cell Phone Number:	Cell Phone Number:
Personal Email:	Personal Email:

Via inter-office mail, please send this form to:
Human Resources Assistant: Shelby Longman
District Office at DCTC

NOTE: Changes to your personal information, must also be made by you on the insurance website. For questions about making the change: on the insurance platform, contact: Jacob.Edlund@isd917.org