



# CENTRAL PIEDMONT COMMUNITY COLLEGE

## Employee Name Change Form

Full-Time

Part-Time

Employee ID:

\_\_\_\_\_

Effective Date of Change:

\_\_\_\_\_

Please remember that your name will read the same as on your Social Security Card.

Previous Name:  
(on social security card)

\_\_\_\_\_

Current Name:  
(on social security card)

\_\_\_\_\_

Reason for change:

\_\_\_\_\_

\_\_\_\_\_

Attach a copy of your NEW Social Security Card with your "Current Name" or this form will not be valid and no change will be made.

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

\_\_\_\_\_  
Date Signed

For HR Administration Only:

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NAE

Entered on \_\_\_\_\_ by \_\_\_\_\_.