



# Employee Name/Marital Status Change Form

Employees with an official name change or change in marital status must complete this form to document the change for Human Resources and Payroll purposes. This completed form must be submitted to the appropriate Specialist on the HR Data Management - Records Team and **must** include a clear photocopy of the Social Security Card displaying the new name. UNC Health Care conducts quarterly audits of employee names and birth dates to ensure they match the Social Security Administration's Master Database.

<b>Employee Identification Number (EID):</b>			
<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Preferred Name</b>
<b>New Name:</b>			
<b>Prior Name:</b>			
<b>Reason for Name Change:</b>		<b>Marital Status (if applicable):</b>	
<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>Work Phone Number:</b>
<b>Date of Birth:</b>			
<b>Department Number:</b>		<b>Department Name:</b>	

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

Date: \_\_\_\_\_

