



PERSONAL DATA CHANGE FORM

**PLEASE PRINT ALL INFORMATION**

EMPLOYEE ID # \_\_\_\_\_

FORMER NAME: \_\_\_\_\_  
Last First MI

**CHANGE NAME\* TO:** \_\_\_\_\_  
Last First MI

**\*You must attach legal documentation  
(court decree, marriage license, etc.)**

EMPLOYEE SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**To ensure that your PERSONNEL/PAYROLL records are current,  
please submit this form to the Human Resources Satellite Office at  
3700 South High Street. This change will be reflected in  
Employee Self Service (ESS) once completed.**