

PERSONNEL CHANGES

Employee Name:	Employee ID #
Employee Job Title:	

Licensed / Certified Positions:

To change your name with Enloe Medical Center, you must attach a copy of the name change paperwork you submitted to the agency issuing your license/certification.

Please check and complete areas below only where there are changes:

<input type="checkbox"/>	Change of Name: (MUST HAVE ACTUAL SOCIAL SECURITY CARD) New Name: _____ Former Name: _____
<input type="checkbox"/>	Change of Address: New Address: _____ _____ _____
<input type="checkbox"/>	Change of Telephone Number: Primary Phone: () - Secondary Phone: () - <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete

If your personnel change is due to marriage, registered domestic partnership, divorce or legal separation, you may also need to change your tax withholding forms, your insurance enrollment, and/or your beneficiaries on life insurance and retirement plans. Please refer to benefit Summary Plan Descriptions for deadline information.

<input type="checkbox"/>	Change in Emergency Contact: Name: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Work Phone: _____
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***This section for HR office use only**

- Date ADP updated: _____ (initials: _____)
- If licensed position, copy of name change in pending (initials: _____)
- E-mail sent for name change (initials: _____)
- Original to employee personnel file (orange folder), Human Resources

Signature _____ Date _____

For licensed positions, it is required by law to notify the issuing agency within 30 days if you have moved or changed your name.