PERSONNEL CHANGES

ENLOE MEDICAL CENTER

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:

❑ **Change of Name**: (MUST HAVE ACTUAL SOCIAL SECURITY CARD)

New Name: _____

Former Name: _____

❑ **Change of Address**:

New Address: _____

_____

❑ **Change of Telephone Number**: Primary Phone: ( ) - Secondary Phone: ( ) -

❑ Change ❑ Add ❑ Delete ❑ Change ❑ Add ❑ Delete

❑ **Change of Personal Email Address**:

New Email Address: _____

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.

❑ **Change in Emergency Contact**:

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____

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.

***This section for HR office use only**

- ❑ **Address/Phone:** (Date: _____ Initials: _____)
- ❑ **Name:** (Date: _____ Initials: _____)
- ❑ **Work Email and User ID:** (Date: _____ Initials: _____)
- ❑ **If licensed position, copy of name change in pending:** (Date: _____ Initials: _____)
- ❑ **Email sent for name change:** (Date: _____ Initials: _____)
- ❑ **Personal Email Address:** (Date: _____ Initials: _____)
- ❑ **Audited:** (Date: _____ Initials: _____)

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