UK Human Resources

Employee name change form

EMPLOYEE INFORMATION

Employee of: ☐ UK ☐ ESH/CKMS

Date _____

Person ID _____

Last 4 digits of Social Security Number _____

New name

First _____ Middle _____ Last _____

Previous name

First _____ Middle _____ Last _____

Employee signature _____

*This form must be accompanied by a copy of the updated Social Security card.

Please return this form to UK HR Benefits, 204 Mandrell Hall, Lexington KY 40508. You can also fax it to **859-323-1095** or email **benefits@uky.edu.**

Note: Employee should complete this form with the appropriate change. Then, the employee takes the form and a copy of the new Social Security card to HR Benefits for entering into SAP. HR Benefits enters the change into SAP. HR Benefits then scans the form into the individual's Employee Record file.