



Office use only
Organizational unit _____
Date Entered in SAP _____
Entered by _____

Name Change Form

Form for: UK Employee Retiree Dependent

EMPLOYEE INFORMATION

Employee ID Number _____

Last 4 digits of Social Security Number _____

New name

First _____ Middle _____ Last _____

Previous name

First _____ Middle _____ Last _____

Employee signature _____

Date _____

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

Please return this form to UK HR, 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 Human Resources for entering into SAP. HR enters the change into SAP. HR then scans the form into the individual's Employee Record file.