



<b>Office use only</b>	
Organizational unit #	_____
Date entered in SAP	_____
Entered by	_____

**Employee name change form**

Employee of:  UK  ESH

Date \_\_\_\_\_

Person ID \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_

**New name**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Previous name**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Employee signature \_\_\_\_\_

**Please return this form to UK HR Benefits, 112 Scovell Hall, Lexington KY 40506-0064. You can also fax it to 859-323-1095 or email [benefits@uky.edu](mailto: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.