

EMPLOYEE NAME CHANGE REQUEST

Date: _____ EIN# _____

Name: _____

New name to be changed to: _____

Required documentation: **Social Security Card**

School Location: _____ Position: _____

**The name change will be made only when all documentation has been received.
Please e-mail this form and a color scan/photo of the new social security
card to Danielle.Martinez@slcschools.org**

The information you are providing to the Human Resource Services office will update your Legal Name in the following places: **HR system, Email account & Aesop (Teachers only).**

Programs such as PowerSchool, School Dude, Wonders, etc. are not able to be updated by HR. You will need to contact the IT HELP DESK at 801-578-8224 for assistance.

I understand that I will need to contact the Help Desk to make changes to all other accounts.

Employee Signature

Date:

