



# NAME CHANGE Request Form

University ID

Department

**NEW Employee Name:**

Last: \_\_\_\_\_

Middle: \_\_\_\_\_

First: \_\_\_\_\_

**OLD Employee Name:**

Last: \_\_\_\_\_

Middle: \_\_\_\_\_

First: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Mail to:**

UNCG Payroll Dept  
840 Neal St Suite 220  
PO Box 26170  
Greensboro, NC 27403  
OR

**Fax to 336-334-3131** along with a copy of the **SIGNED** new Social Security card

**DO NOT EMAIL FORM OR SOCIAL SECURITY CARD**

**\* You MUST attach a SIGNED copy of the new Social Security card for change to be effective \***

**Payroll Use Only -**

Scanned and Emailed Name Change to:  
Check the appropriate box(es)

- HR  Date: \_\_\_\_\_
- Provost  Date: \_\_\_\_\_
- Benefits  Date: \_\_\_\_\_
- Time Entry  Date: \_\_\_\_\_
- Liaison  Date: \_\_\_\_\_

Entered By: \_\_\_\_\_  
Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_  
Date: \_\_\_\_\_