



District 2 Public Health

NAME CHANGE REQUEST

Employee's Previous Name _____

Employee ID Number _____

Employee's New Name _____

SUPPORTING DOCUMENTATION

Documents required for all name change requests:

Updated Social Security Card

AND

Updated U.S. Driver's License or State-issued ID Card OR

Updated U.S. Passport

One (1) of the following legal name change documents is required:

Marriage document

Divorce decree

Court order for a name change

Certificate of naturalization showing new name

CERTIFICATION BY EMPLOYEE

I hereby request my name be changed in PeopleSoft and my Agency e-mail be updated to reflect my new name.

Signature of Employee (new name)

Date Requested

FOR HUMAN RESOURCES USE ONLY

Date Entered into PeopleSoft:

Date Request Received:

Date E-mail Change Requested: