Employee Change of Name/Marital Status

Please complete this form and include any applicable documents listed to properly update your personnel records with Human Resources and Payroll. Please forward the documents to the Department of Human Resources.

Check a	all that apply in each section:	
	A copy of new Social Security card A completed Federal W-4 form with A completed RI W-4 form with leg A completed Direct Deposit form v	ch legal name/status change gal name
RWU E	mployee ID Number:	Last 4 Digits of SSN:
New Na	me:	
	(Last	r, First, Middle)
Previous	s Name:(Last	, First, Middle)
RWU ac	ecounts to be changed to New Name Email Campus Portal Bridges	e full <u>Divorce Decree.</u>) provide a copy of the <u>Death Certificate</u> .)
Employee Signature:		Date:
Applical	R Use Only - Date Received:	that apply.)
Forward	Card	