



Name Change Form

Employee Status: Full Time Part Time
 Active Inactive

Current Name: _____
Last First Middle

Social Security Number: _____ Effective Change Date: _____

**In order for WCC to do a name change you will need to bring in your Social Security Card.*

Change Name To: _____
Last First Middle

**Full Time Employees Only: You have 30 days from the time of the event to make any changes to your existing benefits. Bring Marriage License or Divorce Decree to update your benefits.*

For College Use Only

Received On: _____ HR Representative: _____

Processed By: _____ Date: _____