NAME CHANGE REQUEST

Contact Human Resources at (541)867-8515 if you have questions on completing this form.

Please allow 5-10 working days for processing.

**Employee Information**

Employee CURRENT legal name Last, First, Middle Initial:

|  |
| --- |
|  |

 **Name Change Information**

 Your legal name must match your new Social Security Card. A copy of your new Social Security Card must accompany this completed form (do not email).

|  |  |
| --- | --- |
|  NEW LEGAL FIRST NAME: |  |

|  |  |
| --- | --- |
| NEW LEGAL MIDDLE NAME:  |  |

|  |  |
| --- | --- |
| NEW LEGAL LAST NAME:  |  |

 **Preferred Name Request**

 Oregon Coast Community College supports the use of preferred names for faculty and staff, while maintaining the official, legal name required for payroll, academic records and data integrity.

Preferred Name, instead of legal name, will appear in OCCC On-line Directory

 Preferred name can be first, middle, last or a combination and must adhere to database character standards used by College systems. Characters limitations are 30 for each first, last and middle name. Although employees are generally free to determine the preferred names by which they wish to be known, OCCC reserves the right to deny a preferred name request.

HR will send notification of your new email/net ID when the name change is complete.

\*\*\*Insurance/Benefit providers will be notified of your new legal name.\*\*\* You are responsible for communicating the change to your colleagues, students, etc

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Employee Signature Date

Human Resources (Initial & Date) to HR

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Paycom/Payroll | Sharknet | SS Card Copy | ITS ticket Email | I-9 Update | File Maintenance  | PERS | Unit/Dept |
|  |  |  |  |  |  |  |  |

NOTES: