

BENSALEM TOWNSHIP SCHOOL DISTRICT

DOROTHY D. CALL ADMINISTRATIVE CENTER
3000 DONALLEN DRIVE, BENSALEM, PA 19020

(215) 750-2800 • Fax: (215) 752-8683

HUMAN RESOURCES DEPARTMENT

Name Change Request Form

Employee Information

- Current Name (as listed in HR records): _____
- Employee ID: _____
- Building: _____

New Name (*as it appears on the updated Social Security Card*):

- First Name: _____
- Middle Name: _____
- Last Name: _____

Effective Date of Name Change: _____

Reason for Name Change:

- Marriage
- Divorce
- Legal Name Change
- Other: _____

Required Documentation

- Social Security Card –
 - *attach a copy of the updated card*

Employee Signature: _____

Date of Signature: _____

For HR Use Only

Verified by: _____

Date Processed: _____

✚ Updated in:

- eFinance
- Benefits Portal
- I9 Form
- ID Badge – *provided instructions for updating their badge.*
- Email/IT – *employee instructed to create a Helpdesk ticket.*