

**ROWAN COUNTY HUMAN RESOURCES
EMPLOYEE DEMOGRAPHIC CHANGE FORM**

CHANGE OF NAME

Must attach copy of new Social Security card showing new name for change to be effective

DATE: ____/____/____

SOCIAL SECURITY # ____ - ____ - ____

EMPLOYEE NAME: _____

***CHANGE OF NAME FROM :** _____

TO: _____

MAILING ADDRESS: _____

PHONE NUMBER: (____) ____ - ____

MARITAL STATUS: ____ SINGLE ____ MARRIED

(check one)

____ DIVORCED ____ LEGALLY SEPARATED

____ WIDOWED

REMEMBER to complete and sign all necessary forms and return to Human Resources Office

HR Use Only: Please indicate changes made/notification sent to the following:

<input type="checkbox"/>	Payroll System
<input type="checkbox"/>	401k

<input type="checkbox"/>	Health Insurance
<input type="checkbox"/>	Dental Insurance

