## **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.

	x all that apply in each section: <i>e provide each of these documents for <u>name chang</u></i>	re.)	
	A copy of new Social Security card		
	A completed Federal W-4 form with legal name/status change		
	A completed RI W-4 form with legal name	5	
RWU E	Employee ID Number:	Last 4 Digits of SSN:	
New Na	Name:		
	Name:(Last, First, Middle)		
Previou	ous Name:(Last, First, Middle)		
Current	nt Email Address:		
Reason	n for Name/Status Change		
	Marriage (Please provide a copy of your <u>Marriage</u>	License.)	
_	Divorce (Please provide a copy of the full <u>Divorce</u>		
_	Death of Spouse/Dependent (Please provide a copy		
	Other:		
PW/II a	accounts to be changed to New Name (Check all the	at apply)	
_	Email	и арріу.)	
_	Campus Portal		
_	Bridges		
	_		
	Other:		
Employ	oyee Signature:	Date:	
	HR Use Only - Date Received:		
	cable Documents Received (Check all that apply.)  S Card	et Deposit	
_	rded Required Information to:  RIS  Benefits  Payroll  IT		