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.

Check all that apply in each section:
(Please provide each of these documents for name change.)

- ☐ 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

RWU Employee ID Number: _____ Last 4 Digits of SSN: _____

New Name: _____
(Last, First, Middle)

Previous Name: _____
(Last, First, Middle)

Current Email Address: _____

Reason for Name/Status Change

- ☐ Marriage *(Please provide a copy of your Marriage License.)*
- ☐ Divorce *(Please provide a copy of the full Divorce Decree.)*
- ☐ Death of Spouse/Dependent *(Please provide a copy of the Death Certificate.)*
- ☐ Other: _____ *(Please provide Documentation.)*

RWU accounts to be changed to New Name *(Check all that apply.)*

- ☐ Email
- ☐ Campus Portal
- ☐ Bridges
- ☐ Other: _____

Employee Signature: _____ Date: _____

For HR Use Only - Date Received: _____

Applicable Documents Received *(Check all that apply.)*

☐ SS Card ☐ Federal W-4 ☐ RI W-4 ☐ Direct Deposit ☐ Beneficiary Designation

Forwarded Required Information to:

☐ HRIS ☐ Benefits ☐ Payroll ☐ IT