



# Employee Request for Name Change

Revised 09/05/2025  
Form Owner: Human Resources

## USER INSTRUCTIONS

**Form Purpose:** Use this form to report a name change.

**How to Complete this Form:** Fill out this form online—it is a “fillable” document, which you can save to your computer. Alternately, print this form and complete it by hand.

**How to Submit this Form:** Submit the signed form on paper.

**Where to submit this Form:** Submit a hard copy to the Human Resources Department, 435 S. Bridge Street, Sheridan, OR 97378. Additional documentation is required—see Required Documentation Section below. This packet contains the following forms:

- Employee Request for Name Change Form
- [Direct Deposit Form](#)
- [W-4 Form](#)
- [PERS Beneficiary Form](#)
- Employee Request for Address Change Form
- [PERS Payee Change Request](#)
- [Insurance Change Form](#)

## PREVIOUS NAME – Fill Out Completely

|                    |                     |                      |                         |
|--------------------|---------------------|----------------------|-------------------------|
| Previous Last Name | Previous First Name | Previous Middle Name | Previous Preferred Name |
|--------------------|---------------------|----------------------|-------------------------|

## NEW NAME – Fill Out Completely

|               |                |                 |                    |
|---------------|----------------|-----------------|--------------------|
| New Last Name | New First Name | New Middle Name | New Preferred Name |
|---------------|----------------|-----------------|--------------------|

## REQUIRED DOCUMENTATION – These items are required for first or last name change but not preferred name changes.

- ☐ Completed Employee Request for Name Change Form
- ☐ Social Security Card with new name must be presented before change can be made.
- ☐ W-4

## OPTIONAL DOCUMENTATION – These items are optional, depending on your situation.

- ☐ Employee Request for Address Change Form
- ☐ PERS Beneficiary Form (completed form to be sent directly to PERS)
- ☐ PERS Payee Change Request (completed form to be sent directly to PERS)
- ☐ Insurance Change Form
- ☐ Direct Deposit Form
- ☐ Marriage License/Divorce Decree or Court Document for PERS and Insurance Changes (if applicable)
- ☐ Birth Certificates of new dependents (if you wish to add them to your insurance).

## IMPORTANT INFORMATION – Please read.

Employee is responsible for contacting the following to make changes:

-To change your email address, use your email account to send an email to [helpdesk@sheridan.k12.or.us](mailto:helpdesk@sheridan.k12.or.us) asking them to update your address to your new name.

**Bring your completed forms to: Human Resources, 435 S. Bridge St., Sheridan, Oregon 97378**

## SIGNATURE

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee #

\_\_\_\_\_  
Date