

Notification of Employee Name Change

Please Note: Submitted name changes will not be processed without a Social Security Card indicating the employees name change. Completion of this form authorizes the WISD Human Resources Office to make the requested name change.

Please complete and submit to the Human Resources Office

Employee Name: _____ Date: _____

Campus: _____ Position: _____

Current Name: _____

Please Change My Name To: _____

Signature: _____

My Address has not changed. *If address has changed, please submit (Employee Change of Personal Information Form)*

- If you are a certified employee, please notify The State Board for Educator Certification of any name change at: www.sbec.state.tx.us
- If you wish to update your primary or alternate beneficiaries with the Teacher Retirement System of Texas, please complete a TRS 11 (Designation of Beneficiary) Form
- The TRS 11 form should be mailed directly to TRS in Austin.

If you have any questions, please contact the Human Resources Office at:

Office: 817-598-2836

Fax: 817-598-2951