# CHANGE OF PERSONAL INFORMATION FORM:

**Today's Date**: _____ **Effective Date**: _____

**Name Change**: **From** _____
**(Please Print)**
**To** _____

CES must be given proof of name changes. As proof, CES will accept a Social Security Card or an application for name change submitted to the Social Security Administration.

**Address Change To**: _____

**Phone Number Change To**: _____

**Email Address Change To**: _____

**A NEW W-4 MUST BE COMPLETED FOR ALL NAME AND ADDRESS CHANGES. FOR PAYROLL PURPOSES, A NAME CHANGE WILL NOT TAKE EFFECT UNTIL A NEW W-4, ALONG WITH SUPPORTING DOCUMENTATION IS COMPLETED AND TURNED IN TO CES.**

**Employee Signature:** _____

**PRINT NAME:** _____

**ADDITIONAL INFORMATION:**

**COPIES OF SUPPORTING DOCUMENTATION ATTACHED (Please List):**

Routing: Ancillary Assistant Initials _____ Date _____
Payroll Staff Initials _____ Date _____