

*Eastern Panhandle
Instructional Cooperative*

EPIC

Serving the educational needs
of the entire community

CHANGE OF NAME FORM

The employee's name must match the name that is printed on the Social Security card, and a copy of the new Social Security card must be attached to this form.

Last Name _____

First Name _____

Middle Name _____

Previous Name _____

Employee Signature _____

Date _____

PLEASE NOTE: Completion of this form and subsequent changes made in the EPIC Human Resources DO NOT make the necessary changes regarding your retirement or health insurance benefits. You must fill out additional forms which can be obtained by contacting Sherry Barnett at 304-596-2649 or sbarnett@wvesc.org.

Received by _____ Date _____ Copy to Program Coordinator _____ Copy to HR _____ Copy to Payroll _____