

# Shawnee Public Schools

## Request for Name Change

Date of Change: \_\_\_\_\_

Name Changed From: \_\_\_\_\_

To: \_\_\_\_\_

**Attached Forms to Be Completed & Returned to Human Resources.**

**W4**

**Teacher Retirement (If Applicable)**

**Teacher Certification Application (If Applicable)**

**\*\*Updated Social Security Card Must Accompany Paperwork\*\***

**\*\*\*Insurance & OTR requires Marriage Certificate or Divorce Decree  
for name change\*\*\***

\_\_\_\_\_  
**Employee Signature** \_\_\_\_\_  
**Site**

\_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**City, State, Zip**

.....  
**Human Resources Only:**

Transcript/Doc.Man/Wengage \_\_\_\_\_

Insurance \_\_\_\_\_

Leave/Sub \_\_\_\_\_

Payroll \_\_\_\_\_

IT (copy only) \_\_\_\_\_