Missouri Department of Transportation

Employee Personal Information Changes

Name as currently recorded: Click or tap here to enter text.

Last 4 digits ONLY of SS#: \*\*\*/\*\*/Click or tap here to enter text.

Job Title: Click or tap here to enter text.

District/division/office: Click or tap here to enter text.

Effective date of change: Click or tap here to enter text.

Employees: Complete the Employee Personal Information Changes form and forward to your local Human Resources representative, along with supporting documentation of the name change.

Central Office/District Human Resources/Support Services Representatives: Enter information into SAM II system and forward the original or a copy of the form to the **Central Office Human Resources Division, ATTN: HR Services**, to be placed in employee’s file.

EMPLOYEE NAME CHANGE (ENCH)

**NEW NAME:**

Prefix (PREX) (Optional) [ ] Mr. [ ] Mrs. [ ] Ms. [ ] Dr.

First: Click or tap here to enter text.

Middle (Optional): Click or tap here to enter text.

Last: Click or tap here to enter text.

Suffix (SUFX) (Optional) [ ] II [ ] III [ ] IV [ ] Jr. [ ] Sr. [ ] JD (Juris Doctorate)

 [ ] MD (Medical Doctorate) [ ] PhD (Physical Doctorate)

Name Change Reason (NMCE) [ ] Marriage (MRGE) [ ] Divorce (DVRC) [ ] Legal (LEGAL)

 [ ] Entry Error (ERROR)

“I hereby confirm that the name now appears on my Social Security Card as

“Click or tap here to enter text.”

Click or tap here to enter text. Click or tap here to enter text.

Print name (Last, first, middle) Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

Employee Signature Date