Missouri Department of Transportation

Employee Personal Information Changes

Name as currently recorded

Last 4 digits ONLY of SS# \*\*\*/\*\*

Job title

District/division/office

Effective date of change



Employees: Complete form and forward to your local Human Resources representative.

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: Employment**, to be placed in employee’s file.



EMPLOYEE NAME CHANGE (ENCH)

**NEW NAME**

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

First

Middle (Optional)

Last

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 “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_”

Print name (Last, first, middle) Date

Employee Signature Date