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