



Human Resources Department

610-328-8397  
Fax: 610-690-2040

**EMPLOYEE CHANGE OF NAME FORM**

**PREVIOUS NAME:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_

**NEW NAME:** \_\_\_\_\_

*(A copy of your Social Security Card with your new name is required to process this change.)*