INSTRUCTIONS FOR NAME CHANGES

LEGAL NAME CHANGES

If you are requesting a legal name change *OR* both a legal and chosen name change, please follow the steps outlined below to ensure your request is processed smoothly. Please reach out to Maribel Vidal, Human Resources Clerical Assistant at (619) 482-6395 or via email at mvidal@swccd.edu with any questions.

Step 1: Update your Social Security Card (required for legal changes)

- Social Security Administration Update of Personal Information

Step 2: Complete Required Forms (click on the hyperlinks or contact HR)

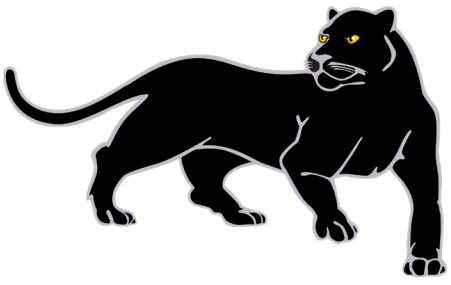
- Name Change Form
- W-4 Form
- DE-4 Employee Withholding Allowance Certificate Form

Step 3: Submit Your Documents to Human Resources

- Contact Maribel Vidal, Human Resources Clerical Assistant, at (619) 482-6395 or via email at mvidal@swccd.edu to schedule an appointment to bring in the required documentation.

CHOSEN NAME CHANGES

If your name change is not a legal change, you can update your chosen name by simply completing the Name Change form and submitting it to Human Resources. Please reach out to Maribel Vidal, Human Resources Clerical Assistant, at (619) 482-6395 or via email at mvidal@swccd.edu with any questions. For security and verification purposes, requests submitted by email must come from the employee's SWC email address.



SOUTHWESTERN COLLEGE

HUMAN RESOURCES

NAME CHANGE FORM

PLEASE INDICATE YOUR EMPLOYEE GROUP/UNIT:

- ☐ CLASSIFIED BARGAINING UNIT
- ☐ CLASSIFIED ADMINISTRATOR
- ☐ ACADEMIC BARGAINING UNIT
- ☐ ACADEMIC ADMINISTRATOR
- ☐ CLASSIFIED CONFIDENTIAL
- ☐ SHORT-TERM NON-ACADEMIC HOURLY

CURRENT NAME IN COLLEAGUE: _____ COLLEAGUE ID: _____

POSITION TITLE: _____ DEPT/SCHOOL: _____

CHECK ONE OR BOTH AND PROVIDE YOUR NEW FULL LEGAL AND/OR CHOSEN NAME BELOW:

☐ LEGAL NAME CHANGE (*UPDATED SSN CARD IS REQUIRED)* ☐ CHOSEN NAME CHANGE

NEW LEGAL NAME (LEAVE BLANK IF YOU ARE NOT CHANGING YOUR LEGAL NAME):

LAST NAME	FIRST NAME	MIDDLE NAME

NEW CHOSEN NAME (LEAVE BLANK IF YOUR LEGAL NAME IS ALSO YOUR CHOSEN NAME):

LAST NAME	FIRST NAME	MIDDLE NAME

EMPLOYEE SIGNATURE: _____ **DATE:**_____

HR USE ONLY

- ☐ NAME CHANGE FORM – SIGNED AND DATED
- ☐ W-4 & DE-4 RECEIVED (LEGAL CHANGE ONLY)
- ☐ SOCIAL SECURITY CARD RECEIVED (LEGAL CHANGE ONLY)
- ☐ EMAIL NOTIFICATION SENT TO DEPARTMENTS
- ☐ NAE UPDATED IN COLLEAGUE
- ☐ FORMS SENT TO PAYROLL DATE_____ (LEGAL CHANGE ONLY)
- ☐ FORMS SENT TO BENEFITS DATE _____ (LEGAL CHANGE ONLY)

PROCESSED BY (INITIALS): _____ DATE COMPLETED: _____