



Employee Name Change Form

I, _____, hereby authorize Manheim Township to change my name:
(Printed Employee Name)

Previous Name: _____

New Name: _____

Date of Birth: _____

Date of Name Change: _____

Employee Signature _____

Date _____

HR USE ONLY

HR Dept Received _____

HR Dept Processed _____

Processed By _____

iSolved

Benecon (UBF)

UBF sent: _____

OneAmerica

Unum

MT email changed

Verified Name Change on SS Card **(required)**