



# REGIONAL SCHOOL DISTRICT 13

ENGAGE • EMPOWER • THRIVE

## Employee Change of Name Form

Employee Name: \_\_\_\_\_

School/Department: \_\_\_\_\_

Please complete this form due to the recent change in your name and return to Central Office to the attention of Ashley Hillier (or via email to [ahillier@rsd13.org](mailto:ahillier@rsd13.org)). **\*\*No change can be made without this form and any necessary documentation.\*\***

If you are enrolled in any of our insurance/benefits plans, please contact Melinda Torgerson, Payroll and Benefits Coordinator, at 860-349-7200 x490/[mtorgerson@rsd13.org](mailto:mtorgerson@rsd13.org), as additional paperwork may be required.



Change of Name: \_\_\_\_\_

From

To

**\* Important Note: Please provide a copy of your new social security card or driver's license**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date