**CHANGE FORM**

**CHANGE OF NAME**

Please submit this form along with original documentation to confirm the name change to your Office Manager at the School. Unsigned forms without the required documented evidence will not be accepted.

Please note that you will need to provide evidence of the change (e.g. marriage certificate, decree absolute). These will need to be original documents that will need to be verified by the School Office and copies held on your electronic personnel file.

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| **SECTION 1: EMPLOYEE DETAILS** |
| **CURRENT SURNAME:** |  | **FIRST NAME(S):** |  |
| **PAYROLL NO:** |  | **SCHOOL/LOCATION:** |  |

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| --- |
| **SECTION 2: CHANGE OF NAME:** |
| **New Name:** |  |

|  |  |
| --- | --- |
| **EFFECTIVE DATE OF CHANGE:** |  |

|  |
| --- |
| **EMPLOYEES AUTHORISATION** |
| **SIGNATURE:** |  | **DATE:** |  |

Once completed the Office Manager will need to send a signed copy of this form along with a verified copy of the original documentation you provided as evidence to **hr@reachsouth.org**