

*Eastern Panhandle  
Instructional Cooperative*

**EPIC**

Serving the educational needs  
of the entire community

## CHANGE OF NAME FORM

The employee's name must match the name that is printed on the Social Security card, and a copy of the new Social Security card must be attached to this form.

Last Name

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First Name

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Middle Name

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Previous Name

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Employee Signature

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Date

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**PLEASE NOTE:** Completion of this form and subsequent changes made in the EPIC Human Resources DO NOT make the necessary changes regarding your retirement or health insurance benefits. You must fill out additional forms which can be obtained by contacting Sherry Barnett at 304-596-2649 or [sbarnett@wvesc.org](mailto:sbarnett@wvesc.org).

Received by \_\_\_\_\_ Date \_\_\_\_\_ Copy to Program Coordinator \_\_\_\_\_ Copy to HR \_\_\_\_\_ Copy to Payroll \_\_\_\_\_