



FAIRBANKS NATIVE ASSOCIATION

Human Resources Department-Records Management

452-1648 Ext. 6244

INTEROFFICE MEMORANDUM

TO: HUMAN RESOURCES AND PAYROLL

FROM: _____

DATE: _____

RE: NAME CHANGE

I would like to inform Fairbanks Native Association Administration office of my name change.

Name _____ **Please print full name**

Change To _____ **Please print full name**

Backup Included: AK drivers License _____ W-4 _____ Social Security card _____

Please send copy of Drivers License and new W-4 signed in new name. Please provide date of marriage or divorce for employee files and notification to State of Alaska.

Date _____ Married _____ Divorced _____ Other _____

All name changes require a new W-4 with Social Security card in the new name for payroll purposes. If there is a change in address please fill out the Employee Information form.

HR notified State Agencies _____ Child Care Licensing _____ AK State Background Unit

Payroll _____ Medical Insurance _____ HR _____