Department Change Form

Agency Name ____________________________

Agency Code __ __ __

Action:
☐ New Department/Reports to Department ID __ __ __ __ __ __ __
☐ Change Reports to Department ID __ __ __ __ __ __ __
☐ Change to Existing Department
☐ Inactivate Existing Department

DEPARTMENT ID __ __ __ __ __ __ __
EFFECTIVE DATE ___/___/___
LONG DESCRIPTION __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ 

*View the instructions for this field. Unless otherwise specified, the value of this field will be MN.
Month-End Split Information

Enter one choice for each month. If you do not specify the month end split fields, the default will be ‘N’ for July through May and ‘A’ for June.

Enter A to split by actual hours.
Enter N for no split.
Enter P to prorate by workdays in each month.

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<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
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</tbody>
</table>

Initial Setup for Self Service: Time Entry

☐ Approve for Self Service Time Entry WITH Time Entry Validation Option
☐ Approve for Self Service Time Entry WITHOUT Time Entry Validation Option

Initial Setup for Self Service: Approve Department for Self Service Business Expense

☐ Expense Only
☐ Expense with Labor Distribution

Accounting Process Date:  Choose one:  ☐ Pay Period End Date (default)
☐ Pay Date (For Judicial Use Only)

Other Information:

For Mn/DOT Use Only:  Please check here if this department ID uses Special Overhead Allocation:  → ☐

________________________________________
Name of person completing this form (if not Table Administrator)

Phone: __________________________________________

Table Administrator Signature (Mandatory) __________________________________________

Return form to MMB, 658 Cedar Street, Centennial Building, St. Paul MN 55155
or fax to (651) 797-1341.  Call (651) 259-3634 if you have questions completing this form.

For MMB Use Only:  Add to Tree ☐
Department Change Form Instructions

Agency Name - Agency Name

Agency Code - 3 character agency code

Action - Check the appropriate box(es); when you check New Department the Reports to Department ID is required. The Reports to Department ID identifies the relationship of departments on the Department Security Tree. SEMA4 uses the Department Security Tree to identify “who” an operator can access.

Department ID - 7 character code. The identification code of the department. The first three characters of the Department ID must equal your agency code.

Effective Date - Effective date of the action.

Long Description - 30 character maximum field. The description of the department that displays on panels and reports. This description should be unique.

Short Description - 10 character maximum field. The description of the department that displays when there is not enough space on the panel or report for the 30 character field.

Location SetId - 3 character agency code followed by MN.

Location Code - 5 character code of the default location on the department. To find a list of locations, from Home select:

Set Up HRMS
Foundation Tables
Organization
Location

Enter your 5 character agency SetID (consisting of your 3 character agency code plus MN, example: G10MN) in the SetID field and then enter your 3 character agency code in the Location Code field click on Include History and then on Search, the system will display the valid locations. The location must exist before it can be assigned to a department.

Company - SMN is the company for all departments. No need to complete this field.

Tax Location Code - The value for this field should be the state where the employees in this department will be working. This field should be set up as MN unless the department will contain employees working in another state. If the department will contain employees working in multiple states, then this field should be left Blank. In that case, write the word Blank on the form.

EEO4 Function - This field is used for Federal EEO4 reporting, values to choose from are:

Financ Adm = Financial Administration
Strts/Hwys = Streets and Highways
Publ Welfr = Public Welfare
Police Prt = Police Protection
Fire Prtct = Fire Protection
Natrl Rsrc = Natural Resources
Hosp/Sanat = Hospitals & Sanatoriums
Health = Health

Housing = Housing
Comm Dvlp = Community Development
Correctns = Corrections
Util/Trans = Utilities & Transportation
Sanit/Sewg = Sanitation & Sewage
Other = Other
Not Countd = Not counted for EEO

Branch - 1 character code, values are:

E = Executive
L = Legislative
J = Judicial
**HR Processing Unit** - Up to a 7 character code for the department’s HR Processing Unit. The primary use of this field is for report distribution. To find a list of HR Processing Units, from Home select:
- Set Up HRMS
- Foundation Tables
- Organization
- HR Processing Unit Table

Enter your 5 character SetID (consisting of your 3 character agency code plus MN, example; G10MN) in the SetID field, click on Include History and then on Search, the system will display the valid units. The HR Processing Unit must exist before it can be assigned to a department.

**Payroll Processing Unit** - Up to a 7 character code for the department’s Payroll Processing Unit. The primary use of this field is for report distribution. To find a list of Payroll Processing Units, from Home select:
- Set Up HRMS
- Payroll Setup
- Org Structure
- Payroll Processing Units

Enter your 5 character SetID (consisting of your 3 character agency code plus MN, example; G24MN) in the SetID field, click on Include History and then on Search, the system will display the valid units. The Payroll Processing Unit must exist before it can be assigned to a department.

**Month-End Split Information**

Month-end funding splits are defined in this section. If you want the actual hours/amounts or a prorated number of hours posted to the correct accounting period when a pay period crosses a month-end, you can indicate whether payroll labor distribution should default to two lines (a month-end split.) **Note:** The month-end split code for June will always be A. Select from the following codes to define the desired month-end split for each month of the fiscal year:
- N  No split (This is the default for all months except June.)
- A  Split by actual hours worked in each month (always indicated for June.)
- P  Split by prorating the number of workdays in each month.

**Initial Setup for Self Service**

Select the appropriate checkbox to send notification to Statewide Payroll Services to approve the department for Self Service Time Entry and/or Self Service Business Expense.

**Accounting Process Date**

Pay Period End Date is the default. Under very limited circumstances where it may be mandated in statute, Pay Date may be required. Currently, this option is used by Judicial Department ID’s only.

**Other Information**

**Special Overhead Allocation:** Select this option for departments that require a special labor distribution split for the overhead portion of time and a half overtime pay. This option is available only to Department of Transportation Department ID’s. If you are unsure, please consult with your agency accounting manager.

**Name of person completing this form** - If someone other then the Table Administrator is completing this form, they should record their name on this line.

**Phone** - The phone number (including area code) of the person who completed the form.

**Table Administrator** - Authorized Signature of designated Table Administrator. This signature is mandatory no matter who is completing form. Form will not be processed without this signature.