HR Processing Unit Change Form

Agency Name _____
Agency Code __ __ __

Action
Check one:
- ❒ New HR Processing Unit
- ❒ Change to Existing HR Processing Unit
- ❒ Inactivate Existing HR Processing Unit

HR PROCESSING UNIT __ __ __ __ __ __ __

EFFECTIVE DATE ____/____/____

DESCRIPTION __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

__ __ __ __ __ __ __ __ __ __ __ (30 Characters Maximum)

COUNTRY **USA**

STREET (Line 1) __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

__ __ __ __ __ __ __ __ __ __ __ (30 Characters Maximum)

STREET (Line 2) __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

__ __ __ __ __ __ __ __ __ __ __ (30 Characters Maximum)

STATE __ __

CITY __ __ __ __ __ __ __ __ __ __ __

ZIP (Suffix optional) __ __ __ __ __ - __ __ __ __

Name of person completing this form (If not Table Administrator) _____

Phone _____

Table Administrator Signature (Mandatory) _____

Return form to MMB, Email form to sema4.security.mmb@state.mn.us, or mail to Application Support, MMB, Centennial Office Building, 658 Cedar Street, St. Paul, MN 55155. If you have questions, send them to sema4.security.mmb@state.mn.us

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For MMB Use Only: Notify HR Proc Unit Contacts ❑

HR Processing Unit Change Form Instructions

Agency Name - Agency name

Agency Code - 3 character agency code

Action - Check one box

HR Processing Unit - 7 character code. The identification code of the HR Processing Unit.

Effective Date - Effective date of the action

Description - 30 character maximum field. The description of the HR Processing Unit that displays on panels and reports. Description should be unique.

Country – USA is the country for all units. No need to complete this field.

Street (Line 1) – 30 character field. Mail delivery address where insurance invoices should be sent.

Street (Line 2) – 30 character field. For dual addresses, place the intended mail delivery address on this line and the less important address information on line 1.

State – 2 character field. The HR Processing Unit's state abbreviation.

City – 30 character field. The HR Processing Unit's city name.

Zip – 9 character field. The HR Processing Unit's zip code, the 4 character suffix is optional.

Name of person completing this form - The person to contact for questions on this form, if not Table Administrator. If Table Administrator is completing form, only signature on designated line below is necessary.

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

Table Administrator Signature - Authorized Signature of designated Table Administrator, this signature is mandatory. Form will not be processed without this signature.