

Location Change Form

Under M.S. 13.43, work location is listed as public data. The address for the location must not contain private data. If this presents a problem for your agency, the nearest "home" office location code can be used, or the location code of the position/employee who has authority to sign the timesheet of the employee who is working from home.

NOTE: If an employee is working in one state and the location code assigned is in a different state, then state tax withholding may not be accurate. Contact Statewide Payroll Services for assistance in resolving the tax withholding problem.

Agency Name _____

Agency Code _____

Action

Check one:

- New Location
- Change to Existing Location
- Inactivate Existing Location

LOCATION CODE _____

EFFECTIVE DATE ____/____/____

DESCRIPTION _____
_____(30 Characters Maximum)

SHORT DESCRIPTION _____(10 Characters Maximum)

STREET (Line 1) _____
_____(30 Characters Maximum)

STREET (Line 2) _____
_____(30 Characters Maximum)

STATE ____

CITY _____

US COUNTY CODE _____

ZIP (Suffix optional) _____ - _____

ESTABLISHMENT ID _____

Unemployment Insurance Acct # _____ (8 Characters Maximum)

Unemployment Insurance Reporting Unit _____ (4 Characters Maximum)

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 about completing this form.

Location Change Form Instructions

Agency Name - Agency name

Agency Code - 3 character agency code

Action - Check one box

Location Code - 5 character code. The identification code of the location. The first 3 characters of the location code must equal your agency code.

Effective Date - Effective date of the action

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

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

Street (Line 1) - 30 character field. Location mail delivery address.

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 location's state abbreviation.

City - 30 character field. The location's city.

County - 3 character field. The US County Code. To find the 3 digit county code, from Home select:
Set Up HRMS
Organization
Two Digit County Interface

You may choose County or Interface County to perform your search. If searching by county, enter the county name and search, the system will display the valid 3 digit US County Code. If searching by interface county, enter the former 2 digit county code and search, the system will display the valid 3 digit US County Code. If you want a list displayed containing all 2 and 3 digit county codes plus county names, choose any search option and search, the list will be displayed.

Zip - 9 character field. The location's zip code, the 4 character zip code suffix is optional.

Establishment ID - 5 character code. The identification code of the Establishment. The establishment code must match the location code or be a code beginning with EI which is assigned by MMB. If an EI code is needed contact MMB at the number on the Location Change Form.

Unemployment Insurance Acct. # - 8 character field

Unemployment Insurance Reporting Unit - 4 character field

If you do not know your agency UI Acct. # or UI Reporting Unit, contact UI Employer Assistance at ui.mn@state.mn.us or 651-296-6141 (option 4).

Name of person completing this form - The person to contact with questions about 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.