

# SEMA4 Location Change Form

See the field-by-field instructions beginning on page 2.

Under M.S. 13.43, work location is listed as public data. The address and phone 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 approve 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
- Add Phone Number
- Change Phone Number

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) \_\_\_\_\_ - \_\_\_\_\_

Main Office Phone Number  
(See instructions.) \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Establishment ID \_\_\_\_\_

Unemployment Insurance Acct # \_\_\_\_\_ (8 characters maximum)

Unemployment Insurance Reporting Unit \_\_\_\_\_ (4 characters maximum)

*Continued on next page*

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

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Phone

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Table Administrator

Signature (mandatory)

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Email form to [sema4.security.mmb@state.mn.us](mailto:sema4.security.mmb@state.mn.us), or fax to (651) 797-1341, 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](mailto:sema4.security.mmb@state.mn.us).

## SEMA4 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 pages 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 page 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 HCM > Foundation Tables > Organization > Two Digit County Interface.

You may choose County or Interface County to perform your search.

- To search by County: In the County field, enter the county name and select Search. The system will display the valid 3-digit US County Code.
- To search by Interface County: In the Interface County field, enter the former 2-digit county code and select Search. The system will display the valid 3-digit US County Code.
- If you want to display a list of all 2- and 3-digit county codes, and county names, select Search. The list will display.

**ZIP** – 9-character field. The location's ZIP code; the 4-character ZIP code suffix is optional.

**Main Office Phone Number** – For the location of the agency's highest-level department (ending with 0000—e.g., G9Y0000 or R290000), the phone number of the agency's main office is **required by law**. The system will display this number on the paystubs of all of the agency's employees. For all other locations, the phone number is optional.

**Establishment ID** – 5-character code. The identification code of the Establishment.

**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](mailto: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.