

# 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 \_\_\_\_\_

Action

Check one:

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

Agency Code \_\_\_\_

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 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.

**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.