

# 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](mailto: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](mailto: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.