

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, 658 Cedar Street, Centennial Building, St. Paul, MN 55155-1689 or fax to (651) 797-1341.

Call (651) 259-3634 if you have questions completing this form.

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.