

# Payroll Processing Unit Change Form

Agency Name \_\_\_\_\_

Agency Code \_ \_ \_

Action

Check one:

- New Payroll Processing Unit
- Change to Existing Payroll Processing Unit
- Inactivate Existing Payroll Processing Unit

PAYROLL PROCESSING UNIT \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
(30 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 completing this form.

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**For MMB Use:** Programmer notification (FLSA)

# Payroll Processing Unit Change Form Instructions

**Agency Name** - Agency name

**Agency Code** - 3 character agency code

**Action** - Check one box

**Payroll Processing Unit** - 7 character code. The identification code of the Payroll Processing Unit.

**Effective Date** - Effective date of the action.

**Description** - 30 character maximum field. The description of the Payroll Processing Unit that displays on panels and reports. This description should be unique.

**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.