

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

DEPARTMENTAL WORK COORDINATOR

1. IDENTIFICATION OF DEPARTMENTAL WORK COORDINATOR

Name of Employee: _____ Phone: _____
Position Title: _____
Department/Division: _____

2. IDENTIFICATION OF ALTERNATE DEPARTMENTAL WORK COORDINATOR

Name of Employee: _____ Phone: _____
Position Title: _____
Department/Division: _____

3. DEPARTMENT LOCATION

List the pod and floor designation or room numbers which are assigned to the Coordinator/Alternate:
Please attach a sketch or floor plan of the assigned area(s).

4. DEPARTMENTAL APPROVAL

Signature of Administrative Head: _____ Date: _____
Type Name of Administrative Head: _____
Title: _____
TTUHSC Address: _____ Phone: _____

**MAIL TO: FACILITIES OPERATIONS AND MAINTENANCE
200 N. Concepcion, Suite C
El Paso, TX 79905**