

**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**