TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
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:     PLANT OPERATIONS
              BA108 HSC BLDG. - LUBBOCK