

Y-9 Form
Mainframe Office Information and Cost Center Update
INSTRUCTIONS

PURPOSE

To revise directory information for state office and field cost centers including location, contact, counties served, programs and services provided, ISP locations, days and hours.

PROCEDURE

The office manager, contact person or department representative completes Form Y-9 and forwards to Directory Services for approval. Directory Services staff will confirm all information, enter appropriate changes in the master directory database, and notify the Y-9 listserve of the changes via email notification.

For assistance or for directory inquiries, contact Directory Services at (Global Outlook) **Directory Services**, or by telephone at 512-936-1612.

INSTRUCTIONS: Please provide complete and accurate Form Y-9 information. A complete address is always required.

Date Requested: Enter today's month, day and year as MM/DD/YYYY

From: Enter the first and last name of person responsible for this request.

Effective Date: Enter the month, day and year this action takes effect

Type of Activity: Check Open, Close or Change. To add a new office location, check **Open**. To remove an existing office from the directory, check **Close**. To change directory information for an existing office, check **Change**.

REMARKS: Give a detailed description of the directory action to be taken

1. **Person Completing Form:** Enter the first and last name of person completing the form.
2. **Telephone No. of Person Completing Form:** Telephone number of person named in item 1.
3. **LWDA No.:** The Local Workforce Development Area Number. State office use WDA 50.
4. **Cost Center:** Finance will assign new offices cost center numbers when form is received. Existing offices/cost centers usually have the same number for cost center and field office number.
5. **Office Name:** Directory listing name cannot exceed 25 characters. Directory Services will use standard abbreviations to fit office names longer than 25 characters
6. **Office Number If Assigned:** Finance will assign numbers for new offices
7. **Office Street Address:** Enter the office's physical location. Complete this field even if mail is received at a P.O. Box. The Capital Complex office (Headquarters) address is 101 E. 15th St., Room _____, Austin, TX 78778-0001. Indicate room number where mail is to be delivered.
8. **City:** Enter city in which the office is located.
9. **State:** Enter TX.
10. **Zip Code:** Enter zip code for office location street address
11. **P.O. Box (Actual Mailing Address):** Enter box number if this is the mailing address
12. **P.O. Box Zip Code:** Enter the P. O. Box zip code
13. **Office Telephone Number:** Enter the office telephone number
14. **Office Fax Number:** Enter the fax number
15. **Contact Person:** Enter the name of the person in charge of the cost center. This person must have a three-character logon ID.
16. **Contact Logon ID (3 character logon ID):** Enter the contact person's logon ID
17. **Contact Telephone number:** Enter the contact person's telephone number

- 18. **Business Hours:** Enter the days, hours office is open to the public
- 19. **Web Site (URL will appear on Internet):** Enter the office web site address to be listed on the Internet
- 20. **List in Y-95 TWC Directory:** Complete this field only if this office is to be listed in TWC's Staff Directory
- 21. **Type of Office Activity: Check all that apply:** If you do not want this location listed on TWC's Internet site, check **(6) Other Agency, (8) ES entered or (9) Other.** All other choices will appear on the Internet. Contact Directory Services at 512-936-1612 if you have questions.
- 22. **Job Matching Activity:** Select 1 for Orders Only, if the office does JSMS only. Select 2 for Applications Only if the office keys Applications Only. Select 3 for All Services if the office handles both Applications and Job Orders.
- 23. **Job Bank ID Code:** Enter the Job Bank Identification Code (JBID) for ES activity. All ES locations should have a JBID, even if they do not participate in a Job Bank.

| | | |
|--------------------|---------------------------------------|------------------------------|
| A – Austin | G – Victoria | R - Amarillo |
| B – Beaumont | H- Houston | S - San Antonio |
| C – Corpus Christi | L – Longview | T - Texarkana |
| D – Dallas | M – Midland | V- Valley |
| E - El Paso | P – Lubbock | W – Central Texas |
| F - Fort Worth | Q – Abilene & Western Fort Worth area | Z – State Office Job Service |

- 24. **Texas Workforce Center: (Leave blank if the office is not a Workforce Center.)** Mark the appropriate block to indicate if the facility is a Workforce Center or Satellite office. A Workforce Center provides all services. The Center Certification Unit must confirm if a Workforce Center is Basic or Fully Certified.
- 25. **Satellite Office- (Leave blank if the office is not a Satellite Office.)** Check appropriate boxes below: A Satellite Office provides one or more services. Indicate which services are provided.
- 26. **Counties Served:** Enter the counties the office serves.
- 27. **Transfer Claims Data/Transfer ES Data to:** When an office closes, ES activity must be tracked to another cost center. Leave blank if this is a new office. Finance will assign a new cost center.
- 28. **Property/Assets at this Cost Center:** Yes or no