

**TEXAS WORKFORCE COMMISSION  
MAINFRAME OFFICE INFORMATION AND COST CENTER UPDATE**

|                                   |                 |
|-----------------------------------|-----------------|
| To: Directory Services, Room 153, | Date Requested: |
| From:                             | Effective Date: |

Submit office changes on form Y-9 and email the completed form to [directory.services@twc.state.tx.us](mailto:directory.services@twc.state.tx.us). An e-mail is accepted as a form of signature. A current copy of form Y-9 can be found on the TWC intranet forms directory or at R:\Forms\General\Y-9. For questions e-mail Directory Services or telephone 512-936-1612.

To open an office (or move to a new location), complete 1- 25. If an entire office is closing, complete 1-10. If location is to remain open and only the cost center is closing complete, 1 - 10 and summarize in remarks. If changing existing information, put new information on the form and use remarks to summarize the change. **A COMPLETE ADDRESS IS ALWAYS REQUIRED.**

TYPE OF ACTIVITY:                    OPEN                     CLOSE                     CHANGE EXISTING INFORMATION

|   |
|---|
| <b>REMARKS</b> (Explain what you are requesting): |
|   |

|  |  |   |                 |
|--|--|---|-----------------|
| <b>1. Person Completing Form:</b>                  |  | <b>11. P.O. Box:</b><br>(Actual Mailing address)            |                 |
| <b>2. Telephone No. of Person Completing Form:</b> |  | <b>12. P.O. Box Zip Code:</b>                               |                 |
| <b>3. LWDA No.:</b>                                |  | <b>13. Office Telephone Number:</b>                         |                 |
| <b>4. Cost Center:</b>                             |  | <b>14. Office Fax Number:</b>                               |                 |
| <b>5. Office Name:</b>                             |  | <b>15. Contact Person:</b><br>(Responsible for Cost Center) |                 |
| <b>6. Office Number If Assigned:</b>               |  | <b>16. Contact Logon ID:</b><br>(3 digit logon ID)          |                 |
| <b>7. Office Street Address:</b>                   |  | <b>17. Contact's Telephone Number:</b>                      |                 |
| <b>8. City:</b>                                    |  | <b>18. Business Hours:<br/>Days - Hours</b>                 |                 |
| <b>9. State:</b>                                   |  | <b>19. Web Site:</b><br>(URL will appear on Internet)       |                 |
| <b>10. Zip Code:</b>                               |  | <b>20. List in Y-95 Directory</b>                           | <b>Yes / No</b> |

**21. TYPE of OFFICE ACTIVITY Check all that apply:**  
 Claims Only (2)       Staff Serves the Public (3) Will List on Internet       Tax (4)       Appeals (5)  
 Other Agency (6)       Staff Serves the Public, No TWC Staff (7) Will List on Internet  
 ES entered (8) Will not List on the Internet       Other (9) Will not List on the Internet

**22. Job Matching Activity:**    1  Orders Only                    2  Applications Only                    3  All Services

**23. Job Bank ID Code:** \_\_\_\_\_

**24. Texas Workforce Center**                     a  Fully Certified                    b  Basic Certified                    c  Non-Certified

**25. Satellite Office**  If Satellite please check appropriate boxes below:  
a  Appeals    b  Child Care    c  Choices    d  ES                    e  FSE&T    f  Central Employer Job listing  
g  NAFTA/TAA    h  RIO                    i  TAA                    j  Tax                    l  Vets                    m  WIA                    o  RRES  
p  Other please specify \_\_\_\_\_

**26. Counties Served:** \_\_\_\_\_

**27. Transfer Claims Data to:** \_\_\_\_\_      **Transfer ES Data to:** \_\_\_\_\_

**28. Property/assets at this Cost Center?**  Yes                     No

**Directory Services Only Below this line:** \_\_\_\_\_

Processed by: \_\_\_\_\_                    Date: \_\_\_\_\_