

Legislative Notification of Field Office Closure, Move, or Opening (Form GR-10)

Instructions: Use this form to inform TWC in advance of the Board’s closing, moving, or opening of a Texas Workforce Center or satellite office¹ within your local workforce development area. The Board must submit this form to its assigned Contract Manager and Integrated Service Area Manager no later than 45 calendar days before the closure, move, or opening. TWC will notify affected members of the Legislature, based on information provided herein.

Please submit the Y-9 form(s) concerning this change to Directory Services two weeks in advance of the effective date, to provide ample opportunity for changes to appear in the published directory by the effective date. Boards are responsible for notifying their local elected officials of any closure that affects state employees or leaves a county without in-county services.

Date Submitted: _____

To: _____ Contract Manager, Workforce Development Division, TWC

To: _____ Integrated Service Area Manager, TWC

From: _____ Telephone: _____ E-mail: _____

LWDB Name: _____

A TX Workforce Center Satellite Office (**pick one**)

Located at Street address _____ City _____ County _____

Will be closing moving opening

On Month _____ Day _____ Year _____

Please describe briefly the reason for this change:

Please identify the predominant client groups served at this location:

¹ Local workforce development area offices that provide services are subject to this advance notice requirement. This includes Texas Workforce Centers and satellite offices that provide services and are overseen by the Boards. Satellite office services can be limited to certain programs, customers, or hours, or can be appointment-only, mobile, or telecenter-only services. Board administrative offices that do not provide services and Texas Workforce Commission offices (e.g., tax or UI call centers) are not subject to this requirement.

For closures and moves:

Please explain the ways in which customers will be notified of the move/closure *and of where they can get services in the future:*

ES staff Board staff Contractor staff Total

Please provide data on the number of persons who will be losing a job (*not reemployed*) due to this move or closure:

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Will any partner organizations' operations need to move due to this change? NO YES

If yes, please identify briefly which partner organizations' operations will be affected and where they will relocate:

For closures:

Will any other Texas Workforce Centers or satellite offices remain in the county? NO YES

Please explain how services will be provided to the customer base of this center/office after it is closed:

For moves:

New Location: Street address _____ City _____ County _____

Will services provided at the new location be the same as at the old location? NO YES

If no, please explain the change in services:

GR-10 (02/09)