



**WORKFORCE
SOLUTIONS**
DEEP EAST TEXAS

415 S. First Street, Suite 110B Lufkin, Texas 75901
Phone: 936-639-8898 Fax: 936-633-7491

December 1, 2025

The Honorable Milton Powers
Tyler County Judge
100 West Bluff, Room 105
Woodville, Texas 75979

Re: Appointment of Laura David to the Workforce Board

Dear Judge Powers,

The Deep East Texas Local Workforce Development Board is requesting your approval for the appointment of Laura David to the Workforce Board. She has agreed to serve a three (3) year term representing the Community Based Organizations for Deep East Texas.

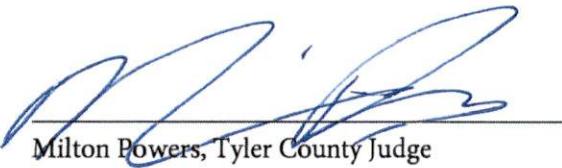
We will work with Ms. David in processing the required paperwork for her appointment. To process and request her appointment with the Texas Workforce Commission, we must have the approval and signed support form from the County Judge.

If you agree and support this appointment, please sign below, and return the letter to dharmon@detwork.org. Thank you for your support of the Deep East Texas Local Workforce Development Board. If you have any questions, please contact me at 936-631-8610.

Sincerely,

Ty Cauthen

Dr. Ty Cauthen
Executive Director
dr_cauthen


Milton Powers, Tyler County Judge

12-10-25
Date

A Proud Partner of the American Job Center Network

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**Local Workforce Development Board
Nomination Slate**

PLEASE TYPE OR PRINT

1. Workforce Area: **Deep East Texas**

2. Name of Nominee: **Laura David**

3. Organization Representing: **University of Texas Medical Branch Correctional Managed Care (UTMB CMC)**

4. Position/Title: **Region 1 Nurse Manager**

5. Address: **3675 County Road 2400** City/ZIP Code: **Chester, TX 75936**

6. Phone Number: **936-635-9847**

7. E-mail: **lawrlight@utmb.edu**

8. Gender: Male Female

9. Race: What is the nominee's race? Mark one or more races to indicate what the nominee considers himself/herself to be.

<input checked="" type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Samoan	<input type="checkbox"/> Japanese
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Filipino	
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Some Other Race		

10. Hispanic Origin: Is the nominee Spanish/Hispanic/Latino?

<input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino	
<input type="checkbox"/> Yes, Mexican, Mexican American, Chicano	<input type="checkbox"/> Yes, Puerto Rican
<input type="checkbox"/> Yes, other Spanish/Hispanic/Latino, specify: _____	<input type="checkbox"/> Yes, Cuban

11. Reference Item 3. Please list any applicable Employer TWC Tax Account Number(s):

1.) **99-998224-7 UTMB TDCJ** 2.) **99-998229-8 UTMB** 3.) _____

12. Total Number of Employees associated with Employer TWC Tax Account Numbers listed in Item 11: _____

13. Please indicate the Workforce Board category the nominee represents (Check Only One):

Private Sector Large/For-Profit Business (large 500 employees or more)	<input checked="" type="checkbox"/>
Private Sector Small/For-Profit Business (fewer than 500 employees)	<input type="checkbox"/>
Other Private Sector.....	<input type="checkbox"/>
Education	<input type="checkbox"/>
Literacy Council	<input type="checkbox"/>
Economic Development	<input type="checkbox"/>
Vocational Rehabilitation.....	<input type="checkbox"/>
Public Employment Service (TWC)	<input type="checkbox"/>
Adult Basic and Continuing Education.....	<input type="checkbox"/>
Organized Labor [20 C.F.R. §628.410(a)(3)].....	<input type="checkbox"/>
Community-Based Organization (CBO)	<input type="checkbox"/>
Public Assistance.....	<input type="checkbox"/>

Special Board Requirements - Indicate, if applicable:

14. Nominee has expertise in child care or early childhood education

15. Nominee is a veteran AND is actively engaged in the field of veterans affairs or services

University of Texas Medical Branch - Correctional Managed Care

16.	Name of Nominating Organization			
	200 River Pointe Drive, Suite 200	Conroe	TX	77304
17.	Street Address or P.O. Box of Nominating Organization	City	State	ZIP Code
	936-494-4170			
18.	Phone Number			
19.	 Signature, Nominating Organization - President, Director, or other official	Digitally signed by jrrobiso, Robison, Justin R. Date: 2025.11.24 09:53:06 -06'00'	11/24/2025	Date of Signature
20.	Print or Type Name	Regional Chief Nursing Officer		
		Print or Type Title		

Individuals may receive, review, and correct information that TWC collects about the individual by emailing open.records@twc.texas.gov or writing to TWC Open Records, Rm 266, 101 East 15th St., Austin, TX 78778-0001.