

Helping Workers and Businesses When Jobs are Lost

NAME:		
STREET ADDRESS:		
CITY:	ZIP:	STATE:
TELEPHONE:		
Name and title of contact person:		
Name: Title:		
Phone #:		
Email Address:		
Verify the following information via telephone/email conversation:		
What is company FEIN Number?		
2. When were the employees notified? (Announcement Date)		
3. Is this confidential?		
4. Layoff: ☐ Closure: ☐		
5. WARN: Non-WARN:		
6. Number of employees affected		
7. When is the employees' last day to work		
B. Trade Related? ☐ Yes ☐ No Trade Petition Filed? ☐ Yes ☐ No		
If Trade Related is there a significant # of older workers? $\square$ Yes $\square$ No		
9. Presence of Union:		
Name of Union:		
Union mailing address		
Union representative's name		
Contact Union representative and invite to Rapid Response event		
COMMENTS:		