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| --- | --- |
| Company name and address |  |
| Parent company and address if applicable |  |
| Is this company/organization owned by one of the following: | Woman Owned Person of Color  Person with a Disability Native American  Veteran or current/former member of the US Military |
| Contact name, title, phone, and email: |  |
| Products produced or services provided: |  |
| Reason for the layoff or closure |  |
| Is this layoff related to increased imports or shifts in production outside of the United States? |  |
| Layoff/closure date(s) |  |
| Employee notification date |  |
| Will you be sending Rapid Response a WARN or give the employees another type of paid notice? | If yes, list date of notice period: **From: To:**  Will you keep the employees on the job until the end of the notice period? **Yes No** |
| Job titles/occupation affected: |  |
| How many employees being laid off are veterans? |  |
| Number of permanent employees being laid off: | Over 32 hours/week:  Under 20 hours/week: |
| Do you employ any workers through a Staffing Agency? If so, how many? | Over 32 hours/week:  Under 20 hours/week: |
| If you employ workers through a Staffing Agency, please list the company name and contact information |  |
| Do you employ any seasonal or migrant farmworkers? | If so, list how many: |
| Do you employ any workers in the U.S. on a H2B or H2A Visa? |  |
| Number of employees who have been employed by your company/organization for less than 6 months: |  |
| Do you expect to recall the employees? If so, do you expect the recall to be permanent or temporary? Please list the recall timeline. |  |
| Union(s) representing the employees? **Yes No** | If yes, union name(s) and contact(s) information: |
| Are you providing the employees with any Non-Cash benefits? (e.g. health insurance)? **Yes No** | If yes, when do they end?  If yes, specify which kind of benefits: |
| Will accrued vacation pay, PTO and/or sick pay be paid out upon layoff/closure? **Yes No** | If yes, when do they end?  If yes, specify which kind of payout: |
| Will the company/organization be paying the employees severance? **Yes No** | If yes, will it be paid in a lump sum?  Or provide payout schedule: |
| Will any other special payments be made to the employees because of the layoff? E.G., bonuses (retention or otherwise), cash for COBRA, supplemental unemployment compensation (sub pay)? | If yes, name of payment, formula, and/or reason. |
| Did the company or a predecessor pay into a pension, 401K, or other annuity for the employees? | If yes, explain: |
| Do any employees have an option to avoid layoff by exercising seniority or transferring? **Yes No** | If yes, explain: |
| Is the company/organization providing outplacement services for employees? **Yes No** | If yes, please provide the name of the outplac3ement firm and a contact: |
| Please provide estimation of the following: | Wages/salary: Average age:  Average length of employment:  Training/education levels: |
| What kind of preparations should we have for accommodations? | Wheelchair access: Sign Language:  Interpreter (list languages):  Access to print (e.g. Brail, audio or electronic): |
| Have employees been on a Shared Work Plan with the past year? | Yes  No |
| Did your company/organization experience layoffs/furloughs in the past years? | Yes  No |