

NON-WARN DATABASE REPORTING FORM*

To Be Completed by WDASOM Staff

RR Staff:
Status (A=Active; C=Complete):
Last Update:
Entry Date:

I. Company Information

Company:

Site Address/City/Zip:

County:

MWA:

Company Contact Name and Title:

Company Contact Address:

Company Contact Phone:

Ext.:

Contact Fax:

Contact E-mail Address:

Type of Business:

NAIC codes: _____; _____

II. Incident Demographics

Number of Affected Employees:

Total employees at site:

Total employees laid-off:

Top five (5) Job Titles of impacted workers:

Incident and Notification Information (cont.)

Attachment B

III. Incident and Notification Information

Date Received: First Contact Date:

Incident Type:
(Plant Closing; Mass Layoff; Plant Crisis; Transfer)

Notification Type:
(WARN letter; Phone call; News Clip; Letter; Other)

Layoff Reason(s):
(Not Reported; Co. Sold; Bankruptcy; Financial Trouble; Operations Transferred; Company Restructured; Unprofitable; Reduced Business/Work; Merger/Acquisition; Other; Indeterminable)

First Layoff Date:

Final Layoff Date/Closing:

Union-Related Information:

Union Local: Number of Union Members Impacted:

IV. Response and Delivery Service Information

Type of Response: (Unknown; RRT; Phone Contact; No Response; Other)

Service Vehicles: (In-House Labor Management Committee; Union-Sponsored Task Force; On-Site Resource Center; Outplacement Agency; JAC; MWA; UIA; Peer Counseling)

Employee Services

Worker Orientation Meetings:

Meeting Dates:

Check Box if: Trade Adjustment Assistance

Auto Related Applied for TAA/ATAA Application Approved

Company At-Risk Application Date: Certification Date:

Application Denied

Additional Information:

COMMENTS:

*As appropriate, updates to non-WARN events should be communicated to the appropriate WDA staff.