

LAYOFF/WARN NOTICE REPORT

COMPANY NAME:	BI-WEEKLY REPORT DATE:
	DATE SENT TO REGIONAL OFFICE:
	WORKFORCE REGION:
COMPLETE ADDRESS:	
CONTACT NAME:	
CONTACT PHONE # 1:	
CONTACT PHONE # 2:	
CONTACT E-MAIL:	
DATE OF LAYOFF:	
OCCUPATIONS:	
SECONDARY EMPLOYER:	
HOW NOTIFIED:	
INDUSTRY:	
PRODUCT/SERVICE:	
NUMBER OF EMPLOYED:	
NUMBER AFFECTED:	
REASON FOR LAYOFF :	
WARN NOTICE (date):	
LABOR UNION INVOLVEMENT:	
OUTPLACEMENT AGENCY:	
STATE REQUESTING NEG:	
MERGER RELATED:	
TAA:	
PLANNING MEETING SCHEDULED FOR DATE:	
TIME:	
WORKSHOP SCHEDULED FOR	
DATE(S):	
TIME(S):	
NAME OF UI CONTACT PROVIDED:	