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LAYOFF/WARN REPORT FIELD DESCRIPTIONS AND GUIDELINE QUESTIONS

The following provides both a definition of the fields to be completed on the Layoff/WARN Report as well as scripted questions that can be used in interviewing the business customer. The fields and corresponding questions described below are presented in the order in which they appear on the WARN/Layoff Report from left to right. The definitions of these fields also appear in the help documentation of the form.

- 1. Company Name:** The legal name of the company. Q: What is the legal name of your company?
- 2. Date Submitted:** The date on which you are submitting the request. (This is not a question to be asked of the customer.)
- 3. Address/City/State/ZIP** The Street Address, City, State, and Zip Code of the location(s) affected. Q: What is the company's address? (Headquarters and Colorado locations)
- 4. Report Date:** The bi-weekly period in which the layoff event will be reported. Leave this section blank. This will be completed by the SRRT.
- 5. Submitted by:** The name of the person submitting the Layoff/WARN Report.
- 6. Contact Name:** The primary person with which the SRRT or Region should be coordinating. Q: Are you the designated primary contact for this layoff event? If not, with whom should we be coordinating?
- 7. Contact Phone:** The phone number on which the contact prefers to be called. Q: On what phone number may we contact you? Do you have a cell phone number on which we can reach you in case we cannot reach you on your office phone?
- 8. Contact Email:** The email address for the contact. Q: What is the email address that we should use when corresponding with you?
- 9. Workforce Region:** The name of the workforce region in which the layoffs will occur. If multiple regions, use the region in which the majority of layoffs will be occurring. Q: Which location(s) will be impacted most by the layoffs?
- 10. How Notified:** This is not a question that would be asked of the business. This portion of the form asks you to record how you were you notified that the layoff event was occurring: by a letter to the State RR office or local office, email, phone, newspaper article, etc.
- 11. Industry:** The industry in which the business participates, for example, healthcare. Q: What is your primary industry?

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- 12. Product/Service:** The products or services that the company delivers to its customers. Q's: What is the main product or service your company sells? Does the layoff impact any company or vendor with which you work?
- 13. Occupations:** The job titles that will be affected by the layoff(s). Q's: What occupations will be affected? Do you have a list of occupations/job titles and counts for each job title that you can provide to us?
- 14. Date of Layoff:** The first date on which layoffs will occur. This may be a singular event or multiple events being conducted in phases. Where there are multiple layoffs that will be occurring in phases, please provide the date of the first layoff in this field and document all dates in the Narrative section of the form. Q's:
- What is the anticipated date of the layoff event?
 - Will the layoffs be taking place all at once or in phases? If in phases: What would be the dates of the phases? If unknown: When do anticipate knowing the dates?
 - Will the layoffs be taking place in other states in addition to Colorado? What states? Would you like for us to provide the Rapid Response contacts for the other impacted states?
- 15. Total Employed:** The total employees at the specific location where layoffs will occur. Q's: How many total employees are at the specific site where the layoffs will take place? Do you have multiple locations in Colorado that will be impacted?
- 16. Number Affected:** The number of individuals that will be terminated during the layoff(s). Q: How many individuals total do you expect to be affected by the layoff event?
- 17. Date WARN Received:** The date indicated on the WARN letter. There is no question that must be asked of the business customer to complete this.
- 18. Reason for Layoff:** The justification or cause of the layoff. Choose from the drop down list. Q's:
- What is the reason for the layoff?
 - If a closure, ask: Do you have plans to sell or lease the physical site? (This provides information that might be useful to Economic Development for re-purposing a site to attract companies that might be interested in operating similar businesses.)
- 19. Labor Union:** This identifies any labor union, association or other bargaining unit by which the affected employees are represented. Q's: Is there a labor union or bargaining unit involved?
- 20. Union Name:** The name of the union, association or other collective bargaining unit representing the employees. Q: What is the name of the union representing the

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employees? Could you please provide us with the contact information of the union steward?

- 21. Outplacement Agency:** The name of the firm that has been hired by the business to deliver transition services to its affected employees. For example, Right Management Associates. Q's: Will your company be using an outplacement agency? If so: What is the name of the agency you will be using? What services do you anticipate they will provide? As a professional courtesy, we typically contact the Outplacement Services Company to coordinate. Do you have a contact person for the firm or would you be willing to contact them on our behalf?
- 22. TAA Eligible:** The eligibility of a Company to become TAA Certified because of the loss of jobs by those affected by foreign trade. Q's:
Are any of the positions being eliminated because of foreign trade? (Note: this could be because of a buyout by a foreign company, lost business due to a foreign company or jobs being moved to another country.)
Has your company filed for TAA certification?
May I provide your contact information to our local TAA Coordinator?
The link for filing a TAA Petition is as follows:
<http://www.colorado.gov/cs/Satellite/CDLE-EmployTrain/CDLE/1248095317843>
- 23. NEG or Emergency Reserve Funds?** The State has or has not requested a National Emergency Grant. Q: Will the region be requesting a State Emergency grant or will the region need reserve funds? This question is for you to answer. Is the region requesting that the State apply for NEG funds because of a natural disaster or plant closure impacting the local economy? If yes, refer to the Emergency Reserve funds section of the Rapid Response PGL for more information on how to access reserve funds.
- 24. UI Contact Provided:** The person within the Unemployment Insurance Division that should be contacted to provide the employer with information pertinent to their layoff event. Q's:
a. Have you already been contacted by the Unemployment Insurance Division?
b. If no: The name of your Unemployment Insurance contact is _____. (Provide the name and phone number of the Employer UI Contact in the Unemployment Insurance Division.) As of July 2013, the contact is Kari Hilverding. She can be reached at 303-318-9442.
c. Your UI contact will be able to answer any questions you may have or refer you to the appropriate contact.
- 25. Narrative:** This area is used to provide a detailed narrative of the company and its layoff event. The narrative generally includes but is not limited to the information previously collected on the form in a narrative format.
- The company name, the industry served, impacted locations and states involved, company background including industry and products and services sold.
 - The circumstances necessitating the layoff event.
 - The nature of the layoff, size, scope, and occupations affected.
 - Involved parties including subsidiaries and unions or other bargaining units.

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- 26. Planning Meeting Date/Time:** The date and time at which the stakeholders will meet to discuss the customer's needs and develop a plan to deliver Rapid Response services. Q's:
- Tell the business about the transition services offered, and offer to send them electronic materials.* Q's:
 - Is there a convenient time that we can meet to discuss in more detail the transition services we provide?
 - What would be a good day and time to meet?
- 27. Type of Event(s) Scheduled:** Choose from the drop-down list the type of event you are scheduling. Events may include (but are not limited) to the following: onsite workshops, virtual workshops, reverse hiring events, virtual job fairs, and other events that you can specify. Q: What types of events make sense for you? *Describe the services available to them.*
- 28. Date/Time (#1, #2) –** The date and time on which the Rapid Response Workshops will be conducted. Q's: If we were to conduct an onsite workshop, what would be the date and time that would work best for you? If unknown, what would be the best time for me to call you to confirm?
- 29. Event Location:** The address at which the event will take place. Q: Where would you prefer the event take place?
- 30. Date/Time of Virtual Workshop:** The date and time at which a Virtual workshop will be conducted. Q: What is the most convenient time for the virtual workshop to begin?
- 31. Date/Time/Location of Reverse Hiring Event:** The date, time, and location at which a reverse hiring event will take place. A reverse hiring event is one in which the region and/or the SRRT recruits businesses that are hiring individuals in occupations similar to those being terminated at the host company. Q: What are the most convenient times and locations for the reverse hiring event?
- 32. Disability Accommodations/Language Assistance Required?** If disability accommodations or language assistance is required, space is provided to indicate whether or not these services need to be available for the event. Businesses must be asked to distribute the Disability Accommodations/Language Assistance Request Smart form to its employees prior to the event. Q: In case any of your employees require disability accommodations, will you please distribute this Disability Accommodation/Language Assistance form to your employees so that we may provide them with the services they require? For your convenience, we can easily email to you a link to the form that your employees can complete online.
- 33. Comments:** Space for adding detail or clarifying information.