



## Expeditious Response Report

To ensure capture of information essential for data entry, distribution, end-user needs, and workload credit.

**\*Report Completed by:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

		Directory Information
1.	<b>*Name of Company</b>	
2.	Street Address	
3.	City and Zip Code	
4.	County	
5.	Contact Person	
6.	Contact Person's Job Title	
7.	Phone Number	
8.	Fax Number	
9.	Type of Business—Product or Service	
		Fact-Finding
10.	Types of jobs affected, approximate numbers	
11.	<b>*Total Number of Workers Affected</b>	
12.	Estimate of worker residence per county	
13.	First and, if applicable, final layoff dates	*First layoff date:      *Final layoff date:
14.	Bumping or transfer rights?	
15.	Permanent plant closure?	
16.	Reason for layoff or closure	
		Possible Trade Adjustment Assistance petition
17.	Were foreign imports a factor?	
18.	Is production being moved abroad?	
19.	In either case, please identify the countries.	
		Union Representation
20.	Labor union? If so, please identify.	
		Contact History
21.	How and when you learned of the layoff	Source: <b>An employer rep</b> Date:
22.	<b>*Date of Initial Contact</b>	
23.	Date of On-Site or Remote Service	
24.	Date of First Information Session(s)	