



Rapid Response - Employer Research & Initial Contact Form

Rapid Response Initial Call Information		
Employer:	Rapid Response Activity Tracking System Number: N/A. Leave this space empty.	
Local Workforce Development Board:	Date staff notified of Layoff/closure:	Date Employer Contacted:
Rapid Response staff who contacted the employer:	Method of Notification: <input type="checkbox"/> WARN Act Notification <input type="checkbox"/> Media or Research <input type="checkbox"/> Local Rapid Response Team <input type="checkbox"/> State Trade Program Office <input type="checkbox"/> Customer Call / Walk-in <input type="checkbox"/> Business Engagement Services <input type="checkbox"/> Other	
Local Rapid Response Coordinator:	If employer contact takes several attempts, please list date and times of attempts and note in Employer Meeting Notes	
Employer Verifies Layoff/Closure <input type="checkbox"/> Yes, employer verified layoff/closure <input type="checkbox"/> Yes, employer verified temporary layoffs / furloughs <input type="checkbox"/> No, Services Needed: Employer explained there is no layoffs or closure <input type="checkbox"/> Employer unresponsive or declined services Explain in Employer Meeting Notes on how services will be provided to workers.		
Reason for Rapid Response: <input type="checkbox"/> Closure <input type="checkbox"/> Layoff <input type="checkbox"/> Dislocation resulting from natural disaster <input type="checkbox"/> Trade Act Petition filed <input type="checkbox"/> WARN Act Notice filed Size of Layoff: <input type="checkbox"/> Large-Medium Layoff (10 or more workers) <input type="checkbox"/> Small Layoff (1 -10 workers) Small Business (as defined by the U.S. Small Business Administration) : <input type="checkbox"/> Yes <input type="checkbox"/> No Layoff Type: <input type="checkbox"/> Permanent Closure <input type="checkbox"/> Temporary <input type="checkbox"/> Reduction <input type="checkbox"/> Other (Explain):		
Coordination Needed w/Other Agencies Involved: List other Agencies:		
Reasons contributing to or causing the layoff/closure: <input type="checkbox"/> Company relocation <input type="checkbox"/> Economic factors <input type="checkbox"/> Bankruptcy (requires research to investigate the cause of bankruptcy and role of foreign investors) <input type="checkbox"/> Company consolidation/merger <input type="checkbox"/> Changes in production line <input type="checkbox"/> Buyout <input type="checkbox"/> Increased imports <input type="checkbox"/> Retirement <input type="checkbox"/> Shift in production (requires research to investigate where working sites are located) <input type="checkbox"/> Overseas competition <input type="checkbox"/> Other: _____		
Timetable of Expected Layoff Dates:	Estimated number of affected workers:	

Existing activities and forms provided for workers to complete and/or submit to the Local Rapid Response Coordinator:

Information Provided to the Employer

- Yes, provided employer a brief explanation of pre-layoff services and explanation of Incumbent Worker Training
- Yes, provided employer a brief explanation of Rapid Response Informational Session
- Yes, provided employer a brief explanation of why an on-site meeting is important: To gather additional information concerning the layoff; to discuss available resources to assist workers; to determine and schedule appropriate customized services

Notes:

Union Information

- No, workers are not represented by a union
- Yes, workers are represented by a union
- Yes, employer understands any union representative will be asked to participate at the employer meeting
- Yes, contract has bumping right provisions
- No contracted bumping rights
- Employer verified no existence of any disputes between the employer and the union
- Employer verified existence of disputes between the employer and the union

Union president and/or other union officials
Name:
Phone:
E-mail:

Trade Adjustment Assistance Potential

- Yes, the potential of the layoff/closure being trade related was discussed with the employer
- Yes, Layoff/Closure has the potential to be trade related
- Employer is [filing a Trade Act petition](#) and would like help
- Employer is [filing a Trade Act petition](#) and does not need help
- Union is filing Trade Act petition
- Connecting employer with the [State Trade Program](#) Office
- No, employer does not want help with a petition

Layoff Aversion

- Yes, discussed possible options Employer knows about [Short-Time Compensation](#) Shared Short-Time Compensation program information and provided the DEO Reemployment Assistance [Special Programs website](#)
- Employer knows about their local [Small Business Development Center](#) (SBDC) network office
- Not appropriate to discuss layoff aversion activities with the employer due to: _____

Any pending buy-out or rescue plan? Yes No Unknown

<input type="checkbox"/> Yes, Employer Meeting Scheduled		
Date:	Time:	Location:
Employer on-site meeting attendees identified:		
Employer Information		
Employer:		
Address:		
City, State, Zip Code:		
Phone:		
Name/Title of Employer Contact Phone/E-mail of Employer Contact	<p>What are the products the company makes or the services they provide and the types of occupations and skills group(s) that are being affected?</p> <p>Where are these products imported from and/or exported to?</p> <p>Where are the working sites located (domestic or international)?</p>	
Notes:		
Staff Completing Form		
Completed By		Date:



Rapid Response – Initial Employer Meeting – Information Form

Rapid Response Initial Call Information:		
Employer:	Rapid Response Activity Tracking System Number: N/A. Leave this space empty.	
Employer Meeting Information:		
Employer:	Date of Meeting:	
Time of Meeting:	Location of Meeting:	
Representative Information:		
# of workers affected:	# of employer representatives attending:	# of Union Representatives attending:
Name of Employer Representative(s):	Contact Information:	
Name of Unions Represented (if applicable):	Notes:	
Name of Local TAA Coordinator (if applicable):		
Rapid Response Meeting Facilitator:		
Union Information:		
<input type="checkbox"/> Yes, workers represented by a union. Union information was provided for follow up. <input type="checkbox"/> Union represented at meeting with employer.		
Notes:		
Trade Adjustment Assistance Potential:		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requested a Local TAA Coordinator be represented at the meeting with employer*		
Notes:		
<p style="color: red; font-size: small;">*Does this company conduct business overseas? Does this company hold overseas working sites? Has this company recently merged or experienced a buyout? Has this company filed for bankruptcy due to increase foreign competition? What industries is this company involved in (i.e., Manufacturing, Energy, Translation/Digital Technology, Food or Agriculture, Software/Technology)? Is the parent company located overseas?</p>		

Layoff Aversion:	
<input type="checkbox"/> Yes, candidate for layoff aversion services <input type="checkbox"/> Employer knows about Short-Time Compensation <input type="checkbox"/> Employer knows about Paycheck Protection Program <input type="checkbox"/> Not appropriate to discuss layoff aversion activities with the employer because _____	
Worker Information:	
<input type="checkbox"/> Language Accommodations <input type="checkbox"/> Deaf and/or Blind Services Needed <input type="checkbox"/> Translator Needed <input type="checkbox"/> Limited Opportunity Due to Specialized Skills or Knowledge <input type="checkbox"/> Obsolete Job Skills <input type="checkbox"/> Worker Over 50 <input type="checkbox"/> Occupation in decline due to automation or technology (refer to the Local TAA Coordinator)	Worker education levels: <input type="checkbox"/> Less than High School/GED <input type="checkbox"/> Community College degree <input type="checkbox"/> High School/GED completion <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Master's Degree or higher
Employer Meeting Outcomes should include: (Sometimes more than one meeting with employer will be needed to meet outcomes)	
<input type="checkbox"/> Obtain an employee list and their position descriptions <input type="checkbox"/> Identification of worker and employer needs and expectations	Plan to provide <input type="checkbox"/> Job Search Skills <input type="checkbox"/> Financial Management <input type="checkbox"/> Stress Management <input type="checkbox"/> Health Coverage Transitional Information
Employer Meeting Outcomes should include:	
<input type="checkbox"/> Timelines and Anticipated layoff schedule <input type="checkbox"/> An understanding of the services and benefits available under various programs (co-enrollment discussion)	Layoff Schedule: (Include the dates and timeline of upcoming layoffs)
<input type="checkbox"/> The identification of services being offered by the employer and union <input type="checkbox"/> Paid time to attend Rapid Response <input type="checkbox"/> Space for on-site worker transition center	<input type="checkbox"/> Assistance and ongoing contact with Human Resource staff <input type="checkbox"/> Paid time off for job search activities or workshops <input type="checkbox"/> Other: _____
<input type="checkbox"/> Gain an understanding of the work and skills of the employees <input type="checkbox"/> Determine the need for a local workforce transition team or workshop event	Detail the work of the affected employees here:
<input type="checkbox"/> Provide an outline of the next steps, including when the next meeting will occur and what it will include	

Next Steps - What is Needed

Pre-layoff Services: Information on the available state and federal business and disaster relief grants Local SBDC office introduction Peers & Mentorship On-Site Workshops Follow-up Informational Session or Virtual Session Research regarding offshore business transactions, overseas competition, imported goods and services, location of parent company, and other foreign agreements the company has executed

Rapid Response Worker Information Session:
 Where: On-Site Close to Employer Virtual
 Location: _____
 Total number of sessions planned _____
 Length of Time: 1.5 Hours 2 Hours
 Time(s)

Each Information Session will include:
 Reemployment Assistance information; COBRA coverage healthcare information; CareerSource Florida website resources and locational information, access to [Employ Florida](#) and encouragement to generate an account; Union and/or [Trade Adjustment Assistance](#) Information (if applicable).

Information session customized needs:
 On-site Services Workshops (Resume Writing, Interviewing, Cover Letters, Job Hunting, etc.) Job Fair or Virtual Job Event Mental Health Strategies Stress Management Strategies Financial Management Information Session Meet n' Greet with your local case management team How To File a Trade Act Petition Session
 Social Services National Dislocated Worker Grants Information Session

Plan to distribute and collect questionnaires and/or conduct interviews before or during the Rapid Response Information Session

Rapid Response Worker Information Session should be 1.5 – 2 hours. If additional services are added to the agenda be aware of overload and separate sessions on customized topics may be needed. Ensure required presenters are allowed adequate time for his or her information.

Record the workers counties/address of residency. Based on location, provide a referral to the correct LWDB and [local career center](#).

Notes:

Staff Completing Form

Completed By:	Date:
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