



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.	*Name of Company		
2.	Street Address		
3.	City and Zip Code	Zip	
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.	*Total Number of Workers Affected		
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: An employer rep	Date:
22.	*Date of Initial Contact		
23.	Date of On-Site or Remote Service		
24.	Date of First Information Session(s)		