



FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY (DEO)  
REEMPLOYMENT AND EMERGENCY ASSISTANCE COORDINATION TEAM (REACT)

ON-SITE RAPID RESPONSE VISIT REPORT

Submitted by: \_\_\_\_\_ Title: Rapid Response Regional Coordinator DEO Region: 1

Date of initial employer contact: \_\_\_\_\_ Date of on-site visit: \_\_\_\_\_ Date of report: \_\_\_\_\_

Dislocation Event Tracking Number: \_\_\_\_\_ **Number of Affected Workers:** \_\_\_\_\_

Employer's State Unemployment Compensation Tax Number: \_\_\_\_\_

Beginning Layoff Date: \_\_\_\_\_ Ending Layoff Date: \_\_\_\_\_

Does this dislocation involve a **permanent plant closure**? Yes  No

Has a **WARN notice** been received? Yes  No

**How** (for example, a news article, a call from a worker) **and when** did you learn about this dislocation?

How? WARN Notice received from REACT Central Office When—Date: \_\_\_\_\_

1. Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: FL Zip Code: \_\_\_\_\_

Type of business or industry: \_\_\_\_\_

Major products or services: \_\_\_\_\_

Key Company Contact(s):

(a) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

(b) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

(c) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2. What was the **reason for the layoff**?

\_\_\_\_\_

3. What are the **layoff plans and schedule** of the employer?

\_\_\_\_\_

4. Has a list of **positions affected**, with the **number per category**, been secured? Yes  No

5. Is a list of **names and SSNs** available for on-site Unemployment Claims-taking? Yes  No

6. Please provide a breakout of **worker residence by county**, with approximate numbers or percentages:

County \_\_\_\_\_ County \_\_\_\_\_ County \_\_\_\_\_

County \_\_\_\_\_ County \_\_\_\_\_ County \_\_\_\_\_

7. Please identify the **RWB regions** (by number) that serve workers from these areas, **lead entity first**:

RWB \_\_\_\_\_ RWB \_\_\_\_\_ RWB \_\_\_\_\_ RWB \_\_\_\_\_ RWB \_\_\_\_\_ RWB \_\_\_\_\_

8. Were **foreign imports** a factor in the layoff or plant closure? Yes  No

Has **production been moved** to a foreign country or countries? Yes  No

Has a **Trade Act petition** been, or will one be, filed? Yes  No

Was a significant number of older workers, age 50 or above, affected by the layoff? Yes  No

(Note: The term "significant number" means five percent of affected workers or 50 workers, whichever is less)

**If the answer is "yes" to any of these questions, please identify the foreign country or countries involved:**

Nation \_\_\_\_\_ Nation \_\_\_\_\_ Nation \_\_\_\_\_

9. Does a **labor union** represent the affected workers? Yes  No

Name of Union: \_\_\_\_\_

Key Contact Person for the Union:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

10. Is there any **possibility for averting the layoff**? Yes  No

11. Do the workers have **bumping or transfer rights**? Yes  No   
Site \_\_\_\_\_ Site \_\_\_\_\_ Site \_\_\_\_\_

12. Are the **reemployment prospects** good for the workers in the local labor market? Yes  No   
\_\_\_\_\_

13. Will the **community** in which the affected company is located need assistance? Yes  No   
\_\_\_\_\_

14. Will the **regional workforce board(s)** need supplemental funding? Yes  No   
\_\_\_\_\_

15. Will **other community partners** require additional resources? Yes  No   
\_\_\_\_\_

16. Is a **follow-up meeting** scheduled with the employer? Yes  No  **To be arranged.**  
Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

17. Schedule and sites for the **worker information sessions**: **Conducted on:**  
Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

18. Rapid Response Team meeting to develop a **Service Implementation Plan**: **To be arranged.**  
Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

19. **REACT partners who participated in the on-site visit and/or conducted the information sessions:**  
(a) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
(b) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

(c) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_

(d) \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_

(e) \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_

(f) \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_

(g) \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_

20. Did REACT explain and offer to help establish a **Labor-Management Adjustment Committee (LMAC)**?

**Explained concept, offered assistance**

**Employer has a Transition Team in place**

21. Are the layoffs at this company expected to result in a **substantial layoff** (defined as 50 or more workers) **at another company** in Florida? Yes  No

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: **FL** Zip \_\_\_\_\_

Type of business or industry: \_\_\_\_\_

Major products or services: \_\_\_\_\_

Key contact of affected company listed above:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

22. Are there any **additional comments** about this dislocation event? Yes  No

\_\_\_\_\_

23. Will local partners need functional support from the **State REACT Central Office**? Yes  No

If they need such assistance, would you please identify it below.

<u>Function</u>	<u>Description of Rapid Response Support Function</u>	<u>Support Needed</u>
1	Unemployment Compensation claims-taking	<input type="checkbox"/>
2	Worker needs assessment	<input type="checkbox"/>
3	Job placement	<input type="checkbox"/>
4	Stress management, financial management counseling or workshops	<input type="checkbox"/>
5	Forming a Labor-Management Committee	<input type="checkbox"/>
6	State or Federal funding request	<input type="checkbox"/>
7	State-level agency coordination	<input type="checkbox"/>
8	TAA or NAFTA-TAA petition for certification	<input type="checkbox"/>
9	Layoff or business closure aversion	<input type="checkbox"/>
10	Public relations or marketing materials	<input type="checkbox"/>
11	Establishing a temporary, on-site employment service center	<input type="checkbox"/>
12	Evaluating the need for, setting up a disaster emergency jobs program	<input type="checkbox"/>
13	Disaster Unemployment Assistance (DUA)	<input type="checkbox"/>
14	Dislocation event response planning	<input type="checkbox"/>
	Other, described below.	<input type="checkbox"/>

## RAPID RESPONSE INITIAL MEETING CHECKLIST

Company: \_\_\_\_\_ Date of Initial Meeting: \_\_\_\_\_

Rapid Response Coordinator: \_\_\_\_\_ Dislocation Event #: \_\_\_\_\_

GOAL		Suggested Lead Entities	Identify Persons
1.	Introduce all individuals participating in the meeting and describe their affiliation.	RWB	
2.	Collect and confirm all relevant background information relating to the dislocation event.	REACT, Employer, Workers	
3.	Provide an overview of WIA programs.	RWB	
4.	Identify all affected workers, to the extent possible, taking into consideration bumping.	Employer	
5.	Identify all termination benefits to be provided by the employer.	Employer	
6.	Explore the feasibility of providing services to the workers on-site.	RWB, REACT, Employer	
7.	Identify all termination benefits available to the affected workers, which are accessible.	Workers, or their Union Reps	
8.	Provide a description of programs and services offered through local DEO offices	DEO	
9.	Initiate a petition for Trade Act certification for the affected workers, if appropriate.	REACT, Employer, Workers	
10.	Explore the viability of economic development efforts.	Employer, EDA, REACT, RWB	
11.	Describe and schedule worker information sessions.	REACT, RWB, DEO	
12.	Describe the planning process and arrange for the distribution and collection of the workers' transitional service needs surveys.	REACT, RWB, Employer, Workers	
13.	Describe the role of a labor-management committee (LMC) and explore the interest in forming one.	REACT	
14.	Document sufficient information about the dislocation event to arrive at a preliminary estimate of the resources necessary to serve the affected workers.	REACT, RWB, DEO	
15.	Provide information on resume writing classes, access to computers for that purpose, and assistance to be provided with resume dissemination.	REACT, RWB, DEO	

**Legend:** DEO: Department of Economic Opportunity    **REACT:** Florida's Rapid Response Unit  
 EDA: Economic Development Agency    **RWB:** Regional Workforce Board

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.