**Rapid Response - Employer Research & Initial Contact Form**

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| **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:** □ [WARN Act Notification](http://floridajobs.org/office-directory/division-of-workforce-services/workforce-programs/reemployment-and-emergency-assistance-coordination-team-react/warn-notices/warn-notices-procedure-and-instructions)  □ Media or Research □ Local Rapid Response Team □ State Trade Program Office □ Customer Call / Walk-in□ Business Engagement Services □ 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**□ Yes, employer verified layoff/closure □ Yes, employer verified temporary layoffs / furloughs □ No, Services Needed: Employer explained there is no layoffs or closure □ Employer unresponsive or declined services  Explain in Employer Meeting Notes on how services will be provided to workers. |
| **Reason for Rapid Response:** □ Closure □ Layoff □ Dislocation resulting from natural disaster □ [Trade Act Petition](https://taa.floridajobs.org/) filed □ WARN Act Notice filed **Size of Layoff:** □ Large-Medium Layoff (10 or more workers) □ Small Layoff (1 -10 workers)**Small Business (as defined by the** [**U.S. Small Business Administration**](https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=1998f4f2a9bf1a376020328f4212fad3&rgn=div5&view=text&node=13:1.0.1.1.17&idno=13)**) :** □ Yes □ No **Layoff Type:** □ Permanent Closure □ Temporary □ Reduction □ Other (Explain):  |
| **Coordination Needed w/Other Agencies Involved:** List other Agencies: |
| **Reasons contributing to or causing the layoff/closure:** □ Company relocation □ Economic factors □ Bankruptcy (requires research to investigate the cause of bankruptcy and role of foreign investors)□ Company consolidation/merger □ Changes in production line □ Buyout □ Increased imports □ Retirement□ Shift in production (requires research to investigate where working sites are located) □ Overseas competition  □ 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 officialsName: 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](https://www.etareports.doleta.gov/petition/index.cfm?reset=true) and would like help □ Employer is [filing a Trade Act petition](https://www.etareports.doleta.gov/petition/index.cfm?reset=true) and does not need help □ Union is filing Trade Act petition □ Connecting employer with the [State Trade Program](http://www.floridajobs.org/office-directory/division-of-workforce-services/workforce-programs/trade-program) Office□ No, employer does not want help with a petition  |
| **Layoff Aversion** |
| □ Yes, discussed possible options □ Employer knows about [Short-Time Compensation](https://floridajobs.org/Reemployment-Assistance-Service-Center/reemployment-assistance/employers/short-time-compensation) □ Shared Short-Time Compensation program information and provided the DEO Reemployment Assistance [Special Programs website](https://floridajobs.org/Reemployment-Assistance-Service-Center/reemployment-assistance/general-information/special-programs)  □ Employer knows about their local [Small Business Development Center](https://floridasbdc.org/locations/) (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 |
| **□ 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 ContactPhone/E-mail of Employer Contact  | 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? Where are these products imported from and/or exported to? Where are the working sites located (domestic or international)?  |
| Notes: |
| **Staff Completing Form** |
| Completed By | Date: |

**Rapid Response – Initial Employer Meeting – Information Form**

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| **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:** |
| □ Yes, workers represented by a union. Union information was provided for follow up.□ Union represented at meeting with employer.Notes:  |
| **Trade Adjustment Assistance Potential:** |
| □ Yes□ No□ Requested a [Local TAA Coordinator](http://floridajobs.org/office-directory/division-of-workforce-services/workforce-programs/trade-program/trade-adjustment-assistance-representative-contact-list) be represented at the meeting with employer\*Notes:\*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?  |
| **Layoff Aversion:** |
| □ Yes, candidate for layoff aversion services □ Employer knows about [Short-Time Compensation](https://floridajobs.org/Reemployment-Assistance-Service-Center/reemployment-assistance/employers/short-time-compensation) □ Employer knows about Paycheck Protection Program □ Not appropriate to discuss layoff aversion activities with the employer because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Worker Information:** |
| □ Language Accommodations □ Deaf and/or Blind Services Needed □ Translator Needed□ Limited Opportunity Due to Specialized Skills or Knowledge□ Obsolete Job Skills □ Worker Over 50 □ Occupation in decline due to automation or technology (refer to the [Local TAA Coordinator](http://floridajobs.org/office-directory/division-of-workforce-services/workforce-programs/trade-program/trade-adjustment-assistance-representative-contact-list))  | Worker education levels: □ Less than High School/GED □ Community College degree□ High School/GED completion □ Bachelor’s Degree□ Vocational Certificate □ Master’s Degree or higher |
| **Employer Meeting Outcomes should include:** **(Sometimes more than one meeting with employer will be needed to meet outcomes)** |
| □ Obtain an employee list and their position descriptions | Plan to provide□ Job Search Skills□ Financial Management□ Stress Management□ Health Coverage Transitional Information  |
| □ Identification of worker and employer needs and expectations |
| **Employer Meeting Outcomes should include:** |
| □ Timelines and Anticipated layoff schedule | Layoff Schedule: (Include the dates and timeline of upcoming layoffs) |
| □ An understanding of the services and benefits available under various programs (co-enrollment discussion) |
| □ The identification of services being offered by the employer and union □ Paid time to attend Rapid Response□ Space for on-site worker transition center  | □ Assistance and ongoing contact with Human Resource staff □ Paid time off for job search activities or workshops □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ Gain an understanding of the work and skills of the employees  | Detail the work of the affected employees here:  |
| □ Determine the need for a local workforce transition team or workshop event |  |
| □ 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 □ VirtualLocation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total number of sessions planned \_\_\_\_\_\_\_\_\_\_\_Length of Time: □ 1.5 Hours □ 2 HoursTime(s)□ Each Information Session will include:Reemployment Assistance information; COBRA coverage healthcare information; CareerSource Florida website resources and locational information, access to [Employ Florida](https://www.employflorida.com/vosnet/Default.aspx) and encouragement to generate an account; Union and/or [Trade Adjustment Assistance](http://www.floridajobs.org/frequently-asked-questions-directory/trade-affected-workers-faqs) 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](https://careersourceflorida.com/your-local-team/). Notes: |
| **Staff Completing Form** |
| Completed By: | Date: |