



FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY (DEO)
RAPID RESPONSE

ON-SITE / REMOTE RAPID RESPONSE REPORT & INITIAL MEETING CHECKLIST

*Submitted by: _____ Title: _____ *DEO Region: ___#

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 (e.g., news article, business data, local tip, social media) and when did you learn about this dislocation?

How? _____

When—Dates: _____

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 is 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 **LWDB regions** (by number) that serve workers from these areas, **lead entity first**:

LWDB _____ LWDB _____ LWDB _____ LWDB _____ LWDB _____ LWDB _____

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 Local Workforce Development 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. **RAPID RESPONSE 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 RAPID RESPONSE 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 Rapid Response 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 screening and 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	Federal grant and/or funding request	<input type="checkbox"/>
7	Emergency Operations Center and DEO coordination	<input type="checkbox"/>
8	Trade Adjustment Assistance petition for certification	<input type="checkbox"/>
9	Layoff or business closure aversion services	<input type="checkbox"/>
10	Public relations or providing educational 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/disaster response planning	<input type="checkbox"/>
	Other Rapid Response services, must be described below:	<input type="checkbox"/>

RAPID RESPONSE INITIAL MEETING CHECKLIST

*Company: _____ *Date of Initial Meeting: _____

*Local Rapid Response Coordinator: _____

GOAL		Suggested Lead Entities	Identify Persons
1.	Introduce all individuals participating in the meeting and describe their affiliation.	LWDB	
2.	Collect and confirm all relevant background information relating to the dislocation event.	RAPID RESPONSE, Employer, Workers	
3.	Provide an overview of WIA programs.	LWDB	
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.	LWDB, RAPID RESPONSE, 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.	RAPID RESPONSE, Employer, Workers	
10.	Explore the viability of economic development efforts.	Employer, EDA, RAPID RESPONSE, LWDB	
11.	Describe and schedule worker information sessions.	RAPID RESPONSE, LWDB, DEO	
12.	Describe the planning process and arrange for the distribution and collection of the workers' transitional service needs surveys.	RAPID RESPONSE, LWDB, Employer, Workers	
13.	Describe the role of a labor-management committee (LMC) and explore the interest in forming one.	RAPID RESPONSE	
14.	Document enough information about the dislocation event to arrive at a preliminary estimate of the resources necessary to serve the affected workers.	RAPID RESPONSE, LWDB, DEO	
15.	Provide information on resume writing classes, access to computers for that purpose, and assistance to be provided with resume dissemination.	RAPID RESPONSE, LWDB, DEO	

Legend: DEO: Department of Economic Opportunity **RAPID RESPONSE:** Florida's Rapid Response Unit
 EDA: Economic Development Agency **LWDB:** Local Workforce Development 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.