#### RAPID RESPONSE LAYOFF NOTIFICATION/ACTION FORM

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| **🗹Y/N**  **2** |
| **CONFIDENTIAL**  **1** | **Y** |  |  | **CONTROL NO:** |  |
|  | **N** |  |  | **(For TWC Use)** | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Sender Information | | | | | | **TO:**  **3** | | | | | | State DWU | | | | | | | **Workforce Area:** | | | | | | | |  | | | | | | | | | | | | **Date:** | | | | |  | | | | | | |
| **Contact Person (Sender):** | | | | | | | | | | |  | | | | | | | | | | | | **Phone:** | | | |  | | | | | | | **E-mail:** | | |  | | | | | | | | | | | | | |
| Company Contact Information **4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company Name:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company Address:** | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | TX | | |  | | | | |
| Street City County State Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company Contact:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Title:** | | | |  | | | | | | | | | | | | | | |
| **Contact Phone:** | | |  | | | | | | | | | | | | | Fax: | | |  | | | | | | | E-mail: | | |  | | | | | | | | | Web: | | | |  | | | | | | | | |
| **Form of Notice:**  **5** | | | | Phone Call | | | | | | | | | |  | | | Letter | | | |  | | | Public Notice | | | | |  | | Other | | | | |  | | | | | | | | | | | | | | |
| Date Notice Received: **6** | |  | | | | | | | | | | | | | | | | **Date Employer Contacted:** | | | | | | |  | | | | | | | | | | **Date On-site Scheduled:** | | | | | |  | | | | | | | | | |
| Separation Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date(s) of Separation: | | | | | | | | |  | | | | | | | | | | | | | | | # of Workers Affected: | | | | | | | | |  | | | | # of Temps Affected: | | | | | | | | | | | |  | |
| **Is this a Layoff?** | | | |  | | | | | | **Closure?** | | | | | | |  | | | Temporary Layoff? | | | | | | | |  | | Recall Date? | | | | | | |  | | | | | | | | | | | | | |
| **Reason for Separation**  **8** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Defense Related** | | | | | | | **Affected** | | | | | | | | **# Impacted** | | | | | | | Merger | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Y/N** |  | | | | | | Military | | | | | | | |  | | | | | | | Reorganization | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  |  | | | | | | Civilian | | | | | | | |  | | | | | | | Production/Business Slowdown | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  |  | | | | | | Contractor | | | | | | | |  | | | | | | | Domestic Relocation | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Industry/ Business Type:**  **9** | | | | | | | | | | | | | | | | | | | | | | Production Shift/Foreign Competition/Trade | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | Financial Difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Classification Code(s):** | | | | | | | | | | | | | | | | | | | | | | Other | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| NAICS\*:  **10** | |  | | | | | | | | | | |  | | | | | | | | | Trade Petition (<http://www.doleta.gov/tradeact/DownloadPetitions.cfm>) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | | | | | | | | | | |  | | | | | | | | | If Trade related, has petition been filed? 🗹  Y/N/DK | | | | | | | | | | | | | | | | | | **Y** | | |  | | **N** | |  | | **DK** |  |

\*North American Industry Classification System (<http://www.census.gov/epcd/naics02/>)

**12**

**11**

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| Name Top 5 Occupations Affected | | | Unions Involved: 🗹 Y/N | **Y** |  | **N** |  |
|  | |  | Provide Union(s) Name and Contact Information: | | | | |
|  | |  | 1. | | | | |
|  | |  | 2. | | | | |
| **Additional Information:**  **14**  **13** |  | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **U.S. Congressional Official and District(s) Where Layoff is Occurring** (<http://www.house.gov>) | | | | | | | |

Rapid Response Layoff Notification/Action Form

Instructions for Completing Form

The Rapid Response Layoff Notification/Action Form (form) should be completed for all layoffs and closures in each local

workforce development area (workforce area) of the state. When completed, e-mail the form to [layoff.notificationcentral@twc.state.tx.us](mailto:layoff.notificationcentral@twc.state.tx.us). Please attach any relevant data about the event when sending by e-mail. If an electronic document is unavailable, fax written data to the Dislocated Workers Unit (DWU) at (512) 936-3223. Copies of all Worker Adjustment and Retraining Notification (WARN) notices received by DWU will be faxed to the workforce area, and the form will be e-mailed to the workforce area. All layoff or closure data will be entered into the Texas Rapid Response Accountability Compliance System (TRRACS) for accurate reporting of the impact on the workforce area.

1. **Confidential** — Indicate by checking either Yes (Y) or No (N) if the employer has requested that the layoff be kept confidential, or the notice was provided by a source other than the employer or employer representative. Layoff notices that are from sources other than the employer will be kept confidential until confirmed with the employer.
2. **Control No.** — This is an alphanumeric indicator assigned when the layoff data is entered into TRRACS by the Unit Administrative Technician.
3. **Sender Information** — Notices are to be directed to DWU. **Workforce Area —** Identify the workforce area where the layoff is occurring or has occurred. **Date —** Provide date the form is being submitted to DWU. **Sender** — Provide contact information for the person who can be contacted to clarify any information on the form.
4. **Company Information Name** — Provide name of company having the layoff/closure. **Address —** Provide company’s physical address, and the county where the layoff/closure is occurring. **Company Contact —** Provide name and contact information of company official who can be contacted to verify layoff.
5. **Form of Notice** — Indicate how the layoff information was obtained (i.e., affected worker, newspaper, or company letter). If notice is in writing, submit a copy of the document with the form.
6. **Date of Layoff** — Provide **Date Notice Received** by workforce area, **Date Employer Contacted**, and **Date** **On-site** meeting is scheduled.
7. **Separation Information** — Provide **Date(s) of Separation**, **# of Workers Affected**, and **# of Temporary Workers Affected**.Please check **Layoff?**, **Closure?**, or **Temporary Layoff** as appropriate and provide **Recall Date** as appropriate.
8. **Reason for Separation** — Indicate if separation is defense related or not and provide approximate number of workers in each defense category. Check the appropriate box to indicate reason the company gives for separation.
9. **Industry Information** — Identify the industry in which the company is classified. The industry name must match the classification code provided by the North American Industry Classification System (NAICS). The NAICS codes can be found online at <http://www.census.gov/epcd/www/naics.html>.
10. **Trade Petition** — If the separation information indicates it may be a result of either a production shift or foreign competition, inquire w/employer or affected worker whether a Trade petition has been filed. Indicate yes, no, or don’t know (DK) as appropriate. If no petition has been filed, please provide the employer, workers, or unions with the new Trade petition. Guidelines and additional information about the Trade Reform Act can be found at <http://www.doleta.gov/tradeact/>, and blank Trade petitions may be obtained at <http://www.doleta.gov/tradeact/DownloadPetitions.cfm>.
11. **Occupations Impacted** — List the top five occupations impacted by order of the number of workers in each occupation.
12. **Union Involvement** — Indicate if workers are represented by one or more unions. Provide the union name and contact information for each union.
13. **Additional Information** — Provide any additional information you have obtained about the layoff.
14. **U.S. Congressional District** — Identify the congressional district(s) where the layoff is occurring. Congressional district information may be found at <http://www.house.gov>.