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Employer Data Form

Company/Industry	Location of Facility	Notification Issued?	Date of Notification	Layoff Date(s)	Number of Affected Workers
		<input type="checkbox"/> WARN <input type="checkbox"/> Public Announcement by Employer <input type="checkbox"/> Other(specify) <input type="checkbox"/> None			<input type="checkbox"/> Check if Closure

Date(s) of Rapid Response Actions	# of Workers Contacted	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: _____ Contact with Workers: _____ None		Date Filed: _____ _____ Number of Workers Covered _____ Not applicable		

Type of Business	Three-Digit NAIC Code