

Employer Data Form

Company/ Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
		<input type="checkbox"/> WARN <input type="checkbox"/> Public Announcemen t by Employer <input type="checkbox"/> Other(specif y) <input type="checkbox"/> None			<input type="checkbox"/> Check if Closure

Date(s) of Rapid Response Actions	# of Workers Contact ed	TAA Petition	Number of Planned Participan ts	Labor Organization Representation
Contact with Employer: _____ Contact with Workers: _____ <input type="checkbox"/> None		Date Filed: _____ <input type="checkbox"/> Number of Workers Covered <input type="checkbox"/> Not applicable		

Type of Business	Three-Digit NAIC Code

9105

ETA