

# **SEVA-RAPIDRESPONSE**

## **Comprehensive Customized Workforce Transition Services for Mass Employee Layoffs and Business Expansions**

### **Business Services Team Layoff Aversion/Dislocation Phase Form**

~Initial Consultation Phase~ Employer Information	
<b>Business/Employer Name:</b>	<b>Date of Initial Contact with Regional Rapid Response Coordinator:</b> Curtis Wray
<b>Business/Employer Address:</b>	
<b>Phone:</b>	<b>Fax:</b>
<b>Business/Employer Contact Name:</b>	<b>Business /Employer Contact Number:</b>
<b>WIB Region(s) Affected:</b>	
<b>Work Location Potentially Affected:</b>	
<b>WARN:</b> _____ <b>Non-WARN:</b> _____	<b>Date of notification:</b>
<b>Bumping Rights: Yes</b> ___ <b>No</b> _____	
<b>Trade Impacted: Yes</b> ___ <b>No</b> ___ <b>VEC Trade Act Manager</b> _____ <b>Contact Date:</b> _____	
<b>Union:</b> _____ <b>Union POC:</b> _____	
<b>Union Contact Information:</b> _____	
<b>Length of Layoff Impact Date:</b> _____	<b>Timeframe Ideal for Layoff Aversion Yes:</b> ___ <b>No:</b> ___
<b>Business/Employer Industry:</b>	
<b>How is the product or service affected?</b>	
<b>Rapid Response Manager's Meeting:</b> ___ <b>No</b> _____ <b>Yes</b> ___ <b>Date:</b> _____	
Employee Information	
<b>Number of Workers Affected:</b>	<b>Number of Workers from Temporary Staffing Agency Affected:</b>
<b>Job Titles and Descriptions of Affected Workers:</b>	
<b>Pay Range:</b>	
<b>Specific Skills Training Needed/(Skills Gap Analysis):</b> NA, Most moved into other positions within company	

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<b>Rapid Response Employee Briefing(s):</b> _____ <b>No</b> _____ <b>Yes</b> _____ <b>Date(s):</b> _____
<b>Workforce Development Needs Assessments Survey Completion Date:</b>
<b>Date Workforce Development Needs Assessment Analysis Report sent to partners:</b>
<b>Date(s) Participants (Rapid Response Data Tracking Form) Enrolled in VOSS:</b>

### Business Services Layoff Aversion/Dislocation Phase Form (continuation sheet)

~Layoff Aversion Phase~ Business Services/Layoff Aversion Team –Intelligence/Information	
<b>Business Service Team Leader Contacted:</b>	<b>Contact Date(s):</b>
<b>Business Service Team Member Partners Contacted:</b>	<b>Contact Date(s):</b>
<b>Business Service Team Meeting/Conference Call Date(s):</b>	
<b>Business Service Team Recommended Strategies/Funding Streams:</b>	
Summary of Results (including number of workers who returned to work)	
<b>Ancillary Businesses/Employers Impacted:</b>	
<b>Strategies for Ancillary Businesses/Employers Impacted:</b>	
<b>Layoff Aversion Recommended Strategies/Funding Streams:</b>	
Services Provided By	
<b>Rapid Response:</b>	
<b>Economic Development:</b>	
<b>One Stop Center:</b>	

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<b>Virginia Employment Commission:</b>
<b>Community College:</b>
<b>Business Service Team:</b>
<b>Additional Partners:</b>
<b>Evaluation of Strategies/Alternative Options:</b>
<b>Employer-to-Employer Referral Date:</b>
<b>Number Re-employed prior to the layoff or within two weeks after layoff:</b> _____
~Dislocation Phase~
Summary of Results (including number of workers who returned to work)
<b>Dislocation Phase Recommended Strategies/Funding Streams:</b>
<b>Services Provided By</b>
<b>Rapid Response:</b>
<b>Economic Development:</b>
<b>One Stop Center:</b>
<b>Virginia Employment Commission:</b>
<b>Community College:</b>
<b>Business Service Team:</b>

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<b>Additional Partners:</b>
<b>Evaluation of Strategies/Alternative Options:</b>
<b>Number Re-employed &gt; two weeks after layoff:</b>

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