

WARN Reporting Form

Company Information

Company Name:

Site Address/City/Zip:

County:

Parent Company/DBA/Known Names:

Contact Name and Title:

Contact Address:

Contact Phone:

Contact Email:

NAICS code:

Type of Business:

Incident & Employee Demographics

Total Employed:

Total Impacted:

Total Union Employees:

Total Non-Union Employees:

Will employees receive severance/benefits/etc. (include details)?

Job Titles/Positions (may include as an attachment):

Impacted suppliers, contracts, companies or any additional information:

Incident & Notification Information

Notice Date to the State of Michigan:

Date Employees Notified:

Incident Type: Site Closing Mass Layoff

Layoff Reason(s) Not Reported Company Sold Bankruptcy Financial Trouble

Operations Transferred Company Restructured Unprofitable Reduced Business/Work

Merger/Acquisition Indeterminable Closing or Layoff due to COVID-19

First Layoff Date:

Final Layoff Date/Closing:

Union-Related Information

Union Local:

Number of Union Members Laid Off:

Contact Name and Title:

Address/City/Zip:

Contact Phone:

Contact Email: