

## RAPID RESPONSE TECHNICAL ASSISTANCE CHECKLIST

AJCC Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Company Information		
Company Name (include DBA)		Both System and Paper File Match: <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
Street Address		
City		
Zip Code		
WARN/Non-WARN Information (if applicable)		
<b>WARN</b>	<b>Non-WARN</b>	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
Layoff Date:	Layoff Date:	
WARN Letter on file: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval from WDACS on file: <input type="checkbox"/> Yes <input type="checkbox"/> No	
WARN #		
Date Assigned:	Date Approved:	
# of Affected Employees:	# of Affected Employees:	
Rapid Response Process		
<b>Notification</b>	1. Agency responded to WARN and contacted company within 24 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date Contacted:	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
<b>Red Team</b>	1. Confirmation of invitation to RR Red Team: <u>Planning</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>OR</u> <input type="checkbox"/> Yes <input type="checkbox"/> No 2. RR Red Team Members Attended? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Planning Meeting</b>	Date of Meeting: On-site: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Orientation</b>	Date of Visit: Number of Affected Local Employees: Number of Affected Employees Attending: On-site: <input type="checkbox"/> Yes <input type="checkbox"/> No	
121/122 Forms		
Filled out completely:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
Name of company matches the WARN:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Number of Affected Local Employees match the WARN:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Submitted Planning Meeting 121 (within 7 days of activity)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Submitted Orientation 121 (within 7 days of activity)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Comments match information:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Layoff Aversion Process**

<b>Notification</b>	1. Agency notified WDACS within 24 hours of initial assessment by email: <input type="checkbox"/> Yes <input type="checkbox"/> No  Initial assessment prior to approval: <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Initial Assessment</b>	1. Confirmation of invitation to RR Red Team: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Did all RR Red Team Members Attend? <input type="checkbox"/> Yes <input type="checkbox"/> No  <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>Date of Visit:</b></td> <td></td> </tr> <tr> <td><b>Number of At-Risk Jobs:</b></td> <td></td> </tr> <tr> <td><b>On-site:</b></td> <td><input type="checkbox"/> Yes   <input type="checkbox"/> No</td> </tr> </table>	<b>Date of Visit:</b>		<b>Number of At-Risk Jobs:</b>		<b>On-site:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date of Visit:</b>							
<b>Number of At-Risk Jobs:</b>							
<b>On-site:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Layoff Aversion Final Meeting</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>Number of Jobs Saved:</b></td> <td></td> </tr> </table>	<b>Number of Jobs Saved:</b>					
<b>Number of Jobs Saved:</b>							

Requirement Met:  
 Yes    No  
 Notes:

**AJCC File**

		Comments
<input type="checkbox"/>	Copy of WARN or Email of Non-WARN	
<input type="checkbox"/>	Approval/Assignment Email	
<input type="checkbox"/>	Communication Logs	
<input type="checkbox"/>	Copy of 121 Form(s)	
<input type="checkbox"/>	Sign-in Sheet(s)	
<input type="checkbox"/>	Employee Surveys	
<input type="checkbox"/>	Other	

Requirement Met:  
 Yes    No  
 Notes:

**Systemic Issues**

**Comments:**

All Requirements Met:  
 Yes    No

<b>AJCC REPRESENTATIVE PRINT NAME</b>	<b>WDACS REPRESENTATIVE PRINT NAME</b>
<b>SIGNATURE</b>	<b>SIGNATURE</b>
<b>DATE:</b>	<b>DATE:</b>