

EMPLOYER HANDBOOK

MINNESOTA'S
DISLOCATED
WORKER
PROGRAM





GETTING HELP IN HARD TIMES

Many workers who lose a job through no fault of their own may need some help returning to work. Finding a job under these circumstances can be stressful and overwhelming.

Minnesota’s Dislocated Worker program offers free services to help laid off individuals find suitable reemployment and help take the stress and uncertainty out of the process. Services are tailored to address an individual’s specific needs.

Individuals may be eligible for this program if they are:

- Laid off through no fault of their own,
- eligible for Unemployment Insurance,
- and unlikely to return to their previous occupation or industry.

Through our statewide network of workforce providers and key partner organizations, we offer a variety of services that focus on preparing you to find a suitable new job at comparable wages.

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Agenda



DISLOCATED WORKER PROGRAM EMPLOYER MEETING AGENDA

- *What is the company's current situation?*
 - Factors contributing to current situation
 - Possibilities for layoff aversion?
 - Confidentiality – is this public knowledge yet?

- *What do you already know about the Dislocated Worker (DW) program?*
 - What questions do you have?
 - Difference between DW and outplacement vendor, if used
 - Information about TAA benefits (if jobs/work) leave the U.S.

- *Rapid Response Process*
 - Group information meeting(s)
 - Committee meetings
 - Service delivery

- *Review company status*
 - Employer layoff questionnaire

- *Next step*
 - Schedule group information meetings



Dislocated Worker Program Contacts

DISLOCATED WORKER PROGRAM INFORMATION LINE

Telephone: 651-259-7537

Toll Free (in greater MN): 866-213-1422

TTY: 651-296-3900

Fax: 651-215-3842

Email: deed.dw@state.mn.us

MAILING ADDRESS:

Minnesota Department of
Employment and Economic Development
Dislocated Worker Program
First National Bank Building
332 Minnesota Street, Suite E200
Saint Paul, MN 55101-1351

WEB ADDRESS:

[*www.mn.gov/deed/dw*](http://www.mn.gov/deed/dw)

Group Information Meeting Agenda

UNEMPLOYMENT INSURANCE BENEFITS OVERVIEW

- When to apply
- How to apply
- How much to expect in benefits

DISLOCATED WORKER PROGRAM OVERVIEW

- Goal of program:
Suitable re-employment as soon as possible
- When can I start using this program?
- Dislocated Worker Program Benefits
 - Career counseling and assessment
 - Funds for training or retraining
 - Funds for transportation, child care or emergency situations
 - Job search assistance
- Rapid Response Survey
To determine general needs and profile of the affected workforce.
- Planning and Selection Committee
Includes seven to nine employee volunteers who help plan, deliver and evaluate transition services and communicate Dislocated Worker information to their co-workers.
- Helpful Resource Handout
- MN Sure Health Insurance



Unemployment Insurance

The Unemployment Insurance Program provides a temporary, partial wage replacement while you look for work or take part in training to prepare for your next career.

These benefits help take away some of the worry that comes with losing a paycheck and give you some time to find or prepare for your next career.

WHEN TO APPLY:

You should apply for benefits when you are no longer working or your hours have been greatly reduced.

HOW TO APPLY:

You can apply online at www.uimn.org, or by calling our Customer Service Center.

HOW DOES GOING TO SCHOOL AFFECT MY BENEFITS

If you are in a full-time training program approved by the Dislocated Worker program you are not required to seek work while you are attending school. Attending classes and making satisfactory progress make you eligible for unemployment benefits.



Unemployment Insurance (CONTINUED)

For information about Unemployment Insurance in Minnesota go to www.uimn.org

On this site you will find information and videos about the following Unemployment Insurance topics:

- What do I need to know?
- How do I apply?
- How do I get paid?
- What affects my benefits?
- How do I appeal?

CUSTOMER SERVICE CENTER

We're here to help. Call us if you have questions or want to apply for benefits by phone.

Monday — Friday
8:00 a.m. to 4:30 p.m.
Twin Cities area: 651-296-3644
Greater Minnesota: 1-877-898-9090
TTY for the hearing impaired: 1-866-814-1252

For languages other than English, tell the Customer Service Representative that you would like an interpreter and the language. The representative will add an interpreter to the phone call.

Dislocated Worker Program

LAID OFF? WE CAN HELP.

Workers who are unemployed or about to become unemployed may be eligible for services from Minnesota's Dislocated Worker program.

FREE services are available for workers who:

- Lose a job, through no fault of their own
- Are eligible for Unemployment Insurance
- May need help finding suitable employment quickly

WHAT'S IN IT FOR ME?

Career planning and counseling

- Advice on making career decisions and developing job goals
- Personal planning
- Assessment tools

Job search assistance

- Workshops on preparing cover letters and resumes, interviewing and networking
- Finding 'hidden' jobs
- Job clubs

Counselor-approved training

- GED
- Workplace effectiveness skills
- Short-term training to brush up skills or get a new certification
- Long-term training for new skills in a new field

Support services

- Limited funds are available for expenses such as transportation or family care to help you achieve employment or training goals

Dislocated Worker Program (CONTINUED)

WHAT'S NEXT?

Information meetings with workers

Group meetings are held to explain the program, recruit volunteers to serve on a committee, and complete a brief survey that helps us understand the needs and concerns of the group as a whole.

Planning and selection committee meetings (1–3)

A committee of workers is formed to represent the needs of the affected workers and to choose a service provider who can best meet those needs. They work with the provider to plan the first steps of service delivery.

Project grant submitted and approved

In most cases, these services can begin within 24 hours after provider selection. The provider connects with the committee to refine a grant proposal to the State of Minnesota. The State must approve the grant application and verify that funds are available. Services can begin even while the grant application is pending.

NOTE: These steps illustrate an ideal case. This is our goal. Not every layoff works this way. The process can move slowly or quickly depending on the amount of employer engagement, the schedule of layoffs, and the availability of state and federal resources. We will do our best for our customers with whatever situation we face together with you.

DO I QUALIFY?

Workers who are unemployed or about to become unemployed may be eligible for services from Minnesota's Dislocated Worker program.

FREE services are available for workers who lose a job through no fault of their own, are eligible for Unemployment Insurance, and may need help finding suitable employment quickly.

HOW DO I APPLY?

We will put you in touch with a service provider.

Rapid Response Survey — SAMPLE



Rapid Response Survey - State of Minnesota

This survey is confidential. We will use it to plan services and contact you. **Completing this survey does not mean you have enrolled in the Dislocated Worker Program.** You will still need to apply for the Dislocated Worker Program with the selected service provider.

Section A: Individual Background Information

Name	_____	Company	_____	<table border="1"> <thead> <tr> <th colspan="4">ZIPCODE</th> </tr> </thead> <tbody> <tr> <td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td>1</td><td>1</td><td>1</td><td>1</td> </tr> <tr> <td>2</td><td>2</td><td>2</td><td>2</td> </tr> <tr> <td>3</td><td>3</td><td>3</td><td>3</td> </tr> <tr> <td>4</td><td>4</td><td>4</td><td>4</td> </tr> <tr> <td>5</td><td>5</td><td>5</td><td>5</td> </tr> <tr> <td>6</td><td>6</td><td>6</td><td>6</td> </tr> <tr> <td>7</td><td>7</td><td>7</td><td>7</td> </tr> <tr> <td>8</td><td>8</td><td>8</td><td>8</td> </tr> <tr> <td>9</td><td>9</td><td>9</td><td>9</td> </tr> </tbody> </table>	ZIPCODE				0	0	0	0	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9	9	9	9
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Address	_____	Job Title	_____																																													
City, State	_____	Location	_____																																													
Phone	_____	Shift	_____																																													
Email	_____																																															

- Have you ever served in the U.S. military?
 - Yes
 - No
- What is your age?
 - Under 20
 - 21-29
 - 30-39
 - 40-49
 - 50-59
 - 60+
- Do you need a language interpreter or translated materials?
 - Yes
 - No
- If YES, what language? _____
- What is the highest grade you completed in school? (Mark only one)
 - Did not complete high school
 - High school graduate/GED
 - Some trade/vocational training
 - Trade/vocational degree/certificate
 - Some college, no degree
 - Associate degree
 - Bachelor or undergraduate degree
 - Graduate or advanced degree
- Do you currently belong to a labor union?
 - Yes
 - No
- If YES, which union? _____
- At the time of layoff, how many years will you have worked for this company (round up)?
 - Less than 1 year
 - 1-4 years
 - 5-9 years
 - 10-14 years
 - 15-19 years
 - 20-24 years
 - 25-29 years
 - 30+ years

Section B: Information About the Job From which You Were or Will be Laid Off

- Tools used _____
- Machines used _____
- On average, how many hours do you work per week?
 - Less than 20 hours
 - 20-31 hours
 - 32-40 hours
 - 41+ hours
- What is your most recent wage with this company? (Mark **one** either for your hourly wage or annual salary)

Hourly Wage	
<input type="radio"/> Under \$9.25	<input type="radio"/> \$22.75-\$28.74
<input type="radio"/> \$9.26-\$11.49	<input type="radio"/> \$28.75-\$35.99
<input type="radio"/> \$11.50-\$14.49	<input type="radio"/> \$36.00-\$45.24
<input type="radio"/> \$14.50-\$18.25	<input type="radio"/> \$45.25 and over
<input type="radio"/> \$18.26-\$22.74	

Annual Salary	
<input type="radio"/> Under \$19,240	<input type="radio"/> \$47,320-\$59,799
<input type="radio"/> \$19,241-\$23,919	<input type="radio"/> \$59,800-\$74,879
<input type="radio"/> \$23,920-\$30,159	<input type="radio"/> \$74,880-\$94,119
<input type="radio"/> \$30,160-\$37,959	<input type="radio"/> \$94,120 and over
<input type="radio"/> \$37,960-\$47,319	

Rapid Response Survey — SAMPLE



Section C: Looking Ahead

13. What are your **future plans**? (Mark all that apply)

- Seek part-time employment
- Seek full-time employment
- Attend school/training part-time
- Attend school/training full-time
- Start or grow my own business
- Already have a job lined up
- Retire/leave the workforce
- Not sure

14. If you plan to seek **immediate employment**, which options are you seriously considering? (Mark all that apply)

- Seek employment in my current job title (i.e. inventory control clerk)
- Seek employment in my broad occupation (i.e. inventory control clerk to stock clerk in general)
- Seek employment in a new occupation (i.e. inventory control to shoe sales person)
- Not sure

15. In what **training or education** are you interested? (Mark all that apply)

- Improve reading, writing, or math skills
- English as a Second Language
- Obtain a GED
- Basic Computer Skills Training
- Advanced Computer Skills Training
- Short-Term Training (less than 6 months)
- Update current job skills
- Training in new job skills
- Obtain a trade/vocational certification
- Obtain an associate degree
- Complete an undergraduate degree
- Complete a graduate degree
- Train to start/grow a business
- License/Certification renewal

16. Would you like **individual assistance** with any of the following? (Mark all that apply)

- Develop resumes and write cover letters
- Find available jobs and how to search for them
- Update job interviewing skills
- Use professional & social networking tools
- Budgeting & paying my bills without a job
- Career, personal or family counseling
- Community-based resources (food, clothing)
- Relocation assistance
- Vocational rehabilitation services info
- Military benefits info
- Health insurance info
- Energy assistance info
- Dependent care assistance
- Transportation assistance
- Housing or rental assistance
- Job interests and skills assessments

17. Would you serve on a Planning and Selection Committee to choose a service provider, if necessary, and work with them to develop a plan for you and your co-workers?

- Yes
- No
- Maybe

18. How satisfied are you with the Dislocated Worker Program information and the other information you received today?

- Very Satisfied
- Satisfied
- Not Satisfied

19. Please list your certificates/credentials/professional licenses OR software used.

I authorize the Dislocated Worker Rapid Response Team to release this information to the selected service provider. I understand this information may be used for research and statistical purposes only in such a manner that my name will not be used in any report or publication without further notification. I understand that I may revoke this consent upon written notice and that this consent will expire within 12 months of the date of my signature.

Signature _____

Date _____

HELPFUL WEB RESOURCES			
#	RESOURCE NAME	WEB LINK	PHONE NUMBER
1	DISLOCATED WORKER PROGRAM — Career counselors can help you with resumes, cover letters, job search. We also have money to pay for training and support services.	www.mn.gov/deed/dw www.mn.gov/deed/dwproviders	651-259-7537
2	UNEMPLOYMENT INSURANCE (UI) — Your only stop for Minnesota Unemployment benefit information.	www.uimn.org	Twin Cities: 651-296-3644 Greater MN: 877-898-9090 TTY - For Hearing Impaired: 866-814-1252
	Eight UI videos on applying for benefits, benefit payments, help with password, etc.	www.uimn.org/uimn/applicants/videos	
3	CAREERFORCE LOCATIONS — Find free workshops on career and job search topics, career fair information, networking groups. Computers and fax machines are available for work search.	https://CareerForceMN.com/locations https://CareerForceMN.com/events https://CareerForceMN.com	
4	CREATIVE JOB SEARCH GUIDE — Essential ingredients of a successful job search including identifying your skills, resumes and cover letters, job interviews, internet & social media, how to find work, etc.	www.mn.gov/deed/cjs	
5	VETERANS ASSISTANCE — Are you a veteran? Get connected to special employment services available to Minnesota's veterans.	www.mn.gov/deed/veterans www.macvso.org	
	These Military Skills Translators will help you convert your military skills to civilian skills.	www.military.com/veteran-jobs/skills-translator www.taonline.com/mosdot	
6	MINNESOTAWORKS.NET — The premier no-fee job bank for Minnesota job seekers and employers. Create a profile, post up to five resumes and search for jobs.	www.minnesotaworks.net	
	Careers at the State — the state is the largest employer in Minnesota.	www.mn.gov/careers	

HELPFUL WEB RESOURCES

#	RESOURCE NAME	WEB LINK	PHONE NUMBER
7	LABOR MARKET INFORMATION — Find occupations in demand, typical wages of different occupations, industries and occupations expected to grow over the next decade, etc. Job Skills Transfer Assessment Tool (JobSTAT) How do your skills, knowledge, and abilities transfer to other occupations? JobSTAT will give you 20 related occupations.	www.mn.gov/deed/data/data-tools www.mn.gov/deed/jobstat	
	mySkillsmyFuture — the national equivalent of JobSTAT takes your past or current job and matches it to careers with similar skills.	www.myskillsmyfuture.org	1-877-US2-JOBS
8	APPRENTICESHIP — Apprenticeship is a formal system of employee training that combines on-the-job training with related technical instruction.	www.dli.mn.gov/business/workforce/apprenticeship	651-284-5005 or 1-800-342-5354
	Apprenticeship training programs by county — see what companies offer apprenticeships in what occupations.	https://secure.doli.state.mn.us/apprenticeshipsponsor	
9	MINNESOTA HOME OWNERSHIP CENTER — Worried about your next house payment? Already missed one? Concerned about your interest rate changing? You're not alone. There is help.	www.hocmn.org	
10	TRADE ADJUSTMENT ASSISTANCE — Check if your business or employment is affected by Trade Adjustment Act.	www.doleta.gov/tradeact www.mn.gov/deed/applytaa	202-693-3560 651-259-7543 or 1-888-234-1330
11	PUBLIC BENEFITS — Determine possible eligibility for public health care, child care, tax credits, food support and energy assistance.	www.bridgetobenefits.org www.fareforall.org	651-227-6121 763-450-3880
12	MINNESOTA STATE COLLEGES & UNIVERSITIES — Search for academic programs in the MN system	https://apps.deed.state.mn.us/lmi/cpt/EducationSearch	1-800-456-8519
13	CONVERTING LAYOFFS INTO MINNESOTA BUSINESSES (CLIMB)	mn.gov/deed/climb	

Enrolling in Health Insurance Through MNsure



Outside of the annual open enrollment period, certain life events, such as loss of health care coverage, can qualify you for a special enrollment period to get health care coverage through MNsure. This period gives you 60 days to choose and enroll in a health plan.

WHEN TO ENROLL

Your 60-day special enrollment period will begin the date you are no longer covered by (or eligible for) a health insurance plan — in your case, _____ (enter date given to you by your employer)

You can enroll in a plan at any time during your special enrollment period.

New coverage would start on the first day of the month following the date of plan selection. Additionally, you are able to shop and select a plan as early as today even though your special enrollment period has not begun. Coverage would not begin until the first day of the month following loss of coverage. In your case, _____ .

HOW TO ENROLL

1. If you would like to review your options before applying, **browse sample plans on MNsure.org**: <http://bit.ly/ShopAnonymously> (case sensitive)

Note that you will not see potential financial assistance subtracted from plan costs until you register and create an account and apply.

2. **Create an account and apply**: <http://bit.ly/MNsureAccountCreation> (case sensitive)

*This allows us to verify your identity and see what financial assistance you may qualify for. **If you qualify for Medical Assistance or MinnesotaCare**, you will not need to go to the next step to choose a plan, the plan options available to you will be mailed to you in the following weeks.*

3. **Choose a plan** with financial assistance subtracted from the cost, if applicable.

Enrolling in Health Insurance Through MNsure (CONTINUED)

- 4. Enroll in the plan and sign.** You cannot make changes to your application after you complete this step.
- 5. Call the Contact Center at 1-855-366-7873** to complete the enrollment process through MNsure. Your enrollment will not be completed unless you are approved for a special enrollment period.
- 6. Pay the first month's premium to the insurance company** upon receipt of an invoice. Your coverage will not be effective until you complete this step.
- 7.** Your insurance company will notify you if they need more information to process your enrollment.

APPLICATION TIPS

- Enter your current month's income, including any paycheck or unemployment compensation you'll receive for the month. (If your monthly income changes in a future month, you should report that change to MNsure immediately.)
- Enter your projected annual income for the entire calendar year. This amount should include any income received up through the month in which you are applying, plus projected income and deductions for the remainder of year.
- If you apply during the month when your employer-sponsored insurance will expire, **you do not need to include information about this coverage on your application. You would indicate that you do not currently have coverage.**
- You may not see the correct coverage effective date in your online application. The coverage effective date will be adjusted when you call the MNsure Contact Center before they send the information to the health insurance company.
- Qualified health plan (QHP) coverage is not retroactive — you need to apply and select a plan prior to the end of the month for coverage to begin the following month.

Enrolling in Health Insurance Through MNsure (CONTINUED)

- Enroll by the last day of the month your coverage ends for coverage to begin the first day of the next month (date my coverage ends _____; first day of next month: _____)
- Enroll between the first and last day of the following month, for coverage to begin the first of the next month (first/last day of next month: _____, first day of following month: _____)
- Enroll between that first date of following month and 60 days from date of loss of coverage (the end of your SEP) for coverage the first of the following month.

HAVE THIS INFORMATION AT HAND AS YOU APPLY

- Your life event reason(s) for special enrollment
- Date the life event occurred
- Social Security number for each person applying
- Date of birth for everyone in household (not just those applying)
- Driver's license, Tribal ID or other ID
- For non-citizens, Green Card or other immigration documents
- Last year's tax forms (1040EZ or page 1 of 1040)
- Two most recent pay stubs
- Documents for other sources of income (social security, unemployment, self-employment, etc.)
- W2 form or Employer Tax ID Number (EIN)
- Employer's address and contact information
- Information about any employer-provided health insurance available to each person applying



Enrolling in Health Insurance Through MNSure (CONTINUED)

CHOOSING MNSURE OR COBRA

COBRA (the Consolidated Omnibus Budget Reconciliation Act) coverage can be expensive. Coverage through MNSure typically has a lower monthly premium cost. In addition, MNSure is the only place where you can qualify for financial help to lower your costs. You may get a tax credit or qualify for low-cost or no-cost insurance through MinnesotaCare or Medical Assistance.

In order to enroll in a qualified health plan through MNSure, you would need to decline the initial offer of COBRA coverage. If you opt to choose COBRA, you would not be able to apply for a special enrollment period until your COBRA benefits have been exhausted. If you are eligible for Medical Assistance or MinnesotaCare, you could enroll at any time.

GET HELP WITH ENROLLMENT

Free assistance is available to help you navigator MNSure and enroll in a health plan.

MNSure Contact Center — 1-855-366-7873

Contact the MNSure Contact Center for help at any stage of the application and enrollment process. **Agents are available Monday through Friday year-round, with extended evening and weekend hours during Open Enrollment (November – January).**

MNSure-Certified Community Partners — Brokers and Navigators

To best serve Minnesotans in need of health insurance coverage, MNSure trains and certifies trusted community partners to help educate and enroll consumers. These partners are located in your region and available to assist you at no cost.

My Local Navigator: _____

My Local Broker (Insurance Agent): _____

Find additional assisters, visit the MNSure assister directory at <http://bit.ly/AssisterDirectory> (case sensitive).

Dislocated Worker Program – FAQs

1. What exactly does this program do?

We have free services to help you find suitable reemployment. You will work one-on-one with a counselor to develop a plan which may include career planning and counseling; job search and placement services; counselor approved training and/or Support Services.

2. How is this different than the outplacement my company may be offering?

Our program does not have a time limit; we will be with you until you find your next job. Our program has money for training if you need to upgrade your current skills or learn new ones. Our program also has 'Support Service' money for emergency situations such as transportation, family care, a COBRA payment, etc.

3. What if I don't know what I want to do next?

That's what's so great about this program; we'll help you figure it out. Your counselor can offer advice and assistance with career decision-making and how to develop job goals to find a suitable job. Your counselor also has assessment tools to learn more about your skills, abilities and interests to assist in looking at career paths.

4. I'm worried about health care. Does this help me become eligible for Minnesota Care or any other programs?

To determine possible eligibility for Minnesota Care health coverage, dependent care, food support, energy assistance, etc., please visit **www.bridgetobenefits.org**. Also, talk to your counselor. who may be able to help with Support Services or might be able to refer you to another program or agency that can help. For more information on MNSure, please refer to page 12.

Dislocated Worker Program – FAQs

(CONTINUED)

5. *Great. I'm ready. Am I enrolled now that I completed that survey?*

No, today is an information session for you. The survey you completed does not enroll you in the program. It is a means for us to learn more about your whole group so we can plan how to best meet your needs.

6. *What do I have to do next, to get enrolled and get a counselor?*

We have to pick one of the providers who have offered to work with you. Maybe you would like to be on a “Planning and Selection Committee” to help make that decision. If so, check “Yes” on the survey. Once the provider is selected, you will be notified on how/when/where to get enrolled in the program.

7. *When can I get started?*

The process to select a provider won't take long; meanwhile anyone may use a CareerForce location for basic job search assistance. To find the nearest CareerForce location, go to: www.CareerForceMN.com/locations.

8. *What if I get a job (part-time, full-time or interim)? How does that affect my participation in this program?*

Many people work a part-time job (31 or fewer hours per week) or an interim job for additional income while using this program. Before accepting employment, check with your counselor to see if it will affect your eligibility for this program. To find out how a job will affect your unemployment benefits, visit the unemployment website at www.uimn.org or call 651-296-3644 or 1-877-898-9090 to speak to an unemployment representative.

Training – FAQs

1. How do I find out if I can have training?

When you enroll, a counselor will walk you through a reemployment plan and training may be part of your plan.

2. Who approves the training?

Only your counselor can approve training.

3. I've already begun training. Can you pay for it?

We can only pay for training your counselor approves beforehand.

4. A class I really want is coming up quickly. Do I really have to wait for a counselor?

Yes, but if you let the provider know your timeline, they can often accelerate the process.

5. Do I have to go to school in Minnesota?

No, but your training plan needs to make sense for you, your commute, your subsequent job search, the labor market, cost, and other factors. Your counselor has more information. Your counselor would still need to approve your out-of-state training plans.

6. I want to take an on-line class, will you pay for that?

Possibly, if it fits into your individual plan and your counselor approves it.

7. How much money will I get? Will your program pay for all of my tuition, fees and required books? For how long will you pay for my training?

That depends on a variety of factors. You need to talk to your counselor.

8. What happens if I'm going to school and get a (good, full-time) job?

Many people take on part-time work as part of their plan, to help pay expenses while in school. If you get a substantial offer of a full-time job to replace the one you lost, your counselor will have advice on how to proceed. Sometimes a hiring employer will pick up the cost of remaining training if the credential is meaningful to them (it never hurts to ask!) In any case, our goal is to get you a job, and we'll help you achieve that goal. If you get a good, full-time job, you will not have to pay back any training money but we will not pay for any more classes going forward as you will have met the goal of the program.

9. I already have a Bachelor's degree. Does that mean I am not eligible for training?

Your counselor will consider and discuss several factors with you; do you need to upgrade your current skills? Are there jobs available utilizing your current skills? What does the Labor Market Information support? If training makes sense, your counselor may approve it.

Discrimination Prevention Policy

The Minnesota Department of Employment and Economic Development is committed to equal opportunity, affirmative action, and diversity.

If you think the Minnesota Department of Employment and Economic Development (DEED) discriminated against you on the basis of race, color, creed, sex, marital status, status with regard to public assistance, disability, age, national origin, religion, membership in a Human Rights Commission, or sexual orientation during the Dislocated Worker Program process, you can contact the DEED Office of Diversity and Equal Opportunity at:

MN Department of Employment and
Economic Development
The Office of Diversity and Equal Opportunity
First National Bank Building, Suite E200
332 Minnesota Street
St. Paul, MN 55101-1351
Phone: 651-259-7094 / TTY: 651-296-3900
Fax: 651-296-5343
Email: DEED.ODEO@state.mn.us

For more information go to:

<http://www.mn.gov/deed/about/what-guides-us/equal-opportunity>

<http://mn.gov/deed/dw>

*DEED is an equal opportunity employer and service provider.
Upon request, this information can be made available in alternative formats
for individuals with disabilities.*

Sample WARN Letter



Company Name
Address
City, State, Zip code

Month DD, YYYY

Commissioner Steve Grove
Department of Employment and Economic Development
First National Bank Building
332 Minnesota Street, Suite E 200
Saint Paul, MN 55101-2146

Rapid Response Coordinator
Dislocated Worker Program
Department of Employment and Economic Development
First National Bank Building
332 Minnesota Street, Suite E 200
Saint Paul, MN 55101-2146

Mayor XX
Address
City, State Zip Code

RE: WARN Act Notice

Dear Commissioner Grove:

Pursuant to the Worker Adjustment and Retraining Notification (WARN) Act and Minnesota Statute 116L.976, this letter constitutes COMPANY NAME's notice to the State's Rapid Response team of a pending plant closing/layoff at ADDRESS in CITY, MN zip code.

Explanation of whether the employment loss will be temporary or permanent, whether the entire plant is being closed and if positions will be moved overseas.

EXAMPLE: Company name has made the decision to outsource the majority of its global customer care operations. As a result of this decision, we are eliminating XX positions in our Name of City customer service call center location. We will maintain a small team of 13 Customer Service associated and 11 Custer Care Operations staff to manage the outsourcing relationship as well as a few other client-related activities. Outsourcing will move positions to India-based call centers.

Sample WARN Letter (CONTINUED)



Expected date of the first job losses, along with a schedule of any further employment reductions.

EXAMPLE: Job losses are expected to be on or around Month DD, YYYY. No further employment reductions are planned at this time.

Names, addresses, layoff dates, and job titles of positions that will be affected in each unit, department, or classification.

EXAMPLE: Exhibit A (attached) contains names, addresses, layoff dates, and job titles of affected employees in each unit, department, or classification.

Name of each union/employee representative and the name and address of the chief elected officer of each union.

Example: Affected employees at this location are not represented by a union.

Statement of bumping rights, if any exists:

EXAMPLE: These terminations are permanent and there are no applicable bumping rights.

Name and telephone of a company contact person who can provide additional information.

EXAMPLE: Please contact First and Last Name, position, telephone number or email address, if you should you require any additional information.

Sincerely,

(Signature)

First Name and Last Name, (Position)

Email information

Phone information

Address

Enclosures

Exhibit A – Names, Addresses, Layoff Dates, and Job Titles of Affected Employees

Rapid Response Process



The company management has opportunities to contribute to this process. The company will need to decide on the following points before these activities are planned:

GROUP INFORMATION MEETINGS		
<p>Will workers be paid for attending these meetings?</p>	<p>Will these meetings occur on company site? If off-site where is a suitable site?</p> <p>Will the meeting notice be posted or handed out the week before the meetings occur?</p>	<p>How many meetings will be conducted?</p> <p>The size of the group, number of shifts, meeting room capacity, and the workers availability need to be considered.</p>
PLANNING & SELECTION COMMITTEE MEETINGS		
<p>Will committee members be paid for participating in these meetings?</p> <p>(Most employers will allow the committee members to be paid).</p>	<p>The meetings usually last about 90 minutes to 2 hours. Sometimes the decision making process for selection of a service provider may take longer.</p>	<p>Will these meetings occur on company site?</p> <p>If off-site, where is a suitable site?</p>
SERVICES DELIVERY		
<p>Will workers be paid for attending orientation and workshops?</p> <p>(Most employers allow workers to be paid while receiving all or part of the services provided at the company site).</p>	<p>Will services delivery be allowed on the company site?</p> <p>(Most employers allow workers to receive program services at the company site while they are still working).</p>	<p>If outplacement services are being purchased, will company help us coordinate with the outplacement firm's representative?</p> <p>Will information about industry and company history be provided to the service provider for grant application purposes?</p>

Information Meetings



INFORMATION MEETINGS

TO: NAME OF COMPANY Employees

FROM: Minnesota Dislocated Worker Program — Rapid Response Team

The Minnesota Department of Employment & Economic Development (DEED), in cooperation with NAME OF COMPANY, encourages you to attend the group information meeting listed below. This meeting is to inform you about employment and training services available through the Dislocated Worker Program and Unemployment Insurance. **Your attendance will help to make these services available to you and your co-workers. Even if you don't plan to use Dislocated Worker services at this time, please attend the meeting.**

The Rapid Response Team will explain what is available through the Dislocated Worker Program and how you can access these services at **no cost to you**. Some of the services include:

- Career counseling and assessment
- Funds for training or retraining
- Funds for transportation, child care or emergency situations
- Job search assistance
- Resources including computers, phones, fax and copy machines
- **Unemployment Benefits — when to file, how to file, what to expect in benefits**

DATE/TIME:

PLACE:

If there are any questions or concerns, contact XXX.

Workforce Development Division

1st National Bank Building ■ 332 Minnesota Street ■ Suite E200 ■ Saint Paul ■ Minnesota 55101-1351
651-259-7537 PHONE ■ 800-657-3858 TOLL FREE ■ 651-215-3842 FAX ■ 651-296-3900 TTY ■ <http://mn.gov/deed/dw>

AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER

Employer Layoff Questionnaire



mn EMPLOYMENT AND ECONOMIC DEVELOPMENT

EMPLOYER LAYOFF QUESTIONNAIRE

This information will be used by the State of Minnesota's Rapid Response Team to ensure we have a good understanding of the layoff so that the affected dislocated workers will receive appropriate services. In addition, Unemployment Insurance (UI) will use it to assure proper and consistent decisions about payment of UI benefits to affected dislocated workers.

Company name and address	
Parent company and address, if applicable	
Contact name, title, phone, email	
Ownership, products/services	
Reason for layoff/closing (TAA?)	
Layoff date(s)	
How many in layoff are Veterans?	
Number of payroll employees being laid off	Full-time: _____ Part-time: _____ How is full-time defined?
Number of staffing service workers being laid off (staffing service payroll)	Full-time: _____ Part-time: _____
Do you expect to recall the employees? YES NO	If yes, when?
Job titles/occupations affected	
WARN or other paid notice period? YES NO	If yes, dates of notice period: from _____ to _____ Will you keep all employees on the job until the end of the notice period? YES NO
Union(s) representing employees? YES NO	If yes, union name(s) and contact(s):
Non-cash Benefits by Provider Post-Layoff (e.g. health insurance)? YES NO	If yes, when do they end? If yes, specify:
Will accrued vacation pay, PTO, or sick pay be paid out upon layoff? YES NO	If yes, circle all that apply: Vacation _____ PTO _____ Sick Pay _____

Workforce Development Division

1st National Bank Building • 332 Minnesota Street • Suite E200 • Saint Paul • Minnesota 55101-1351
651-259-7537 PHONE • 1-888-213-1422 TOLL FREE • 651-215-3842 FAX • 651-296-3900 TTY • <http://mn.gov/deed/dw>

AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER

Employer Layoff Questionnaire (CONTINUED)



mn EMPLOYMENT AND ECONOMIC DEVELOPMENT

Severance? YES NO	If yes, describe severance formula, if any:		
If yes, paid in lump sum? YES NO	Schedule		
Will any other special payments be made because of the layoff? E.g., bonus, retention, 'cash for COBRA', supplemental unemployment compensation (sub pay) YES NO	If yes, name of payment, formula, and/or reason.		
Did company or a predecessor pay into a pension, 401K, or other annuity for employees? YES NO	If yes, must employees liquidate their accounts?		
Do any employees have an option to avoid layoff by exercising seniority or transferring locally? YES NO	If yes, explain:		
Is the company providing outplacement services for employees? YES NO	If yes, who is the provider?		
Wage/salary ranges (estimates)			
Average length of employment			
Average age of employees (estimates)			
Training/education level (estimates)			
What kind of preparations should we have for accommodations ?	Wheelchair Access	Literacy	Sign Language
	Interpreter(s)	Other, specify:	
Have employees been on a Shared Work Plan within the past year?	YES	NO	
Did these employees have other layoffs/furloughs in the past year?	YES	NO	
COMMENTS:			
State Office Use			
Who is the Rapid Response lead?			
Who is the UI info presenter?			
Who gathered the above info?	Name:	Date:	

Workforce Development Division

1st National Bank Building • 332 Minnesota Street • Suite E200 • Saint Paul • Minnesota 55101-1351
651-259-7537 PHONE • 1-866-213-1422 TOLL FREE • 651-215-3842 FAX • 651-296-3900 TTY • <http://mn.gov/deed/dw>

AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER

Petition for Trade Adjustment Assistance (TAA)

U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342
Expires: 3/31/2016



Petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA)

About the Trade Adjustment Assistance (TAA) Program

The Trade Act of 1974 (19 USC § 2271 et seq.), as amended, established Trade Adjustment Assistance (TAA) to provide assistance to workers in firms hurt by foreign trade. Program benefits include long-term training while receiving income support. TAA provides both rapid and early assistance. Filing this petition is the first step in qualifying for benefits and assistance. After the petition is filed, the U.S. Department of Labor will determine whether a significant number or proportion of the workers of the firm have become total or partially separated or are threatened to become totally or partially separated, and whether imports or a shift in production to a foreign country contributed importantly to these actual or threatened separations and to a decline in sales or in production of articles. If a petition is approved and the workers are certified as eligible to participate in the TAA program, workers covered by a certification may contact their state workforce agency to apply for benefits. These benefits are provided at no expense to employers.

About the Alternative Trade Adjustment Assistance (ATAA) Program

Alternative Trade Adjustment Assistance (ATAA) for older workers is an alternative to TAA for trade affected workers 50 years of age or older. ATAA encourages qualified trade affected workers to quickly obtain full-time employment by providing a wage subsidy in lieu of training and income support. Submission of a completed Petition Form signifies a desire to file for both TAA and ATAA. If certified for both programs, workers will have the option of applying for TAA benefits and services and, if reemployment occurs within 26 weeks of the worker's separation, may be eligible to receive ATAA instead of TAA, if the worker desires.

Filing Instructions

- § A group of three workers from the same firm, a union official, a state or local workforce agency representative in a local American Job Center (also known as a One-Stop Career Center or by a different name), an employer official, or a legally authorized representative must complete this Petition Form by answering all questions before submitting to the U.S. Department of Labor.
- § You must date and submit the Petition Form **within 1 YEAR from the date on which the workers were separated or had their hours and wages reduced.**
- § You must file the Petition Form with **both** the U.S. Department of Labor in Washington, DC **and** the State TAA Coordinator or the dislocated worker office of the state where the firm is located. To file with both the U.S. Department of Labor and the State TAA Coordinator, electronically file the Petition Form on-line at <http://www.etareports.doleta.gov/petition>.

To file with the U.S. Department of Labor, use one of the methods below:

Fax the completed Petition Form to 202-693-3585, **OR**

Mail the completed Petition Form to the U.S. Department of Labor at:

U.S. Department of Labor
Office of Trade Adjustment Assistance
200 Constitution Ave NW, Room N-5428
Washington, DC 20210

To file with the State TAA Coordinator or the State Dislocated Worker Unit or State Workforce Agency

Use the contact information below to find the appropriate filing address. If this Petition Form includes locations in different states, copies of this completed Petition Form must be filed in each state where firms are located.

Toll-Free Helpline: 1-877-US2-JOBS (TTY) 1-877-889-5627

Internet: <http://www.doleta.gov/tradeact/contacts.cfm#State>, or
<http://www.servicelocator.org>

For assistance in preparing a petition

Petitioners may receive assistance in preparing the petition at their local American Job Center, by contacting the U.S. Department of Labor in Washington, D.C. at 202-693-3560 (Main Number), or by contacting their State Dislocated Worker Unit or State Workforce Agency through the telephone numbers or internet addresses provided above ([29 CFR Part 90.11](#)).

To check petition status

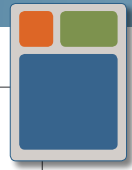
To check the status of your petition, please visit:

<http://www.doleta.gov/tradeact/>

Public Burden Statement

Persons are not required to respond to this collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. Responding is required to obtain or maintain benefits (19 USC 2321 and 2271). Public reporting burden for this collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information, and a state review. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor at the address provided above (Paperwork Reduction Project 1205-0342).

Petition for TAA — CONTINUED



U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342
Expires: 3/31/2016



Petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA)

Section 1. Petitioner Information

Provide petitioner information below. Three workers from the same firm completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column. A union official completing this petition form should provide the name of the Union.

	Petitioner 1	Petitioner 2	Petitioner 3
a) Name	_____	_____	_____
b) Title	_____	_____	_____
c) Street Address	_____	_____	_____
City	_____	_____	_____
State, Zip	_____	_____	_____
d) Phone – Main	_____	_____	_____
e) Phone – Alternate	_____	_____	_____
f) E-mail	_____	_____	_____
g) Worker Separation Date	_____	_____	_____
h) Petitioner Type:	Three Workers <input type="checkbox"/>	Company Official <input type="checkbox"/>	Union Official <input type="checkbox"/> (Union Name _____)
(please check one)	State Workforce Office <input type="checkbox"/>	American Job Center <input type="checkbox"/>	Other Authorized Representative <input type="checkbox"/>
i) Describe the worker group on whose behalf this petition is being filed:	_____		

Section 2. Workers' Firm

Provide information on the firm employing the worker group. Complete items (a) – (g) regarding the employing firm. If the workers are doing work at a location that is different than the worker's employer (e.g., the petitioning workers are employed by a staffing agency but work at a manufacturing firm), also complete items (h) – (m) regarding the firm at which the workers perform their jobs.

NOTE: Workers completing this Petition Form must provide information for the location where they work. All other petitioner types may apply on behalf of more than one location. State offices and American Job Centers may file for workers at multiple locations of a firm within their State. If you choose to file on behalf of workers at more than one location, please attach additional sheets as necessary.

Employer (Firm)

a) Name of Firm	_____
b) Street Address	_____
City	_____
State, Zip	_____
c) Phone	_____
d) Website (if known)	_____
e) Describe the article produced by this firm	_____
f) How many workers have been or may be separated (if known)?	_____
g) Is the firm or any part of the firm closing (if known)? If yes, when?	_____
If the workers work at a location that is different from that listed in item a) and b), then fill out items h) through m) for that location:	
h) Name of Firm	_____
i) Street Address	_____
City	_____
State, Zip	_____
j) Phone	_____
k) Describe the article produced by this firm	_____
l) How many workers have been or may be separated (if known)?	_____
m) Is the firm or any part of the firm closing (if known)? If yes, when?	_____

Petition for TAA — CONTINUED

U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342
Expires: 3/31/2016



Petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA)

Section 3. Trade Effects on Separations

1. To the best of your knowledge, provide reasons why you believe that separations that have occurred or may be threatened at the workers' firm are due to foreign trade. (Example: Production has been/is being shifted to a foreign country, increased imports of articles, loss of business with a TAA-certified firm.)

2. If you possess any additional information or documents that you believe may assist in the determination of whether the worker group is eligible for TAA benefits, submit it as an attachment to the Petition Form. Check the box below if you have attached any additional information or supporting documents.

I have attached additional information or supporting documents.

3. Provide contact information for two company officials, one of whom should be a dislocated worker's supervisor. Either separately or together, these officials should be familiar with all of the following: employment, job functions, and sales or production at each job location.

	Official 1	Official 2
a) Name	_____	_____
b) Title	_____	_____
c) Phone – Main	_____	_____
d) Phone – Alternate	_____	_____
e) Fax	_____	_____
f) E-mail	_____	_____

Section 4. Affirmation of Information

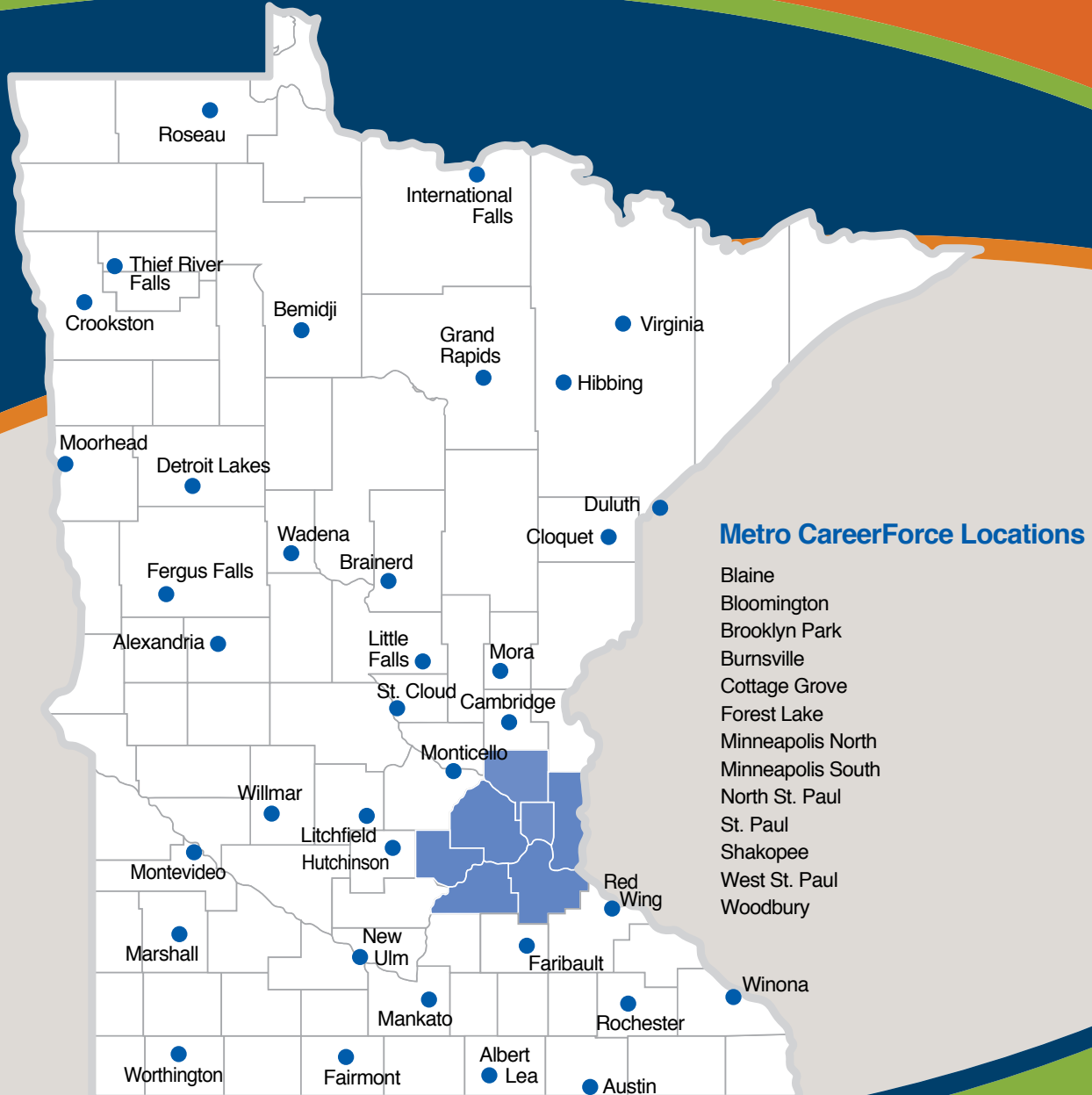
The information you provide on this petition form will be used for the purposes of determining worker group eligibility and providing notice to petitioners, workers, and the general public that the petition has been filed and whether the worker group is eligible. Knowingly falsifying any information on this Petition Form is a Federal offense (18 USC § 1001) and a violation of the Trade Act (19 USC § 2316). For this petition to be valid, each of the petitioners listed in Question 1 must sign below and the Petition Form must be dated. By signing below, you agree to the following statements:

"I declare that to the best of my knowledge and belief the information I have provided is true, correct, and complete."

a) Signature	_____	_____	_____
b) Name (Print)	_____	_____	_____
c) Date of Petition	_____	_____	_____

CareerForce locations in Minnesota

There are nearly 50 CareerForce locations statewide. Each offers a knowledgeable staff to guide you. Each provides essential tools to make your job search a success. Best of all, most services are free of charge.



Find the CareerForce location nearest you:

www.CareerForceMN.com/locations