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OMB Approval No. 1205-XXXX

Expiration date: xx/xx/xx

Employer Data Form

Company/Industry	Location of Facility	Notification Issued?	Date of Notification	Layoff Date(s)	Number of Affected Workers
		<input type="checkbox"/> WARN <input type="checkbox"/> Public Announcement by Employer <input type="checkbox"/> Other(specify) <input type="checkbox"/> None			<input type="checkbox"/> Check if Closure

Company/Industry	Date(s) of Rapid Response Actions	# of Workers Contacted	TAA Petition	Labor Organization Representation
(should be same as above)	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

ETA 9105
(February
2003)

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-XXXX. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-XXXX).