

INSTRUCTION LETTER

INSTRUCTION NUMBER: WIA 13-09

TO: SC Works Upstate

SUBJECT: DWU Early Warning Notice

DATE ISSUED: September 19, 2013 **DATE EFFECTIVE:** Immediately **DATE EXPIRES:** Indefinitely

PURPOSE: The purpose of this instruction letter is to inform local rapid response staff of the procedure for providing Early Warning Notices to the Dislocated Worker Unit at the South Carolina Department of Employment and Workforce (SCDEW). This instruction letter replaces 08-11.

BACKGROUND: Attached is the Early Warning Notice Form. This form is used to notify the Dislocated Worker Unit at the SCDEW if potential permanent layoff or closure events affecting 10 or more workers, regardless of the reason.

ACTION: Complete the attached form, even if you think the layoff or closure event has already occurred. Forms should be submitted to the SCDEW by following the instructions on the form.

INQUIRIES: Should you have questions regarding this instruction letter, please contact Ms. Brenda Connelly at bconnelly@upstatewib.org or 864-562-4444 (TTY:711).


Ann Angermeier, Director

Source: Replaces local instruction letter 08-11

EARLY WARNING LAYOFF NOTICE

PURPOSE: “*Early Warning Notices*” assist the SCDEW Business Services in coordinating Rapid Response services, as well as tracking statewide job losses. When received, this form is used to immediately contact employers regarding actual or potential permanent layoff or closure events, regardless of the reason. **Please forward any supporting documents, e-mails or company letters to the SC Department of Employment and Workforce, Attention: Business Services.**

USERS: Local SC Workforce Development Partners

INSTRUCTIONS: Please complete this form even if you believe the layoff/closure has already occurred. Provide as much information as known and submit (e-mail) to: **gfluke@dew.sc.gov, rbenson@dew.sc.gov**

Completed forms can also be **faxed** to: 803-737-2119, ATTN: Greg Fluke or Ryan Shelton-Benson.

INQUIRIES: For questions, please contact the SCDEW Business Services at 803-737-1572 or 737-2301.

Name of local SCWORKS Center: _____

Name of the **employer** and
company/plant/agency, if different: _____

If known, the name and direct telephone
number of an onsite point-of-contact: _____

City, and County of the business: _____

Number of workers affected: _____

Is this a **layoff** or **closure** event? _____

Expected, or actual date(s) of event: _____

Source of information: _____

If known, reason for layoff, or closure: _____

Name of local SCWORKS Center
contact person for this report: _____

Date submitted, and
any additional comments: _____