

[Date]

[Name of State Coordinator]
[State Dislocated Worker Unit Name]
[Address]
[City, State, Zip Code]

RE: Notice Pursuant to the Worker Adjustment and Retraining Notification (WARN) Act

To the State Dislocated Worker Unit:

This letter is to notify you that [Company Name] will be conducting a [mass layoff / plant closing] at its facility located at [Full Address of Location].

This action is expected to be [permanent / temporary]. The expected date of the first separation is [Date], and the full schedule of anticipated separations is [Date Range].

The following information is provided in accordance with 20 CFR § 639.7:

- **Reason for Action:** [Briefly state reason, e.g., economic conditions, restructuring].
- **Total Number of Affected Employees:** [Number].
- **Bumping Rights:** [Do / Do Not] exist.
- **Job Titles and Number of Affected Employees:**
 - [Job Title 1]: [Number of employees]
 - [Job Title 2]: [Number of employees]
- **Union Representation:** [Name of Union and Local Number, or state "None"].
- **Chief Elected Union Official:** [Name and Address, or "N/A"].

All affected employees have been or will be notified at least 60 days prior to their separation date. We will ensure that all employees receive the required pay and benefits through their final date of employment.

For further information, please contact [Name of Company Contact Person] at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of Sender]
[Title]