| Notice of Closing or Substantial Layoff | | | | | |
|---|---|---|--|--|-------------------------|
| The Worker Adjustment and Retra to give at least 60 days notice to Dislocated Employee Unit, local gito each aggrieved employee for the employer shall be subject to a civil State notice must be submitted to: | o layoffs or plant/f overnment and em pack pay for each penalty of not mor | acility closing ployees. Fail day of violation e than \$500 fo | s. Notice mus lure to do so ma on and benefits | it be given to takes an employ . In addition, a | the state yer liable |
| | Bureau of W P. O. Box 16 | | t. of Job and Fai 18 | mily Services | |
| The following information must be included: | | | | | |
| Employer name and address: | | 1a. Site of dislocation (plant/facility address): Source Provider Inc. | | | |
| Source Provider Inc. 4944 Belmont Avenue Youngstown, Ohio 44505 | | Victoria Road Facility OBOH 365 Victoria Road OFFANDRE Austintown, Ohio 44916 EB RECEPA | | | |
| 2. Total Ohio workforce: | | 3. Total site workforce: | | SZA | |
| Full time Part time | | Full | time I | Part ∰ <u>></u> ⊝ ∞ | KIMEN SERV |
| 4. Nature of planned action: Plant closing □ Layoff 区 | | 4a. Anticipated duration of actions Permanent Topporary | | 20 | |
| 5. If action is temporary, expected | d duration: | | | | |
| 6. Employment loss: Number of permanent jobs lost: 10 7. Effective date of initial separation: | | | | | |
| Number of | | | guary 4, 2 | | |
| 8. Is separation phased: Yes No X No X No X No D No D | | | | | |
| 9. Attached is a list of all affected job titles and the number of affected employees in each job classification. | | | | | |
| 103 War | | | Yes 🗌 No | × | |
| 10. Are all or any of these job titles covered by bumping rights: Yes 🕱 No 🗌 | | | | | |
| 11. List each union representing a | affected employees | (attach a list | if necessary) | | |
| Address: Union chief elected office: | United Stee 365 Victori George Cars 330-984-970 | a Road on, Pres | Austintow | #1-621 n, Ohio 4 | 4515 |
| 12. Corporate contact person: Name: Edward Jones Address: 365 Victoria Road Austintown, Ohio 44515 Telephone: 336-793-8097 x 6/7 | | 13. Authorized Corporate Official: Signature: Name: Edward Jones Title: Human Resources Address: 365 Victoria Road Telephone: Austintown Objec (4515) | | | |