

COMPANY INFORMATION

Company Name: *TriStar Molding, Inc.*

Site Address/City/Zip: *51540 M-40 North, Marcellus, MI 49067*

County: *Cass* **MWA Name/Region #:** *BCVB*

Parent Company/DBA/Known Names: Click or tap here to enter text.

Contact Name and Title: *Julie DeKoning, Administrative Manager*

Contact Address: *51540 M-40 North, Marcellus, MI 49067*

Contact Phone*269-646-0062* **Contact Fax***269-646-2173* **Contact Email:** *julie@tristarmolding.com*

Type of Business *Manufacturing* **NAIC code(s)** *326199*

INCIDENT & EMPLOYEE DEMOGRAPHICS

Total empl at site *83* **Total empl impacted** *74* **Total Union empl** *0* **Total Non-Union Empl** *83*

Will employees receive severance/benefits/etc. (include details)? *No*

Job Titles/Positions *Machine Operators, Lead Operators, Quality Control, Foreman, Material Handlers, Mold Techs*

Age Range: 18-67	Average Seniority: 5 years	MRS/Disability:
Non-English Speaking: 0	No HS Diploma/GED:	Temps/Contractors:
Veterans: Not that I know of	Average Wage/Range: \$15.00	Commuting Areas:
#of Shifts: 3	Salaried: 1	Post – Secondary Education:

Impacted suppliers, contracts, companies or any additional information:

INCIDENT & NOTIFICATION INFORMATION

Notice Date *3/25/2019* **Date Rec'd** *3/23/2020* **First Contact Date** *3/23/2020*

Incident Type SITE CLOSING MASS LAYOFF

Notification Type WARN LETTER PHONE CALL NEWS CLIP OTHER: *_IN PERSON*

Layoff Reason(s) NOT REPORTED COMPANY SOLD BANKRUPTCY FINANCIAL TROUBLE OPERATIONS TRANSFERRED COMPANY RESTRUCTURED UNPROFITABLE REDUCED BUSINESS/WORK MERGER/ACQUISITION INDETERMINABLE OTHER: *_STATE MANDATE TO SHUT DOWN*

First Layoff Date *3/24/2020* **Final Layoff Date/Closing** *4/13/2020*

Additional Layoff Dates *Will depend on the governor* **Date Employees Notified** *3/23/2020*

UNION-RELATED INFORMATION

Union Local Click or tap here to enter text. **Union Officer/Title** Click or tap here to enter text.

Address/City/Zip Click or tap here to enter text.

Phone Click or tap here to enter text. **Email** Click or tap here to enter text. **Fax** Click or tap here to enter text.
Union Members Laid Off Click or tap here to enter text.

RESPONSE & DELIVERY SERVICE INFORMATION

Type of Response: UNKNOWN RRT; RR MEETING DATE: Click or tap to enter a date. PHONE CONTACT
 NO RESPONSE OTHER: _____

Reason for No RR Meeting: UNKNOWN LAYOFFS SUB WARN TEMP LAYOFFS PRIOR RESPONSE
 CORPORATE REASON ACTION COMPLETED PRIOR TO NOTIFICATION OTHER: _____

Service Vehicles: IN-HOUSE LABOR MGMT. COMMITTEE UNION SPONSORED TASK FORCE ONSITE RESOURCE CENTER
 OUTPLACEMENT AGENCY JAC MWA UIA PEER COUNSELING

Employee Services

- WORKER ORIENTATION MEETINGS: MEETING DATES & TIMES: Click or tap here to enter text.

- TRADE INFORMATION MEETINGS JOB SEARCH AND RESUME WRITING WORKSHOPS

- OTHER WORKSHOPS Click or tap here to enter text.

Check Box if:

AUTO RELATED

Trade Adjustment Assistance

APPLIED FOR TAA/ATAA; APPLICATION DATE: Click or tap to enter a date. PETITION#:

COMPANY 'AT RISK' APPLICATION APPROVED; CERTIFICATION DATE: Click or tap to enter a date. APPLICATION DENIED

Additional Comments/Information Related to Response & Delivery Service:

REGIONAL SITE VISIT INFORMATION

Regional Site Visit Date: Click or tap to enter a date.

Employer Services:

- SAG REFERRAL TO MMTC INCUMBENT WORKER TRAINING FUNDS LMI
- DWG STTF ESOP PRE-FEASIBILITY FUNDING STUDY
- REFERRAL TO GLTAAC DW SURVEY OTHER Click or tap here to enter text.

Additional Comments/Information for entire form: