

**MASSACHUSETTS DEPARTMENT OF CAREER SERVICES
PRELIMINARY NOTIFICATION of CHANGE**

Please submit this notice to DCS at the earliest opportunity possible. Complete *as much information as is known at time of submission*. Additional information should be submitted to DCS as the information is developed.

Local Workforce Area: _____

Notification Submitted by: Name: _____

Title: _____ Date: _____

OSSC or Other Location(s) under Consideration (if known):

Estimated Closing Date (if known): _____ Potential Change in Staffing Level? _____

Summary of LWIB Action to Date (select all that are applicable)

Exec. Committee Notice: ___ Date: _____

Full Board Notice: ___ Date: _____ Vote to Reduce or Close Taken: ___ Date of Vote: _____

CEO Notice: ___ Date: _____ State Representative(s) Notice: ___ Date: _____

Notice to other workforce area city/town officials (non-CEO): Yes ___ No ___

Reason for closing: Insufficient funds ___ Relocation: ___ Change in model: ___

Briefly explain the reason, including basis for selection of this facility:

Will you continue to provide some services in the general geographic vicinity? Yes ___ No ___

If yes, please provide a brief description of your plan for service delivery that includes services to be provided, delivery mechanism, customer access, etc.

Type of DCS assistance requested (indicate all that are applicable):

Lease: ___ Staff/Bargaining Unit Notification: ___ Equipment: ___

Other (describe): _____
