

MassHire Department of Career Services

WORKFORCE SYSTEM CHANGE NOTIFICATION

Please submit this notice to the MassHire Department of Career Services (MDCS) at the earliest opportunity possible. Complete ***as much information as is known at time of submission.***

☐ New Notification

☐ Update

MassHire Workforce Area: _____

Notification Submitted by: Name: _____

Title: _____ Organization: _____ Date: _____

NOTIFICATION of MASSHIRE CAREER CENTER TEMPORARY CLOSURE

Estimated Impact Date(s): _____

MassHire Career Center(s) affected: _____

Affiliate* Sites affected: _____

(* An affiliated site, or affiliate one-stop center, is a site that makes available to jobseeker and employer customers one or more of the one-stop partners' programs, services, and activities. An affiliated site does not need to provide access to every required one-stop partner program.)

Reason for temporary closing:

Staff Meeting or Training: Y/N _____

Situational weather, building issues or other: Y/N _____

If so, describe: _____

Off-site Workforce Development Activity (*Job fair, Conference, Summit*): Y/N _____

If so, describe: _____

Partner or Community Based Organization (CBO) Event: Y/N _____

If so, describe: _____

Partial Day Closing: _____ Full Day Closing: _____ Other: _____

Please submit the form to both **Lisa Caissie** Lisa.J.Caissie@mass.gov, and **Diane Hurley** Diane.L.Hurley@mass.gov

**NOTIFICATION of REDUCTION in STAFF, CENTER CLOSURE and/or CHANGE IN OPERATIONS
that is other than temporary in nature**

Summary of MassHire Workforce Board (MWB) Action (select all that are applicable)

Executive Committee Notice: ____ Date: _____

Full Board Notice: ____ Date: _____ Vote Action Taken: Y/N: ____ Date of Vote: _____

CEO Notice: ____ Date: _____ Legislative Representative(s) Notice: ____ Date: _____

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

Reason for Action: Insufficient funds ____ Relocation: ____

Change in structure/model: ____ Other (describe): _____

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

Will services continue to be provided in the general geographic vicinity? Yes__ No __

If yes, please provide a brief description:

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

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

Other (describe):

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