

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH December YEAR 2002

PRIMARY EVENT COUNTY: Adams

COMPANY NAME:	<u>Supra Telecommunications</u>	TYPE OF EVENT:	<u>Mass Layoff</u>
COMPANY ADDRESS:	<u>1400 N 30th Street</u>	WARN NOTIFIED DATE:	<u>12-5-2002</u>
		FIRST LAYOFF DATE:	<u>2-4-2003</u>
CITY, STATE, ZIP:	<u>Quincy, IL 62305</u>	# WORKERS AFFECTED:	<u>307</u>
COMPANY CONTACT:	<u>Russ Lambert</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>217-592-5000</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 14</u>		
TYPE OF COMPANY:	<u>Business Services</u>	COMPANY SIC:	<u>7389</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH December YEAR 2002

PRIMARY EVENT COUNTY: Cook

COMPANY NAME:	<u>ATC</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>16961 State Street</u>	WARN NOTIFIED DATE:	<u>12-3-2002</u>
		FIRST LAYOFF DATE:	<u>2-1-2003</u>
CITY, STATE, ZIP:	<u>South Holland, IL 60473</u>	# WORKERS AFFECTED:	<u>104</u>
COMPANY CONTACT:	<u>Ellen Nelson</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>708-596-4296</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 7</u>		
TYPE OF COMPANY:	<u>Health Services</u>	COMPANY SIC:	<u>8099</u>

COMPANY NAME:	<u>Autocam Corp</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>3710 River Road</u>	WARN NOTIFIED DATE:	<u>12-12-2002</u>
		FIRST LAYOFF DATE:	<u>2-2-2003</u>
CITY, STATE, ZIP:	<u>Franklin Park, IL 60131</u>	# WORKERS AFFECTED:	<u>105</u>
COMPANY CONTACT:	<u>Jim Wojcaynski</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>606-541-8516</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 7</u>		
TYPE OF COMPANY:	<u>Mfg. Furniture and Fixtures</u>	COMPANY SIC:	<u>2591</u>

COMPANY NAME:	<u>Alterman Transport Lines</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>7101 South Kostner Avenue</u>	WARN NOTIFIED DATE:	<u>12-16-2002</u>
		FIRST LAYOFF DATE:	<u>2-3-2003</u>
CITY, STATE, ZIP:	<u>Chicago, IL 60629</u>	# WORKERS AFFECTED:	<u>50</u>
COMPANY CONTACT:	<u>Robert Barron</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>954-627-9914</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 9</u>		
TYPE OF COMPANY:	<u>Motor Freight Transportation</u>	COMPANY SIC:	<u>4212</u>

COMPANY NAME:	<u>Waste Management CID</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>3757 West 34th Street</u>	WARN NOTIFIED DATE:	<u>12-18-2002</u>
		FIRST LAYOFF DATE:	<u>2-14-2003</u>
CITY, STATE, ZIP:	<u>Chicago, IL 60623</u>	# WORKERS AFFECTED:	<u>117</u>
COMPANY CONTACT:	<u>Frank Pace</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>630-218-1708</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 4953</u>		
TYPE OF COMPANY:	<u>Electric, Gas and Sanitary</u>	COMPANY SIC:	<u>4953</u>

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH December YEAR 2002

PRIMARY EVENT COUNTY: Dupage

COMPANY NAME:	<u>Budget Group Inc (Cendant)</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>4225 Naperville Road</u>	WARN NOTIFIED DATE:	<u>12-12-2002</u>
	<u></u>	FIRST LAYOFF DATE:	<u>12-31-2002</u>
CITY, STATE, ZIP:	<u>Lisle, IL 60532</u>	# WORKERS AFFECTED:	<u>207</u>
COMPANY CONTACT:	<u>Mark Servodidio</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>973-496-7797</u>		<u></u>
LOCAL WORKFORCE AREA:	<u>LWIA 6</u>		<u></u>
TYPE OF COMPANY:	<u>Non-Depository Credit Institutions</u>	COMPANY SIC:	<u>6162</u>

COMPANY NAME:	<u>Andrew Corporation</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>1200 A Greenbriar Road</u>	WARN NOTIFIED DATE:	<u>12-17-2002</u>
	<u></u>	FIRST LAYOFF DATE:	<u>2-6-2003</u>
CITY, STATE, ZIP:	<u>Addison, IL</u>	# WORKERS AFFECTED:	<u>122</u>
COMPANY CONTACT:	<u>Eileen P Tierney</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>708-873-2609</u>		<u></u>
LOCAL WORKFORCE AREA:	<u>LWIA 6</u>		<u></u>
TYPE OF COMPANY:	<u>Printing, Publishing & Allied</u>	COMPANY SIC:	<u>2761</u>

COMPANY NAME:	<u></u>	TYPE OF EVENT:	<u></u>
COMPANY ADDRESS:	<u></u>	WARN NOTIFIED DATE:	<u></u>
	<u></u>	FIRST LAYOFF DATE:	<u></u>
CITY, STATE, ZIP:	<u></u>	# WORKERS AFFECTED:	<u></u>
COMPANY CONTACT:	<u></u>	EVENT CAUSES:	<u></u>
TELEPHONE:	<u></u>		<u></u>
LOCAL WORKFORCE AREA:	<u></u>		<u></u>
TYPE OF COMPANY:	<u></u>	COMPANY SIC:	<u></u>

COMPANY NAME:	<u></u>	TYPE OF EVENT:	<u></u>
COMPANY ADDRESS:	<u></u>	WARN NOTIFIED DATE:	<u></u>
	<u></u>	FIRST LAYOFF DATE:	<u></u>
CITY, STATE, ZIP:	<u></u>	# WORKERS AFFECTED:	<u></u>
COMPANY CONTACT:	<u></u>	EVENT CAUSES:	<u></u>
TELEPHONE:	<u></u>		<u></u>
LOCAL WORKFORCE AREA:	<u></u>		<u></u>
TYPE OF COMPANY:	<u></u>	COMPANY SIC:	<u></u>

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH December YEAR 2002

PRIMARY EVENT COUNTY: McDonough

COMPANY NAME:	<u>Porcelain Products Company</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>510 North Pearl Street</u>	WARN NOTIFIED DATE:	<u>12-16-2002</u>
		FIRST LAYOFF DATE:	<u>2-15-2003</u>
CITY, STATE, ZIP:	<u>Macomb, IL 61455</u>	# WORKERS AFFECTED:	<u>171</u>
COMPANY CONTACT:	<u>Steve Paul</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>309-833-4171</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 14</u>		
TYPE OF COMPANY:	<u>Mfg. Stone, Clay, Glass & Concrete</u>	COMPANY SIC:	<u>3264</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH December YEAR 2002

PRIMARY EVENT COUNTY: Winnebago

COMPANY NAME:	<u>PWS (US Filter)</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>4669 Shepard Trail</u>	WARN NOTIFIED DATE:	<u>12-3-2002</u>
		FIRST LAYOFF DATE:	<u>12-17-2002</u>
CITY, STATE, ZIP:	<u>Rockford, IL 61103</u>	# WORKERS AFFECTED:	<u>75</u>
COMPANY CONTACT:	<u>Mike Willard</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>815-921-8379</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 3</u>		
TYPE OF COMPANY:	<u>Wholesale Trade - Durable Goods</u>	COMPANY SIC:	<u>5074</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

Company Name:	The name of the event company submitting the WARN notice.
Company Address:	The event company's street address where layoff or closing is occurring.
City, State, Zip:	The event company's city, state and zip code.
Company Contact:	The name of the individual identified as the principal authority for normal communication and interaction for the event company.
Telephone:	The telephone number of the company contact person.
Sub-State Grantee:	The primary sub-state grantee with geographical responsibility to offer services to the affected workers.
Type of Company:	The Standard Industrial Classification (SIC) depicting the type of business the company is engaged in.
Event County:	The Illinois county in which the dislocation event is located.
Type of Event:	Indicates whether the workers are being dislocated because of a plant closing, substantial layoff (at least 1/3 of workforce affected) or layoff.
Warn Notified Date:	The date the Rapid Response Unit is in receipt of the WARN letter notifying of the impending closing or layoff.
First Layoff Date:	The first date that layoffs are expected to occur.
# Workers Affected:	The originally reported number of workers expected to be laid off.
Event Causes:	Indicates up to three reasons for the plant closing or layoff.