ASCII File

Fixed Format

NOTICE DATE A08

INITIATED DATE A08

EMPLOYER A52

EMP STREET A25

EMP CITY A17

EMP STATE A02

EMP ZIP A09

EMP REP A20

EMP TITLE A10

UNION & LOCAL A52

UNION STREET A25

UNION CITY A17

UNION STATE A02

UNION ZIP A09

UNION REP A20

UNION TITLE A10

AFFECTED LOCATION CITY A17

AFFECTED LOCATION STATE A02

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EXPIRATION DATE A08

NAICS A02

INDUSTRY A25

BARGAINING SIZE N07

ESTABLISHMENT SIZE N07

NOTICE DATE SUBMITTED A08

CATEGORY A25

HEALTHCARE RELATED A02