

Ohio Department of Job and Family Services
WARN Notice Submission Form (JFS 00039)

Received: 2/23/2026 @ 10:38am



**Department of
Job & Family
Services**

Thank you for contacting Ohio's Rapid Response Unit to submit your WARN Notice. This submission form will help you successfully submit your WARN Notice for state processing and public posting purposes.

Please also include a Worker List with your completed WARN Notice submission form. (see page 3)

It is the employer's responsibility to notify your elected government official for the county where this mass layoff or closure will take place, in addition to submitting this WARN Notice submission form. To locate your municipal corporation and county elected government official, please visit: [Ohio Elected Official Roster](#) (pg. 22)

When completed, please email this WARN Notice submission form, along with your Worker List, to the Rapid Response mailbox: rapdresp@jfs.ohio.gov. You will be notified within 24 hours (M-F) that the Rapid Response Unit received your WARN Notice. Next, a Rapid Response Coordinator will follow up to offer no-cost services, such as unemployment benefit information, re-employment and training assistance for your affected employees, through this time of transition and change.

Please do not hesitate to contact the Rapid Response mailbox at any point during this submission process: rapdresp@jfs.ohio.gov. The state of Ohio is here to help!

Section 1. Terms and Conditions

The Ohio Department of Job and Family Services (ODJFS) maintains this WARN Notice submission form (JFS 00039) when publicly accessed through the ODJFS WARN Notice website. By completing this WARN Notice submission form, you agree to these terms and grant ODJFS permission to distribute, reformat and publicly display your WARN Notice in accordance with federal and state laws and regulations. As a public agency, ODJFS is subject to the requirements of the Ohio Public Records Act. Please be aware your WARN Notice submission form (JFS 00039) is not confidential or an exempt record under Ohio and federal laws and will be posted for public access. Information received via the ODJFS WARN website as well as this WARN Notice submission form, should not be relied upon for personal, legal or financial decisions and you should consult an appropriate professional for specific advice tailored to your situation. *Worker Lists submitted with employee contact information are excluded from public access and will be handled confidentially; see page 3.

I have read and agree to these Terms and Conditions: YES NO

| | |
|--|---------------------------|
| Signature <i>Cristhian Cervantes</i> | Date 02/23/2026 |
|--|---------------------------|

Section 2. Employer Information

| |
|---|
| Employer Name PARSEC, LLC. |
| Employer Address (Street, City, Zip code) 3329 Thoroughbred Drive Columbus, OH 43217 |
| Federal Employer Identification Number (FEIN) (If Available) |
| North American Industry Classification System (NAICS Code) (If Available) |
| Please describe the actions taken to mitigate the impact of the employment loss. Loss of the entirety of the business contracted by the customer. All negotiations for an ongoing business relationship failed. |

Section 3. Reason for Layoff/Closure (Check all appropriate)

| | | | |
|--|------------------------------|--------------------------|---|
| Financial Difficulties | <input type="checkbox"/> YES | Mergers and Acquisitions | <input type="checkbox"/> YES |
| Economic Downturn | <input type="checkbox"/> YES | Strategic Shifts | <input type="checkbox"/> YES |
| Technological Advancements that impact Human Labor | <input type="checkbox"/> YES | Supply Chain Issues | <input type="checkbox"/> YES |
| Market Competition | <input type="checkbox"/> YES | Natural Disasters | <input type="checkbox"/> YES |
| Decline in Demand for Product or Service | <input type="checkbox"/> YES | Debt Obligations | <input type="checkbox"/> YES |
| Regulatory Changes | <input type="checkbox"/> YES | Other | <input checked="" type="checkbox"/> YES |

Section 4. Facility Information where Layoff/Closure is Taking Place

Is the Layoff/Closure taking place at the Employer address listed in Section 2: Employer Information?

YES NO

If the Layoff/Closure is NOT taking place at the Employer address in Section 2, please enter additional Facility location/s (Facility Name, Address, City, Zip code)

Contact Person/s for additional Facility address (Name, Email Address, Phone Number)

Jacob Cyccone, JCyccone@universallogistics.com, 586-707-5128

*If there is more than (1) Facility Location where Layoff/Closures are taking place, please include # of Affected Employees at each facility location.

Section 5. WARN Notice Details

Type of Notice

(Temporary Layoffs lasting less than (6) months do not require WARN Notice Submission)

Closure: YES **Layoff:** YES

Does this amend/change/update an existing WARN Notice already filed? YES NO

If this submission amends, changes, updates an existing WARN Notice, please explain how.
(Date Change; Number of Affected Employees, etc.)

This Layoff/Closure will take place on (1) date for all affected employees: YES **Layoff/Closure Date:** 5/01/26

This Layoff/Closure will involve a phased series of layoffs (multiple dates) for all affected employees: YES

Please list your phased series of layoffs by Date of Layoff and Number of Affected Employees for each phase.
(If layoffs occur at more than (1) facility, please list facility name per phase)

| Dates and/or Date Ranges of Phased Layoffs | # of Affected Employees | List Facility Location IF Layoff/Closure is Occurring at more than (1) Facility |
|--|-------------------------|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

Section 6. Affected Employees

Total Number of Affected Employees (Enter Number)

115

The Ohio Department of Job and Family Services (ODJFS), in accordance with the Worker Adjustment and Retraining Notification (WARN) Act and Ohio Revised Code § 4113.31, requests that employers submitting a WARN Notice also provide a list of affected employees. This list should include the following information for each impacted individual:



- Job Title
- Anticipated Layoff Date
- Full name
- Phone number and/or Email address

Pursuant to Ohio Revised Code Chapters 1347 and 149, and applicable federal confidentiality laws, all employee contact information provided to the Ohio Department of Job and Family Services (ODJFS) shall be treated as confidential and exempt from public disclosure. ODJFS shall not initiate contact with any listed employees without the employer's prior consent and/or until after the effective layoff date. Employers retain full discretion over the timing and method of communication with affected employees. Access to such information is restricted to authorized personnel and used exclusively for the administration of workforce development programs, including Rapid Response services under the Workforce Innovation and Opportunity Act (WIOA).

[Click here: "Ohio WARN Notice Requirements & Forms"](#) to download a WARN Notice Worker List Spreadsheet (JFS 00040) for convenience. Attach Worker List when emailing your WARN Notice to: rapdresp@jfs.ohio.gov

Section 7. Additional Information

Does your business have Union Representation?

YES NO

If your business is represented by a Union/s, please provide the Union Name, Union Representative Name, Email Address, Phone Number.

International brotherhood of teamsters, Local 413
Anthony Jones, tony.jones@teamsters413.com, 614-228-6492

Will Bumping Rights be in Place for the Affected Employees?

YES NO

Will Severance be available for the Affected Employees?

YES NO Unknown

Will you provide information on how affected employees can access unemployment insurance benefits?

YES NO Unknown

Will you provide information about available services for the affected employees, including job placement assistance, retraining programs, or counseling.

YES NO Unknown

Section 8. Company Contact

Enter **Company Contact Person's** Name, Phone Number and Email Address if the Ohio Department of Job and Family Services has additional questions pertaining to this WARN Notice.

Jacob Cyccone, JCyccone@universallogistics.com, 586-707-5128

Section 9. Employer Certification

By signing this form, I attest to the best of my knowledge that the WARN Notice information submitted on behalf of my company is complete and accurate.

Signature

Cristhian Cervantes

Date

02/23/2026

Please send completed WARN Notice Submission Form and Worker List to rapdresp@jfs.ohio.gov

| | |
|-----------------------------------|-----|
| Loader Operator | 78 |
| Mechanic | 12 |
| Clerk Dock Warehouse | 7 |
| Fleet Coordinator | 4 |
| Recruiter | 1 |
| Senior Terminal Manager | 1 |
| Senior Assistant Terminal Manager | 1 |
| Senior Supervisor | 7 |
| Senior Manager of Operations | 1 |
| Senior Office Manager | 1 |
| Senior Safety Manager | 1 |
| Senior Specialist | 1 |
| Total: | 115 |