

U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342  
Expires: 1/31/2013



Petition for Trade Adjustment Assistance (TAA) and  
Alternative Trade Adjustment Assistance (ATAA)

81067

**Section 1. Petitioner Information**

Provide petitioner information below. Three workers from the same job location completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column. A union official completing this petition form should provide the name of the Union.

	Petitioner 1	Petitioner 2	Petitioner 3
a) Name	Debra Gieseke		
b) Title	Human Resources Manager		
c) Street Address	2101 O'Neil Road		
City	HUDSON		
State, Zip	WISCONSIN 54016		
d) Phone - Main	(715) 381-4080		
e) Phone - Alternate			
f) E-mail	debra.gieseke@jci.com		
g) Worker Separation Date			
h) Petitioner Type:	Three Workers <input type="checkbox"/>	Company Official <input checked="" type="checkbox"/>	Union Official <input type="checkbox"/> (Union Name _____)
(please check one)	State Workforce Office <input type="checkbox"/>	One-Stop Operator/Partner <input type="checkbox"/>	Other Authorized Representative <input type="checkbox"/>
i) Describe the worker group on whose behalf this petition is being filed:			

**Section 2. Workers' Firm**

Provide information on the firm employing the worker group. Complete items (a) - (g) regarding the employing firm. If the workers are doing work at a location that is different than the worker's employer (e.g., the petitioning workers are employed by a staffing agency but work at a manufacturing firm), also complete items (h) - (m) regarding the firm at which the workers perform their jobs.

NOTE: Workers completing this Petition Form must provide information for the location where they work. All other petitioner types may apply on behalf of more than one location. State offices and One-Stop Operators/Partners may file for workers at multiple locations of a firm within their State. If you choose to file on behalf of workers at more than one location, please attach additional sheets as necessary.

Employer (Firm)

a) Name of Firm	JOHNSON CONTROLS, INC
b) Street Address	2101 O'Neil Road
City	HUDSON
State, Zip	WISCONSIN 54016
c) Phone	(715) 381-4080
d) Website (if known)	N/A
e) Describe the article produced by this firm	AUTOMOTIVE SEATS FOR FORD PART IN ST. PAUL
f) How many workers have been or may be separated (if known)?	
g) Is the firm or any part of the firm closing (if known)? If yes, when?	YES DEPENDENT ON FORD, ST PAUL CLOSING Dec. 2011

If the workers work at a location that is different from that listed in item a) and b), then fill out items h) through m) for that location:

h) Name of Firm	
i) Street Address	
City	
State, Zip	
j) Phone	
k) Describe the article produced by this firm	
l) How many workers have been or may be separated (if known)?	
m) Is the firm or any part of the firm closing (if known)? If yes, when?	

U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342  
Expires: 1/31/2013



### Petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA)

#### Section 3. Trade Effects on Separations

1. To the best of your knowledge, provide reasons why you believe that separations that have occurred or may be threatened at the workers' firm are due to foreign trade. (Example: Production has been/is being shifted to a foreign country, increased imports of articles, loss of business with a TAA-certified firm.)

FORD Motor Company in St. Paul is closing their facility December 2011, which results in the Johnson Controls, Hudson, WI facility to close. Our facility is expected to close December 15, 2011.  
FORD'S TAA Business Data Request# TA-W-81038

2. If you possess any additional information or documents that you believe may assist in the determination of whether the worker group is eligible for TAA benefits, submit it as an attachment to the Petition Form. Check the box below if you have attached any additional information or supporting documents.

I have attached additional information or supporting documents.

3. Provide contact information for two company officials. Either separately or together, these officials should be familiar with all of the following: employment, job functions, and sales or production at each job location.

Official 1

Official 2

a) Name

William Thomas

Debra Gieseke

b) Title

**REDACTION**

c) Phone -- Main

d) Phone -- Alternate

e) Fax

f) E-mail

#### Section 4. Affirmation of Information

The information you provide on this petition form will be used for the purposes of determining worker group eligibility and providing notice to petitioners, workers, and the general public that the petition has been filed and whether the worker group is eligible. Knowingly falsifying any information on this Petition Form is a Federal offense (18 USC § 1001) and a violation of the Trade Act (19 USC § 2316). For this petition to be valid, each of the petitioners listed in Question 1 must sign below and the Petition Form must be dated. By signing below, you agree to the following statements:

"I declare that to the best of my knowledge and belief the information I have provided is true, correct, and complete."

a) Signature

Debra Gieseke

b) Name (Print)

Debra J Gieseke

c) Date of Petition

November 1, 2011