U.S. Department of Labor **Employment and Training Administration** **OMB No. 1205-0342 Expires: 1/31/2013**

Petition for Trade Adjustment Assistance (TAA) 81988

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	Dennis M. Delie	Ronald F. Selner	Michael M. Carpiaux
b)	Title			
c)	Street Address			
	City			
	State, Zip			
d)	Phone – Main			
e)	Phone – Alternate			
f)	E-mail			
g)	Worker Separation Date			

Redacted

h) Petitioner Type: (please check one)

- Three Workers ☐
- Company Official X
- Union Official X (Union Name: United Steelworkers)
- State Workforce Office ☐
- One-Stop Operator/Partner ☐
- Other Authorized Representative ☐

i) Describe the worker group on whose behalf this petition is being filed: Georgia-Pacific Day Street Mill hourly employees and Green Bay Operations salaried employees.

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	Georgia-Pacific Consumer Products LP
b)	Street Address	500 Day Street
	City	Green Bay
	State, Zip	Wisconsin, 54302
c)	Phone	(920) 433-6200
d)	Website (if known)	GP.com
e)	Describe the article produced or service supplied by this firm	Manufacturer of tissue and napkin paper products
f)	How many workers have been or may be separated (if known)?	Estimated 50-80 employee separations through a combination of voluntary severances and involuntary layoffs.
g)	Is the firm or any part of the firm closing (if known)? If yes, when?	#10 Towel Line shut down 1/30/12; #7 Paper Machine to be shut down; #'s 3, 4, and 8 Tissue Lines to be shut down.

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

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i) Street Address _____

City _____

State, Zip _____

j) Phone _____

k) Describe the article produced or service supplied 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? _____

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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, services are being outsourced to a foreign country, increased imports of articles or services, loss of business with a TAA-certified firm.)

Georgia-Pacific continues to outsource interfold tissue production to Chinese companies, Cellynne and Hinex. Through six months in 2012, outsourced cases totaled 790,262 and represented spend of $860,260. US Tissue imports for the first five months of 2012 increased by 0.8% for Toilet Paper and by 6.2% for Table Napkins over the same period for the prior year. G-P was previously certified in July 2010 by TAA Decision 73539 for similar trade effects. Please see attachments for further information.

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.

X 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	Kirk A. Stallsmith	Michael M. Carpiaux
b)	Title		
c)	Phone – Main		
d)	Phone – Alternate		
e)	Fax		
f)	E-mail		

Redacted

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			
b)	Name (Print)	Dennis M. Delie	Ronald F. Selner	Michael M. Carpiaux
c)	Date of Petition	September 5, 2012		