



Petition for Trade Adjustment Assistance (TAA) **82273**

**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.

	<i>Petitioner 1</i>	<i>Petitioner 2</i>	<i>Petitioner 3</i>
a) Name	Bruce Larson		
b) Title	Employment & Training Sp.		
c) Street Address	2342 N. 27 <sup>th</sup> Street		
City	Milwaukee		
State, Zip	WI 53210		
d) Phone - Main	414-385-6994		
e) Phone - Alternate			
f) E-mail	Bruce.larson@milwaukee.wib.org		
g) Worker Separation Date	April 9, 2012		
h) Petitioner Type:	Three Workers <input type="checkbox"/>	Company Official <input type="checkbox"/>	Union Official <input type="checkbox"/> (Union Name _____)
(please check one)	State Workforce Office <input type="checkbox"/>	One-Stop Operator/Partner <input checked="" type="checkbox"/>	Other Authorized Representative <input type="checkbox"/>
i) Describe the worker group on whose behalf this petition is being filed:	GWS Americas Call Center at Johnson Control 507 Michigan Avenue Milwaukee, WI 53202 15+/- 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	Johnson Controls
b) Street Address	507 Michigan Avenue
City	Milwaukee,
State, Zip	Wisconsin 53202
c) Phone	414-524-1200
d) Website (if known)	www.johnsoncontrols.com
e) Describe the article produced or service supplied by this firm	Call Center Services
f) How many workers have been or may be separated (if known)?	April, 2012; May, 2012; Nov, 2012 Approx. 15 people
g) Is the firm or any part of the firm closing (if known)? If yes, when?	no

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 or service supplied by this firm	
l) How many workers have been or may be separated (if known)?	



**Petition for Trade Adjustment Assistance (TAA)**

**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.)

GWS Americas Call Center which is located at Johnson Controls 507 Michigan Avenue Milwaukee, WI 53210 did customer service work for Johnson Control customers assigned to them. Early in 2012 they had been asked to set up a training plan on the work they do. In April the layoffs began and continued until the end of the year. The exact number of people is not known but the worker that I spoke with thought at least 15 + or - may have been affected. No warn notice was given because of the size of the layoffs. The work is being outsourced to Manila and Great Britain.

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	Amber Walsh	Jason Kosek
b) Title	<b>Redacted</b>	_____
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	<u>Bruce Larson</u>	_____	_____
b) Name (Print)	Bruce Larson	_____	_____
c) Date of Petition	<u>12/14/2012</u>	_____	_____