

U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342
Expires: 5/31/2016



Petition for Trade Adjustment Assistance (TAA) 82787

Section 1. Petitioner Information

Provide petitioner information below. Three workers from the same firm 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	Susie Yeiter		
b) Title	Workforce Manager		
c) Street Address	93781 Newport Lane		
	P. O. Box 1118		
City	Coos Bay,		
State, Zip	OR 97420		
d) Phone - Main	(541) 269-2013		
e) Phone - Alternate	(541) 297-2467		
f) E-mail	syeiter@scbec.org		
g) Worker Separation Date			
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"/>	American Job Center <input type="checkbox"/>	Other Authorized Representative <input type="checkbox"/>
i) Describe the worker group on whose behalf this petition is being filed:	Xerox Call Center.		

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 American Job Centers 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	Xerox Corporation
b) Street Address	2675 Colorado Avenue
City	North Bend,
State, Zip	Or 97420
c) Phone	(541) 751-5466
d) Website (if known)	
e) Describe the article produced or service supplied by this firm	Call Center
f) How many workers have been or may be separated (if known)?	285
g) Is the firm or any part of the firm closing (if known)? If yes, when?	Yes. July 07, 2013

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)?	
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: 5/31/2016



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.)

The Xerox call center is contract dependent and there is a possibility of contracts going out of the United States.

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, one of whom should be a dislocated worker's supervisor. 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	Jayne Harrison	_____	_____
b) Title	Redacted	_____	_____
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		_____	_____
b) Name (Print)	Susie Yeiter	_____	_____
c) Date of Petition	June 04, 2013	_____	_____



South Branch
P.O. Box 2338
16399 Lower Harbor Road
Harbor, OR 97415
(541) 469-5306
FAX: (541) 469-2928
1-800-481-5777

Corporate Headquarters
P.O. Box 1118
93781 Newport Lane
Coos Bay, OR 97420
(541) 269-2013
FAX: (541) 267-0194
TTY: ((541) 267-4477
1-800-858-5777

FAX TRANSMISSION

To: Department of Labor

Date: 6/05/2013

Fax Number: 202-693-3585

Pages 3, including this cover sheet.

From: Susie Yeiter

Subject: TAA

Comments: