



Petition for Trade Adjustment Assistance (TAA) **82966**

**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	Ryan Festerling		
b) Title	SVP, Human Resources		
c) Street Address	N56 W17000		
	Ridgewood Drive		
City	Menomonee Falls		
State, Zip	Wisconsin 53051		
d) Phone – Main	(262) 703-7000		
e) Phone – Alternate	(262) 703-2629		
f) E-mail	Ryan.Festerling@kohls.com		
g) Worker Separation Date	December 1, 2013 – March 14, 2014		
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"/>	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:	Accounts Payable and Sales Audit Employees within the Finance Department located at Kohl's Lake Park Facility.		

**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	Kohl's Department Stores, Inc.
b) Street Address	N56 W17000
	Ridgewood Drive
City	Menomonee Falls
State, Zip	Wisconsin 53051
c) Phone	(262) 703-7000
d) Website (if known)	Kohls.com
e) Describe the article produced or service supplied by this firm	Retail Department Stores
f) How many workers have been or may be separated (if known)?	See l below
g) Is the firm or any part of the firm closing (if known)? If yes, when?	See m below

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	Kohl's Department Stores, Inc.
i) Street Address	Lake Park
	7800 N. 113 <sup>th</sup> Street
City	Milwaukee
State, Zip	Wisconsin 53224
j) Phone	(262) 703-7000
k) Describe the article produced or service supplied by this firm	Retail Department Stores
l) How many workers have been or may be separated (if known)?	Sixty Seven (67)
m) Is the firm or any part of the firm closing (if known)? If yes, when?	No



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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.)

The Accounts Payable and Sales Audit functions in the Finance Department are being outsourced to a third party vendor located in India. Impacted employees will be separated starting on December 1, 2013 and continuing through March 14, 2014.

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.

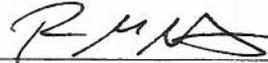
3. Provide contact information for two company officials, one of whom should be a dislocated worker's supervisor. Either separately or together, these officials should be familiar with all of the following: employment, job functions, and sales or production at each job location.

	Official 1	Official 2
a) Name	Ryan Festerling	Brian Miller
b) Title	<h1>Redacted</h1>	
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)	Ryan Festerling	_____	_____
c) Date of Petition	August 7, 2013	_____	_____

# KOHL'S

expect **great** things

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CORPORATE OFFICES • N56 W17000 RIDGEWOOD DRIVE • MENOMONEE FALLS, WISCONSIN 53051  
(262) 703-7000 • FAX # (262) 703-7274

**FAX SENT TO:** (202) 693-3585

## FAX COVER LETTER

Please deliver the following pages to:

**CO. NAME:** U.S. Dept. of Labor Office of Trade Adjustment Assistance

**NAME:**

**DEPT:**

**FROM:** Dallas G. Moon

**DATE:** August 07, 2013

Total number of pages: 8 (including cover letter).

**IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL SENDER BACK AS SOON AS POSSIBLE.**

**SENDERS NAME:** Elizabeth Kurowski

**SENDERS PHONE#:** (262) 703-1693

**MESSAGE:**