

State of Wisconsin - Department of Workforce Development

Division of Workforce Solutions
Job Service
1819 Aberg Avenue, Suite C
Madison, WI 53704

FAX COVER SHEET

Press pen firmly when completing.

Date Sent: 8/12/13 Pages Sent (including this cover): 4

TO: US Department of Labor FROM: Lynda Paasch

Office of TAA 1819 Aberg Avenue, Suite C

Madison, WI 53704

FAX #: 202 693 3585 FAX #: 608-242-4917

Telephone #: _____ Telephone #: _____

Special Instructions (optional): Urgent Review/Comments Response Required FYI

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DWS-8170-MAD (R. 04/2003)



LYNDA D. PAASCH

Employment & Training Counselor/TAA Coordinator
Wisconsin Job Service

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lynda.paasch@dwd.wisconsin.gov



Petition for Trade Adjustment Assistance (TAA)

82970

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	Lynda Paasch		
b) Title	Employment and Training Specialist		
c) Street Address	1819 Aberg Ave. STE C		
City	Madison, WI 53704		
State, Zip			
d) Phone – Main	(608) 242-4886		
e) Phone – Alternate			
f) E-mail	Paasch.Lynda@dwd.wisconsin.gov		
g) Worker Separation Date	March 16, 2013		
h) Petitioner Type: (please check one)	Three Workers <input type="checkbox"/> State Workforce Office <input checked="" type="checkbox"/>	Company Official <input type="checkbox"/> American Job Center <input type="checkbox"/>	Union Official <input type="checkbox"/> (Union Name _____) Other Authorized Representative <input type="checkbox"/>
i) Describe the worker group on whose behalf this petition is being filed:	Composite Lugs & Mountain Bike Frames line 2 nd and 3 rd shifts where laid off on or around March 16, 2013 and then the line was shifted to China		

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	Trek Bicycles
b) Street Address	801 W. Madison St.
City	Waterloo, WI 53594
State, Zip	
c) Phone	(920) 478-2192
d) Website (if known)	www2.trekbikes.com
e) Describe the article produced or service supplied by this firm	Bicycles
f) How many workers have been or may be separated (if known)?	Approx. 15 – 20 workers
g) Is the firm or any part of the firm closing (if known)? If yes, when?	March 16, 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	



Petition for Trade Adjustment Assistance (TAA)

- 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? _____



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.)

Production has been shifted to China, most of the 2nd and 3rd shifts have been laid-off, they were producing bike frames and tool to construct bike frames and then placed into boxes, the Workers were told if production numbers would not start to rise then Trek would have to close the line down and shift the line to China, after all the bike frames produced, the production numbers could not be met due to the decrease in orders for the bike frames and tools.

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	Jeff McFarlane	Lisa Grant
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	<u>Linda Paasch</u>	_____	_____
b) Name (Print)	<u>Linda Paasch</u>	_____	_____
c) Date of Petition	<u>8/12/13</u>	_____	_____