About the Trade Adjustment Assistance (TAA) Program

The Trade Act of 1974 (19 USC § 2271 et seq.), as amended, established Trade Adjustment Assistance (TAA) to provide assistance to workers in firms hurt by foreign trade. Program benefits include long-term training while receiving income support. TAA provides both rapid and early assistance. Filing this petition is the first step in qualifying for benefits and assistance. After the petition is filed, the U.S. Department of Labor will determine whether a significant number or proportion of the workers of the firm have become total or partially separated or are threatened to become totally or partially separated, and whether imports or a shift in production to a foreign country contributed importantly to these actual or threatened separations and to a decline in sales or in production of articles. If a petition is approved and the workers are certified as eligible to participate in the TAA program, workers covered by a certification may contact their state workforce agency to apply for benefits. These benefits are provided at no expense to employers.

About the Alternative Trade Adjustment Assistance (ATAA) Program

Alternative Trade Adjustment Assistance (ATAA) for older workers is an alternative to TAA for trade affected workers 50 years of age or older. ATAA encourages qualified trade affected workers to quickly obtain full-time employment by providing a wage subsidy in lieu of training and income support. Submission of a completed Petition Form signifies a desire to file for both TAA and ATAA. If certified for both programs, workers will have the option of applying for TAA benefits and services and, if reemployment occurs within 26 weeks of the worker's separation, may be eligible to receive ATAA instead of TAA, if the worker desires.

Filing Instructions

- A group of three workers from the same firm, a union official, a state or local workforce agency representative in a local American Job Center (also known as a One-Stop Career Center or by a different name), an employer official, or a legally authorized representative must complete this Petition Form by answering all questions before submitting to the U.S. Department of Labor.

- You must date and submit the Petition Form ***within 1 YEAR from the date on which the workers were separated or had their hours and wages reduced***.

- You must file the Petition Form with **both** the U.S. Department of Labor in Washington, DC **and** the State TAA Coordinator or the dislocated worker office of the state where the firm is located. To file with both the U.S. Department of Labor and the State TAA Coordinator, electronically file the Petition Form on-line at http://www.etareports.doleta.gov/petition.

  To file with the U.S. Department of Labor, use one of the methods below:
  Fax the completed Petition Form to 202-693-3585, **OR**
  Mail the completed Petition Form to the U.S. Department of Labor at:

  U.S. Department of Labor
  Office of Trade Adjustment Assistance
  200 Constitution Ave NW, Room N-5428
  Washington, DC 20210

  To file with the State TAA Coordinator or the State Dislocated Worker Unit or State Workforce Agency
  Use the contact information below to find the appropriate filing address. If this Petition Form includes locations in different states, copies of this completed Petition Form must be filed in each state where firms are located.

  Toll-Free Helpline: 1-877-US2-JOBS (TTY) 1-877-889-5627
  Internet: http://www.doleta.gov/tradeact/contacts.cfm#State, or http://www.servicelocator.org

For assistance in preparing a petition
Petitioners may receive assistance in preparing the petition at their local American Job Center, by contacting the U.S. Department of Labor in Washington, D.C. at 202-693-3560 (Main Number), or by contacting their State Dislocated Worker Unit or State Workforce Agency through the telephone numbers or internet addresses provided above (29 CFR Part 90.11).

To check petition status
To check the status of your petition, please visit:
http://www.doleta.gov/tradeact/

Public Burden Statement

Persons are not required to respond to this collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. Responding is required to obtain or maintain benefits (19 USC 2321 and 2271). Public reporting burden for this collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information, and a state review. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor at the address provided above (Paperwork Reduction Project 1205-0342).

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. A union official completing this petition form should provide the name of the Union.

		Petitioner 1		
a)	Name	Joesph Criscuolo		
b)	Title	TAA Coordinator		
c)	Street Address	200 Folly Brook Blvd.		
	City	Wethersfield		
	State, Zip	CT, 06109		
d)	Phone - Main	(860) 263-6625		
e)	Phone - Alternate			
f)	E-mail	joseph.criscuolo@ct.gov		
g)	Worker Separation Date	03/28/2015		
h)	Petitioner Type:	State Workforce Office		

i) Describe the worker group on whose behalf this petition is being filed:
Monitor Plus Systems Control Dept.

Section 2. Workers' Firm Information

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 locations 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	The Nielsen Company
b)	Street Address	2 Trap Falls Road
	City	Shelton
	State, Zip	CT, 06484
c)	Phone	(203) 944-1268
d)	Website (if known)	
e)	Describe the article(s) produced by this firm	Activities Related to the supply of processing dat
f)	How many workers have been or may be separated (if known)?	8
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(s) produced 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?	

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, increased imports of articles, loss of business with a TAA-certified firm.)

Same circumstances with current certification which is set to expire 3/21/15. Several incumbant workers are not scheduled to be laid off until after the expiration of the current certification (82,528)

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 not 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 locations.

		Official 1	**Official 2**
a)	Name	Denise Fantarella	Laura Campfield
b)	Title	Business Manager	Systems Control Manager
c)	Phone - Work	REDACTION	

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	/s/ Joesph Criscuolo
b)	Name (Print)	Joesph Criscuolo
c)	Date of Petition	March 13, 2015

The Petition Form will be made available for public inspection and copying under the Freedom of Information Act, as amended (5 USC § 552), Executive Order 12600, and 29 CFR Part 70, upon written request to the U.S. Department of Labor.

The Petition Form date will be recorded as the date that the petition is transmitted electronically via website to OTAA.