

**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.

	<i>Petitioner 1</i>	<i>Petitioner 2</i>	<i>Petitioner 3</i>
a) Name	Melissa Mair	Brianne Galvin	Robert Cooper
b) Title	Expeditor	Expeditor	Expeditor
c) Street Address	REDACTION		
g) Worker Separation Date	04/2016	03/2016	04/2016
h) Petitioner Type:	Three Workers	Three Workers	Three Workers
i) Describe the worker group on whose behalf this petition is being filed:	Order Management Purchasing Expeditor		

### 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	W.W. Grainger
b) Street Address	401 S Wright Rd
City	Janesville
State, Zip	WI, 53545
c) Phone	(608) 754-2345
d) Website (if known)	http://www.grainger.com
e) Describe the article(s) produced by this firm	reseller
f) How many workers have been or may be separated (if known)?	5
g) Is the firm or any part of the firm closing (if known)? If yes, when?	

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.)

Our teams responsibilities are being outsourced to Panama for cost reasons.

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.

	<b>Official 1</b>	<b>Official 2</b>
a) Name	Tim Markus	Jamaie Smart
b) Title	HR Supervisor	Order Management Supervisor
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/ Melissa Mair	/s/ Brianne Galvin	/s/ Robert Cooper
b) Name (Print)	Melissa Mair	Brianne Galvin	Robert Cooper
c) Date of Petition	March 03, 2016		

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.