



Petition for Trade Adjustment Assistance (TAA)

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.

	<i>Petitioner 1</i>	<i>Petitioner 2</i>	<i>Petitioner 3</i>
a) Name	Beth Goguen		
b) Title	Trade Programs Manager		
c) Street Address	19 Staniford Street		
City	Boston		
State, Zip	MA 02114		
d) Phone – Main	617-626-6017		
e) Phone – Alternate	6174-626-6053		
f) E-mail	bgoguen@detma.org		
g) Worker Separation Date	August, 2019		
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 X	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:	Distribution Center/Logistics/Warehouse		

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	Newell Brands
b) Street Address	32 Yankee Candle Way South Deerfield
City	MA, 01373
State, Zip	1-877-803-6890 (main number for Yankee Candle)
c) Phone	https://www.newellbrands.com/our-brands/yankee-candle Designer, manufacturer, wholesaler and retailer of premium scented candles. The Distribution Center stores and ships candle and other Yankee Candle branded products to other warehouses and retail stores.
d) Website (if known)	
Describe the article produced or service supplied by this firm	Unknown
e) How many workers have been or may be separated (if known)?	It's not closed.
f) Is the firm or any part of the firm closing (if known)? If yes, when?	It's not closed.

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	



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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.)

Some workers reported to the local MassHire Career Center and informed staff that the employer had announced at multiple meetings in 2017 or 2018 that they would be opening a new "main distribution center" and factory were opening in the Czech Republic, with the rumored purpose to supply Europe and Asia. They were also told in a recent meeting that many US retail locations were closing as offline and European sales were becoming more of a focus. Laid off worker reports that his department was asked twice in the last year to voluntarily take 4 weeks off unpaid, and that many positions were remaining unfilled, or filled by temp workers. Annual temp hiring has started later and later in the last two years. There was also talk of reference to distribution centers in France and the United Kingdom.

<https://ir.newellbrands.com/news-releases/news-release-details/newell-brands-provides-update-accelerated-transformation-plan>

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	Sheri Raffensberger	HR Office
b) Title	Senior Manager, Human Resources	
c) Phone -- Main	REDACTION	
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><i>Sheri Raffensberger</i></u>	_____
b) Name (Print)	<u>Sheri Raffensberger</u>	_____
c) Date of Petition	<u>10/11/19</u>	_____