

U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342

Expires: 9/30/2022



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.

	Petitioner 1	Petitioner 2	Petitioner 3
a) Name	Marc Machuga		
b) Title	TA Case Manager		
c) Street Address	Broomfield Workforce Center		
	100 Spader Way		
City	Broomfield		
State, Zip	Colorado, 80020		
d) Phone – Main	303-464-5561		
e) Phone – Alternate			
f) E-mail	mmachuga@broomfield.org		
g) Worker Separation Date	12/20/19		
h) Petitioner Type: (please check one)	<input type="checkbox"/> Three Workers <input checked="" type="checkbox"/> State Workforce Office X	<input type="checkbox"/> Company Official <input type="checkbox"/> American Job Center	<input type="checkbox"/> Union Official (Union Name _____) <input type="checkbox"/> Other Authorized Representative
i) Describe the worker group on whose behalf this petition is being filed:	Gen Ops help desk at BT Americas ~35 people, level 1/2/3 released from duties which are being picked up by UK team.		

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	BT Americas
b) Street Address	11400 Westmoor Circle
	Suite #225
City	Westminster
State, Zip	Colorado, 80021
c) Phone	(800) 843-3666
d) Website (if known)	https://www.btconferencing.co.uk/
e) Describe the article produced or service supplied by this firm	Network/video endpoint/customer support
f) How many workers have been or may be separated (if known)?	~35
g) Is the firm or any part of the firm closing (if known)? If yes, when?	Westminster location closing 1/2 the office, as rest of workers are part of dedicated teams, but the genops team, which handles multiple international clients has been let go, as UK operations are taking over for that team now.

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	

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- k) Describe the article produced or service supplied 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? _____

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- 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, services are being outsourced to a foreign country, increased imports of articles or services, loss of business with a TAA-certified firm.)

The office was a 24/7 operation, and employees were required to work on call, because they were told UK has unions, and they only work 8-5. The US employees were doing ¾ of the work on a daily basis and had asked for professional training. This was not provided and they were told their jobs are being shifted to the UK and there will no longer be a US help desk support team. They moved 30-40 support positions from the US to the UK where it is a Union office.

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	Kevin Tolman	Bethany Tomassetti
b) Title	Manager	Project Coordinator
c) Phone - Main	REDACTED	REDACTED
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	<i>Marci Machuga</i>		
b) Name (Print)	Marci Machuga		
c) Date of Petition	8/4/2020		