



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	Erica Lucero	Debbie Kadane	Anna Campbell
b) Title			
c) Street Address	<h1>Redacted</h1>		
City			
State, Zip			
d) Phone - Main			
e) Phone - Alternate			
f) E-mail			
g) Worker Separation Date			
h) Petitioner Type:			
i) Describe the worker group on whose behalf this petition is being filed:	Financial Shared Services		

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	Cardinal Health
b) Street Address	4100 Osuna RD
City	Albuquerque
State, Zip	NM, 87109
c) Phone	(505) 761-1000
d) Website (if known)	
e) Describe the article produced or service supplied by this firm	Financial Shared Services/Medical Products
f) How many workers have been or may be separated (if known)?	150
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 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?	_____

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.)

Cost efficiency - outsourcing to India and Philippines

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.
 - sep1.pdf

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	Jane Lenoue	Vale Pelletier
b) Title	<h1>Redacted</h1>	
c) Phone - Work		
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>/s/ Erica Lucero</u>	<u>/s/ Debbie Kadane</u>	<u>/s/ Anna Campbell</u>
b) Name (Print)	<u>Erica Lucero</u>	<u>Debbie Kadane</u>	<u>Anna Campbell</u>
c) Date of Petition	<u>December 13, 2012</u>		

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.



Personalized Separation Benefits Estimate

Important notes:

Prior to your termination date, you will receive a confidential severance and release agreement which will contain specific details about the separation benefits that are being offered to you.

For the purposes of this estimate, we used the termination date ^{March} 2/28/2013, to calculate your separation benefits. It's important for you to understand that this is just an estimate – and your actual benefits will be based on your actual termination date and your actual length of service as of that transition date. We do not anticipate your termination date will occur prior to the date listed above.

Severance benefits

If you work through the termination date for your position (and maintain good attendance/performance, of course), you will be eligible for the following severance benefits:

- 16 weeks of salary continuation at your hourly/base rate as of your termination date
- Up to one (1) months of outplacement services
- 18 months of access to medical, dental and vision health benefits under Cardinal Health's Employee Group Benefit Plan, pursuant to the applicable COBRA guidelines
- For 3 months after termination, you and Cardinal Health will continue to share the cost of the medical, dental, and vision premiums under Continuation of medical, dental, and vision health benefits
- 3 months of continued access to the Employee Assistance Program ("EAP")
- Employees with at least one year of service will be eligible to have their unvested balances prorated over the three-year vesting period in the Cardinal Health 401(k) Savings Plan
- 24 months will be added to your age and/or service to help you achieve retirement eligibility for stock options and access to retiree medical coverage
- Waiver of payback provisions for tuition or relocation allowances previously granted

Note: Approximately 30-days prior to your termination date, you will receive from Cardinal Health a severance release agreement. In order to be eligible to receive the benefits outlined in this statement, you will be asked to sign the severance agreement, including a Release of Claims and Confidentiality agreement. You must sign and return the agreement within the timeline provided in order to receive severance benefits.