



Petition for Trade Adjustment Assistance (TAA) and
Alternative Trade Adjustment Assistance (ATAA)

85664

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 Robert Higgins

b) Title Rapid Response Lead

c) Street Address 186 Alewife Brook Pkwy

City Cambridge

State, Zip MA 02138

d) Phone - Main 617-438-4962

e) Phone - Alternate 617-661-7867 ext 246

f) E-mail rhiggins@detma.org

g) Worker Separation Date staggered starting

h) Petitioner Type: Three Workers IN Feb 2015 Company Official Union Official (Union Name _____)
 (please check one) State Workforce Office American Job Center Other Authorized Representative

i) Describe the worker group on whose behalf this petition is being filed: Workers are employed in the Manufacturing of gelatin, flavorings & ingredients used in the making of various Kraft Foods products.

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 Kraft Foods

b) Street Address 1 Hill St.

City Woburn,

State, Zip MA 01801

c) Phone 781-933-2800

d) Website (if known) www.kraft.com

e) Describe the article produced by this firm Gelatin, Flavorings & Ingredients

f) How many workers have been or may be separated (if known)? 216

g) Is the firm or any part of the firm closing (if known)? If yes, when? Yes,

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 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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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.)

The company has announced plans to close the plant over the next 2 years. Employees have been told that many of their products will be made in Brazil.

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	<u>David Schofield</u>	<u>Darryl Moore</u>
b) Title	<u>Supervisor</u>	<u>H. R. Manager</u>
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>Robert Aguin</u>	_____	_____
b) Name (Print)	<u>Robert Aguin</u>	_____	_____
c) Date of Petition	<u>11-20-14</u>	_____	_____