



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

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	Robin V. Wright		
b) Title	TAA Coordinator, TN		
c) Street Address	TDLWD, Workforce Serv Div 220 French Landing, 4B		
City	Nashville		
State, Zip	TN 37243		
d) Phone – Main	615/253-6668		
e) Phone – Alternate			
f) E-mail	Robin.v.wright@tn.gov		
g) Worker Separation Date	May 15, 2015		
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 <input checked="" type="checkbox"/>	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:	Finance Department (Distribution Financial Analyst)-Service Sector Worker. We are filing on behalf of REDACTION employed at the Memphis, TN facility. (Please see attachments)		

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	International Paper
b) Street Address	6400 Poplar Ave
City	Memphis
State, Zip	TN 38197
c) Phone	901/419-7000
d) Website (if known)	www.ipaper.com
e) Describe the article produced by this firm	Paper, Consumer and Industrial Packaging, Pulp/Recycling
f) How many workers have been or may be separated (if known)?	Est. 16 wkrs as of 5/15/15; Est. 100 Wkrs by 2007
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 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.)

Jobs in the Finance Department are being streamlined and phased out/terminated in the US and being outsourced/transferred over seas to Poland to an outsourcing co. called Capgemini to handle job duties at a lower cost. Ms. Knox's position was as a Distribution Financial Analyst, was phased out. She states she was required to train her replacement who was located in Poland by her supervisor.
(Please see attachments)

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.

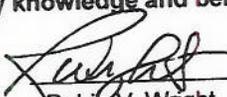
3. Provide contact information for two company officials, one of whom should be a dislocated worker's supervisor. Either separately or together, these officials should be familiar with all of the following: employment, job functions, and sales or production at each job location.

	Official 1	Official 2
a) Name	<u>Damien Bukowy</u>	<u>Johnel Evans</u>
b) Title	<u>Finance Director, Procure-to-Pay</u> Process <u>REDACTION</u>	<u>Finance Human Resources Mgr.</u>
c) Phone – Main		
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></u>	_____	_____
b) Name (Print)	<u>Robyn V. Wright</u>	_____	_____
c) Date of Petition	<u>8/27/2015</u>	_____	_____