



BUSINESS INFORMATION REQUEST

PETITION NUMBER: TA-W-[PETITION NUMBER]
WORKERS' FIRM NAME: [WORKERS FIRM NAME]
WORKERS' FIRM LOCATION: [WORKERS' FIRM'S ADDRESS]

STAFFING/LEASING FIRM: [NAME]

Contact the U.S. Department of Labor: [INVESTIGATOR NAME] – Email: [EMAIL]@dol.gov
Phone: 202-693-[XXXX] – Fax: 202-693-3986/3585/3584

Processing Instructions

A petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA) for Workers has been filed on behalf of a group of workers at [WORKERS'S FIRM NAME], [ADDRESS]. By law (19 U.S.C. 2273(a)), this determination must be made within a 40 calendar days following the filing date of the petition. The Secretary of Labor is authorized to obtain this information through subpoena if the firm fails to comply with this request (19 U.S.C. 2272(d)(3)(B) and 2321). Your assistance in expeditiously completing this form is necessary for the U.S. Department of Labor (the Department) to determine whether these workers may be eligible for federal benefits. Please complete and return this form no later than [Insert date here].

Background. The Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA) for Workers program (TAA/ATAA program) is authorized under Title II of the Trade Act of 1974, as amended (19 U.S.C. § 2271 et seq.) (“the Act”). The TAA program provides workers who have been adversely affected by foreign trade with opportunities to obtain skills, credentials, resources, and support necessary to become reemployed. The TAA/ATAA program offers the following services to eligible workers: employment and case management services, training, out of area job search and relocation allowances, income support, as well as, additional benefits for workers age 50 or older to find reemployment and additional support. Filing a petition is the first step in qualifying for TAA/ATAA program benefits and services. In response to a filing, the Department conducts an investigation to determine whether foreign trade was an important cause of the workers’ job loss or threat of job separation. After the investigation, the Department issues a determination regarding the worker group’s eligibility to apply for TAA/ATAA program benefits and services. A state workforce representative will notify workers in a certified worker group of the determination, at which time the individual worker may apply for eligibility of benefits and services at a local American Job Center. Additional information is available on our website at www.dol.gov/agencies/eta/tradeact/.

Completing Form. Individuals are only required to respond to this information request if the form displays a valid Office of Management and Budget (OMB) control number. Please type or print legibly and complete all sections. If there is no quantity or value for a field in a section on this form, enter “zero,” “0,” or “None.” Include any relevant information not covered in this form on a separate sheet of paper and/or attach other supporting documents when submitting this form to the Department. If you have any difficulty completing this form or have questions, please contact [Insert investigator name here].

Confidentiality. All information submitted under this request will be used to determine whether the criteria for certification of the workers covered by a petition have been satisfied. The Department will protect the confidentiality of the information you provide to the full extent of the law, in accordance with the Act, 19 U.S.C. 2272 (d)(3)(C), Trade Secrets Act, 18 U.S.C. 1905 and the Freedom of Information Act, 5 U.S.C. 552(b)(4), Executive Order 12600, dated June 23, 1987 (352 F.R. 23781, June 25, 1987), Executive Order 13392, dated December 14, 2005 (70 FR 75373, December 19, 2005); Presidential Memorandum for the Heads of Executive Departments and Agencies Concerning the Freedom of Information Act (74 FR 4683, January 21, 2009); and Attorney General Holder's Memorandum for Heads of Executive Departments and Agencies Concerning the Freedom of Information Act (March 19, 2009), available at <https://www.usdoj.gov/ag/foia-memo-march2009.pdf>.

Public Burden Statement. This collection of information is mandatory (19 U.S.C. 2272(d)(3)(B) and 2321). Public reporting burden for this collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Trade Adjustment Assistance, Room N-5428, 200 Constitution Ave., N.W., Washington, DC 20210 (Paperwork Reduction Project 1205-0342).

Please report the number of hours and costs to your firm for completing this form.
Hours: Cost in Dollars:



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Affirmation of Information

The information you provide on this form is used by the Department to determine worker group eligibility and to estimate the total number of workers covered by the petition. Knowingly falsifying any information on this form is a Federal offense (18 U.S.C. § 1001) and a violation of the Act (19 U.S.C. § 2316). By signing below, you agree to the following statement:

“Under penalty of law, I declare that to the best of my knowledge and belief the information I have provided on this form is true, correct, and complete.”

NAME OF COMPANY OFFICIAL: _____

TITLE: _____

SIGNATURE: _____ DATE: _____

BUSINESS ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____ ALTERNATIVE NUMBER: _____



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Part I

1. Are /were [STAFFING/LEASING FIRM] employees performing work under contract for [WORKER's FIRM] during DATE] to [DATE] and/or [DATE] to [DATE]? Yes No

(a) If "No", proceed to and complete the Affirmation of Information section.

(b) If "Yes", is /was work performed by the employees performed on-site at [WORKERS' FIRM LOCATION]? Yes No

(c) Please describe the job functions that [employing firm] workers perform for [job site firm]:

Part II

To determine whether workers are under the control of [job site firm], please respond to the questions below and explain your answers in the space provided. If more space is needed, please continue response on a separate sheet of paper and attached to this form.

1. Do the contract workers perform only tasks that are independent, discrete projects for [WORKERS' FIRM] (as opposed to performing tasks that are part of the regular business operations of [WORKER'S FIRM])? Yes No Please explain:

2. Does [WORKER's FIRM] have the discretion to hire, fire, and discipline the contract workers? Yes No Please explain:

3. Does [WORKER's FIRM] have the ability to terminate the contract workers' employment with [WORKERS' FIRM] through [STAFFING/LEASING FIRM]? Yes No Please explain:

4. Does [WORKERS' FIRM] exercise the authority to supervise the contract workers' daily work activities, including assigning and managing work, and determining how, where, and when the work of individual employee takes place? (*Factors such as the hours of work, the selection of work, and the manner in which the work is to be performed by each individual employee are relevant.*) Yes No Please explain:



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5. Are the services of the contract workers offered on the open market? Yes No Please explain:

6. Do the contract workers work exclusively for [WORKERS' FIRM]? Yes No Please explain:

7. Is [WORKERS' FIRM] responsible for establishing wage rates and the payment of salaries to individual contract workers? Yes No

8. Does [WORKERS' FIRM] provide skills training to the contract workers? Yes No Please explain:

9. Are there other facts indicating that [WORKERS' FIRM] exercises control over the contract workers? Please explain:
