

INTERNET
FORM NLRB-501
(2-08)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER**DO NOT WRITE IN THIS SPACE**

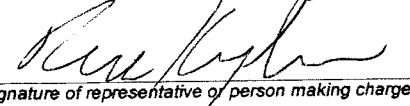
Case

Date Filed

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer General Die Casters, Inc.		b. Tel. No. 330-657-2300
		c. Cell No.
		f. Fax No. 330-657-2192
d. Address (Street, city, state, and ZIP code) 2150 Highland Rd., Twinsburg, Ohio 44087	e. Employer Representative James Mathias	g. e-Mail
		h. Number of workers employed 100
i. Type of Establishment (factory, mine, wholesaler, etc.) factory	j. Identify principal product or service metal parts, aluminum	
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (3) (5) _____ of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) The employer eliminated the quarterly dinners because the workforce voted to be union; the employer eliminated the quarterly dinners without negotiating with the Union; on or about August 21, the employer changed the hours of the quality assurance person without negotiating with the Union; on an ongoing basis and particularly from the time he began sitting in on negotiations, the employer has been oversupervising Jerome Ivery because of his union activity; the employer did require the three laid-off operators, who were recalled, to pay for health care during the time they were laid off because they supported the Union; the employer did require three laid off employees to pay for their health care upon their return to work without negotiating with the Union; the employer changed the way workers were kept informed about their 401(k) contributions without negotiating with the Union		
3. Full name of party filing charge (if labor organization, give full name, including local name and number) Teamsters Local 24		
4a. Address (Street and number, city, state, and ZIP code) 727 Grant St., Akron OH, 44311-2197	4b. Tel. No. 330-434-8126	4c. Cell No.
	4d. Fax No. 330-535-8508	4e. e-Mail
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) International Brotherhood of Teamsters		
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No. 216-401-2014
By  (signature of representative of person making charge)	Rick Kepler, Joint Council 41 organizer (Printtype name and title or office, if any)	Office, if any, Cell No.
		Fax No. 330-745-6358
		e-Mail
Address 1990 Connect kRd. Norton, OH 44203	8-25-09 (date)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in