

INTERNET  
FORM NLRB-5C1  
(2-08)

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case

Date Filed

03-CA-152609

05/20/15

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 SUPER PLATING

b. Tel. No. 315 446 2264

c. Cell No.

i. Fax No. 315 446 4419

d. Address (Street, city, state, and ZIP code)

e. Employer Representative

g. e-Mail

5762 Celi Dr.  
East Syracuse, NY 13057

Kevin Birkmayer

h. Number of workers employed  
0

i. Type of Establishment (factory, mine, wholesaler, etc.)  
Factory

j. Identify principal product or service  
Plating

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) 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)

On or about May 11, 2015 Kevin Birkmayer refused to provide information to the Union that would allow the Union to investigate and process grievances. In addition the employer failed to bargain with the Union regarding the impact of the closing announcement.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

Local 81319 IUE-CWA

4a. Address (Street and number, city, state, and ZIP code)

821 Elk St. Suite B  
Buffalo, NY 14210

4b. Tel. No. 716 824 2042

4c. Cell No. 716 864 7377

4d. Fax No. 716 824 2159

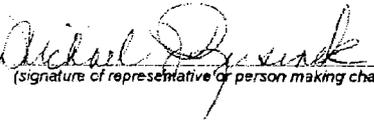
4e. e-Mail  
Mrusinek@iue-cwa.org

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) Local 81319 IUE-CWA

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. same as above

By   
(signature of representative or person making charge)

Michael J. Rusinek, Staff Rep.  
(Print/type name and title or office, if any)

Office, if any, Cell No.

Fax No.

e-Mail

Address Same as 41

May 20, 2015  
(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 the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**UNITED STATES OF AMERICA**  
**BEFORE THE NATIONAL LABOR RELATIONS BOARD**

**GENERAL SUPER PLATING**

Charged Party

and

**LOCAL 81319 IUE-CWA**

Charging Party

**Case 03-CA-152609**

**AFFIDAVIT OF SERVICE OF CHARGE AGAINST EMPLOYER**

I, the undersigned employee of the National Labor Relations Board, state under oath that on , I served the above-entitled document(s) by post-paid regular mail upon the following persons, addressed to them at the following addresses:

Kevin Birkmayer  
GENERAL SUPER PLATING  
General Super Plate  
5762 Celi Dr  
East Syracuse, NY 13057-2990

5/20/15

Date

Andrea Seyfried, Designated Agent of  
NLRB

Name

/s/Andrea Seyfried

Signature