## Schwarzwald McNair & Fusco LLP David M. Fusco Timothy Gallagher

Writer's Direct Dial: (216) 774-3013

Writer's E-mail Address: jmonroe@smcnlaw.com

Melvin S. Schwarzwald Eben O. McNair, IV James G. Porcaro Jessica S. Monroe

August 25, 2020

## Via First Class U.S. Mail

State Employment Relations Board 65 East State St., 12th Floor Columbus, OH 43215-4213

Re:

Unfair Labor Practice Charge

To Whom It May Concern:

Enclosed please find an original and two copies of an Unfair Labor Practice Charge on behalf of the America Association of University Professors – University of Akron Chapter. Please time-stamp one copy and return it to me in the enclosed self-addressed, stamped envelope.

Thank you for your assistance with this matter. If you have any questions please do not hesitate to contact me.

T. More

General Counsel, University of Akron, via First Class U.S. Mail and Email c: George Crisci, Esq., via Email Eben O. McNair, IV, via Email

GL016 - AAUP-University of Akron\064 - 2020 Review of University's Finances\ULPs\ULP 3\Cover Letter 8-25-20.docx



State of Ohio State Employment Relations Board 65 East State Street, 12<sup>th</sup> Floor Columbus, Ohio 43215-4213 (614) 644-8573 ULP@SERB.ohio.gov

Case No.			

## **UNFAIR LABOR PRACTICE CHARGE**

<b>INSTRUCTIONS:</b> File <i>one original and one copy</i> of this form with the State Employment Relations Board at the above address. Serve <i>one copy</i> on the party against whom the charge is brought. See Ohio Administrative Code Rule 4117-1-02. If more space is required for any item, attach additional sheets; please number the items accordingly.						
NOTE: If you wish to file unfair labor practice charges against both the employer and the union, then separate						
Unfair Labor Practice Charge forms must be filled out. For the form(s) to be filed against the union, fill out all sections of this form. For the form(s) to be filed against the employer, fill out all sections except section four, which is used to						
identify the employer for charges filed against the union or its representative(s).						
1. Party Filing Charge: (Check One)						
✓ Employee Organization/Union ☐ Employee ☐ Employer ☐ O	ther					
Name:						
American Association of University Professors, University of Akron Chapter						
Address: 185 E. Mill St. #101a	Telephone: work ( ) home ( )					
City, County, State, Zip:	E-mail:					
Akron, Summit, OH 44325						
2. Name of Person Representing the Party Filing Charge: (Representative must file a Notice of Appearance form.)						
Eben O. McNair, IV	I <del>_</del>					
Address:	Telephone:					
1215 Superior Ave., Suite 225	(216)566-1600					
City, State, Zip:	E-mail:					
Cleveland, OH 44114 emcnair@smcnlaw.com						
3. Party Against Whom This Charge is Brought: (Check Only One)						
☐ Employee Organization/Union ☐ Employee ☑ Employer ☐ Other						
Name:						
University of Akron	Tolophone					
Address:	Telephone: (330)972-7830					
302 E. Buchtel Ave.						
City, County, State, Zip:	E-mail: generalcounsel@uakron.edu					
5						
4. Employer: (If different from item 1 or 3)						
Address:	Telephone:					
	( )					
City, County, State, Zip:	E-mail:					
5. Basis of Charge: Check all the boxes that apply. (See item #5 on the instructions for a link to the information needed to complete this section).						
Charges against employers: (A)(1) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$						
Charges against unions: (B)(1) ☐ (B)(2) ☐ (B)(3) ☐ (B)(4) ☐ (B)(5) ☐ (B)(6) ☐ (B)(7) ☐ (B)(8) ☐						
Jurisdictional Work Dispute O.R.C. 4117.11(D)						

Unfair Labor Practice Charge (ERB 1005 - 5/18) 6. Statement of Facts: Provide a detailed statement of the facts explaining the alleged violation(s). Include who, what, where, when, how, and all dates. If you need more space, you may attach a separate sheet containing the Statement of Facts. The Employer is discriminating with respect to a term of employment - tuition remission benefits - on the basis of rights guaranteed by Chapter 4117. Upon information and belief, the Employer is providing tuition remission benefits laid-off employees not represented by the AAUP, but has revoked such benefits for employees represented by the AAUP, in retaliation or discrimination for being represented by the AAUP and/or for the bargaining unit exercising its right to vote on the ratification of proposed midterm modifications. Such benefits were initially promised in Exhibit A, which was provided to laid-off employees who were represented by the AAUP and those were are not represented by the AAUP. The Employer also informed the Trustees at the time they eliminated the bargaining unit faculty positions that tuition benefits would be provided to laid-off bargaining unit members as noted in Exhibit B. A failure to provide the above information could result in the charge being dismissed for failure to provide a clear and concise statement. **DECLARATION** I declare that I have read the contents of this Unfair Labor Practice Charge and that the statements it contains are true and correct to the best of my knowledge and belief. To distinguish originals, please do not use black ink for signatures. 8/25/20 Signature of Person Confirming the Content of Form Date Print or Type Name THIS UNFAIR LABOR PRACTICE CHARGE WILL NOT BE ACCEPTED FOR FILING UNLESS THE PROOF OF SERVICE IS FULLY COMPLETED AND BEARS AN ORIGINAL SIGNATURE OF A REPRESENTATIVE OF THE PARTY FILING THE CHARGE. PROOF OF SERVICE I certify that an exact copy of the foregoing Unfair Labor Practice Charge has been sent or delivered to: Office of General Counsel, University of Akron, generalcounsel@uakron.edu (Name and complete address of party against whom this charge is brought) Buchtel Hall, Rexford Suite 63, Akron, OH 44325-4706 ☑Regular U.S. Mail ☐Certified U.S. Mail Hand Delivery Other Email

Signature of Person Confirming Service of Form

Print or Type Name

this

(day) of

(year).

2020

(month),