FORM NLRB-501 (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	

THE AR ORIGINAL WITH NERB REGIONAL DIRECTOR FOR THE REGION	in which the alleged unfair labor practice occurred or is occur PLOYER AGAINST WHOM CHARGE IS BROUGHT	
	EO LEICHOLINO TITION OFFICE TO SITO OFFI	b. Tel. No.
a. Name of Employer  American Federation of Labor and Congress of Industrial Organizations		(202) 637-5392
		c. Cell No.
		f. Fax. No. (202) 637-5323
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	g. e-mail
815 Sixteenth Street, N.W., 8th Floor Washington, DC 20006	Richard L. Trumka, President	yrozen@aflcio.org
		h. Number of workers employed 90
i. Type of Establishment (factory, mine, wholesaler, etc headquarters offices	j. Identify principal product or service labor federation services	
The above-named employer has engaged in and is eng	aging in unfair labor practices within the meaning of section	on 8(a), subsections (1) and
(list subsections) (3) and (5)	of the National Labor	Relations Act, and thest unfair labor
practices are practices affecting commerce within the n	neaning of the Act, or these unfair labor practices affecting	commerce within the meaning of
the Act and the Postal Reorganization Act.	stement of the facts constituting the alleged unfair labor pro	
reduced wages of bargaining unit employees. Charging Party OPEIU Local 2 requests that the enjoin such Employer unfair labor practices pend	Regional Director seek a temporary injunction purs ling final decision by the National Labor Relations give full name, including local name and number) I Employees International Union, AFL-CIO	suant to Section 10(j) of the Act to
		I w T I N
4a. Address (Street and number, city, state, and ZIP code)  OPEIU Local 2, AFL-CIO Attn: Jessica Maiorca, Staff Representative 8555 16th Street, Suite 550		4b. Tel. No. (301) 608-8080
		4c. Cell No. (240) 381-7579
Silver Spring, MD 20910		4d. Fax No. (301) 608-2586
		4e. e-mail jmaiorca@opeiu-local2.org
5. Full name of national or international labor organizat Office and Professional Employe	on of which it is an affiliate or constituent unit (to be filled in es International Union, AFL-CIO	n when charge is filed by a labor organization)
declare that I have read the a	ARATION ve charge and that the statements	Tel. No. (202) 223-0723
Are true to the best o	I'my knowledge and belief.  James F. Wallington, Attorney for Local 2	Office, if any, Cell No. (202) 258-3514
(signature of representative of person making charge)	(Print/type name and title or office, if any)	Fax No. (202) 223-9677
Address 1150 Connecticut Ave NW Ste 315 Wa	shington DC 20036 Date 12/10/2018	e-mail jwallington@bapwild.com

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 may cause the NLRB to decline to invoke its processes.