Ohio Department of Job and Family Services NOTICE OF CLOSING OR SUBSTANTIAL LAYOFF

The Worker Adjustment and Retraining Notification Act of 1988 (P.L.100-379) requires certain employers to give at least 60 days notice to layoffs or plant/facility closings. Notice must be given to the State Dislocated Employee Unit, local government and employees. Failure to do so makes an employer liable to each aggrieved employee for back pay for each day of violation and benefits. In addition, any such employer shall be subject to a civil penalty of not more than \$500 for each day of violation.

State notice must be submitted to: Rapid Response Program Administrator
Office of Workforce Development
Ohio Department of Job and Family Services
P.O. Box 1618, Columbus, Ohio 43216-1618

	ormation must be included:
1. Employer name and address	1a. Site of dislocation (plant/facility address)
SUMMET EQUEPMENT & SUPPLIES	1190 HOME AVE. AKRON, OHIO 44310
2. Total Ohio workforce	3. Total site workforce
full time 6 part time 0	full time 6 part time
4a. Nature of planned action	4b. Is this action expected to be permanent?
K Facility closing	▼ Yes □ No
	If no, anticipated projected recall date?
5. Employment loss	6. Effective date of initial separations
Number of permanent workers affected 6	
Number of temporary workers affected	MARCH 26, 2012
7a. Are there multiple layoff dates?	7b. If there are multiple layoff dates, is a schedule attached that includes
☐ Yes 🏿 No	dates of separation and number of affected employees for each date?
	☐ Yes ☐ No ☒ N/A
8. A list of all affected job titles and the number of affected	9. Are any of these job titles covered by bumping rights?
employees in each job classification is attached:	☐ Yes 🔀 No
☐ Yes 🌠 No	If yes, which?
10. List each union representing affected employees (attach a list if necessary)	
Union and Local Number	A ddress
NONE	
Union chief elected official	Telephone & Email
11. Authorized Company Contact Person	12. Authorized Corporate Official
Name	Name
BENJAMIN J. HIRSCH	
Title	Title
OWNER	
Address Clo RONALD 6 FIGLER ATTY	Address
4150 BELOEN VILLAGE ST. NW, STEGOG	CANTON, OH 44718
Telephone	MOUNT OF OF OF MERICAGO TELEPHONE MACHINETE
330-493-0040 Ext 306	HOPKEN AND HE
Email FIGRON 1 @ AOL. COM	Email
, /	SI:6 V n- Udv Z107
Signature A	Signature 301 AVIII
X Deny & Arrect	108 C. CHELLIERI CONTROL SERVICE PURPOR
Signature Dany J. Assel	PARAGONA