

NOTICE TO FILERS OF FCC FORM 395

EFFECTIVE SEPTEMBER 1, 2016, RESPONDENTS MUST FILE ALL FCC FORM 395 REPORTS, INCLUDING RESUBMISSIONS, IN WC DOCKET NO. 16-233 USING THE COMMISSION'S ELECTRONIC COMMENT FILING SYSTEM (ECFS).¹

NOTE: DO NOT SUBMIT CONFIDENTIAL DOCUMENTS USING ECFS. CONFIDENTIAL DOCUMENTS MUST BE SUBMITTED ON PAPER TO THE OFFICE OF THE SECRETARY. ALL DOCUMENTS SUBMITTED THROUGH ECFS ARE MADE AVAILABLE TO THE PUBLIC.

All requests for confidential treatment of FCC Form 395 data should be filed consistent with Section 0.459 of the Commission's rules, 47 CFR § 0.459. A carrier seeking confidential treatment of certain Form 395 data must file a redacted (public) version of its Form 395 Report using ECFS, and also file a non-redacted version, for which confidentiality is requested, along with respondent's request for confidentiality, with the *Office of the Secretary, Federal Communications Commission, 445 12th Street SW, Washington, DC 20554*.

For a complete set of FCC Form 395 instructions, see <https://www.fcc.gov/licensing-databases/forms>. A Form 395, which is fillable in the Acrobat reader, follows this page.

¹ See *Wireline Competition Bureau Announces Transition of FCC Form 395 Common Carrier Annual Employment Report to Electronic Filing*, Public Notice, DA 16-965, August 26, 2016.

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information

1. Name and Mailing Address of Respondent

Clay County Rural Telephone Cooperative, Inc d/b/a Endeavor Communications
PO Box 237
Cloverdale, IN 46120☐ Check here if this
is a change of
address.

2. Year Report Filed

2019

3. Reporting Period (Ending Date of Pay
Period Covered by Report)

04/27/2019

4. Number of Full-Time Employees during Selected

Reporting Period (check one):

- a.
- ☐
- Fewer than 16 (complete Sections I, IV, and V only)
-
- b.
- ☒
- 16 or more (complete all sections)

SECTION II - Full-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)														
		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												Total Columns A - N
				Male						Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Executive/Senior Level Officials and Managers	1.1			5					2						7	
First/Mid-Level Officials and Managers	1.2			3					1	1					5	
Professionals	2			4					3						7	
Technicians	3	1		8					1						10	
Sales Workers	4			2											2	
Administrative Support Workers	5			4					16						20	
Craft Workers	6			16											16	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL	10	1	0	42	0	0	0	0	0	23	1	0	0	0	67	
PREVIOUS YEAR TOTAL	11	1	0	41	0	0	0	0	0	20	1	0	0	0	63	

SECTION III - Part-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)														
		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												Total Columns A - N
				Male						Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Executive/Senior Level Officials and Managers	1.1															
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

- ☐ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.
- ☒ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date 05/08/2019	Typed or Printed Name of Person Signing Elizabeth Cheatham	Signature 	Telephone No. (765) 795-9204
Title of Person Signing People Services Manager		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974; See Privacy act statement before completing this form.

AGENCY

☐ FEPA
☒ EEOC

CHARGE NUMBER

470-2019-02152

Indiana Civil Rights Commission and EEOC
State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.)

Sarah Ehringer

STREET ADDRESS

7809 Ella Dobbs Lane - Apt. 107

CITY, STATE AND ZIP CODE

Indianapolis, IN 46227

HOME TELEPHONE (Include Area Code)

317-885-0041 (counsel)

DATE OF BIRTH

March 28, 1995

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below).

NAME
Clay County Rural Telephone
Cooperative, Inc. d/b/a Endeavor
Communications

NUMBER OF EMPLOYEES, MEMBERS
15+

TELEPHONE (Include Area Code):
(800) 922-6677

STREET ADDRESS

2 S. West Street

CITY, STATE AND ZIP CODE

Gloverdale, IN 46120

COUNTY

Putnam

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box (es))

☐ RACE

☐ COLOR

☐ SEX

☐ RELIGION

☐ NATIONAL ORIGIN

☐ RETALIATION

☐ AGE

☒ DISABILITY

☒ OTHER Pregnancy Act

DATE DISCRIMINATION TOOK PLACE

EARLIEST

LATEST

Jan. 2, 2019

Feb. 19, 2019

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s))

The Charging Party, Sarah Ehringer, (CP) was employed by the Respondent as an outside sales associate, selling wireless internet services to potential customers. During the course of her employment, the CP exceeded the sales goals that were set for her. After the CP's supervisor left the company, the Charging Party was placed under the supervision of the IT head, and then of the marketing head. On or about February 8, 2019, the CP notified People Services of her pregnancy and requested a discussion about her eventual maternity leave. The CP's email was forwarded to HR and the CP was terminated days later. Similarly situated employees who were not pregnant or disabled were treated more favorably than the Charging Party.

The Respondent's decision to terminate the CP's was motivated by her pregnancy, disability, and/or perceived disability. These adverse employment actions, collectively and individually, were done in violation of the Americans with Disabilities Act, 42 U.S.C. § 12101 and the Pregnancy Discrimination Act.

☒ I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the foregoing is true and correct.

3/21/19

Date

Sarah Ehringer
Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of knowledge, information and belief.
SIGNATURE OF COMPLAINANT

SUBSCRIBED AND STOWN TO BEFORE ME THIS DATE
(month, day, year)

**BOSE
McKINNEY
& EVANS LLP**

ATTORNEYS AT LAW

Jeffrey B. Halbert
Direct Dial: (317) 684-5247
Fax: (317) 223-0247
E-Mail: jhalbert@boselaw.com

April 10, 2019

Via E-mail Transmittal:

Patricia Manual (patricia.manual@eeoc.gov)
U.S. Equal Employment Opportunity Commission
Indianapolis District Office-470
101 West Ohio Street
Suite 1900
Indianapolis, Indiana 46204

RE: ***Charging Party:*** *Sarah ehringer*
Respondent: *Clay County Rural Telephone Cooperative, Inc. d/b/a Endeavor Communications*
EEOC Charge No: *470-2019-02152*
Our File No.: *16250-xx*

Dear Ms. Manual:

Be advised that the undersigned and the firm of BOSE McKINNEY & EVANS LLP represent the named Respondent, Clay County Rural Telephone Cooperative, Inc. d/b/a Endeavor Communications ("Endeavor") regarding the charge of discrimination filed in the above-referenced matter. Please direct all future communications regarding this matter to my attention. This will acknowledge my receipt of a *Notice of Charge of Discrimination* dated April 8, 2019. I have just been informed of this matter and have not had an opportunity to determine whether my client is agreeable to participating in mediation in an effort to potentially reach an amicable resolution of this matter. I plan to speak with my client next week and will follow up with you once I have additional information. In the event, that my client declines to participate in mediation, Endeavor intends to zealously defend its interests in this proceeding. Based on the information set forth on the portal, it would appear that a response to Ms. Ehringer's charge is due on or before May 8, 2019. Given the fact that I have just been retained, need to conduct a thorough investigation of the bases for the charge, and my own litigation schedule, I would request a thirty (30) day extension of the current response deadline through and including June 7, 2019. If you have any objection to this request, please advise immediately upon your receipt of this correspondence.

In the meantime, I thank you for your cooperation and assistance. If you should have any questions or concerns, please do not hesitate to contact me.

Best regards.