

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

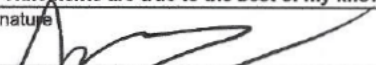
13-RC-238728

Date Filed

4/1/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: MV Transportation Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4400 West 45th Street, Chicago, Illinois 60632	
3a. Employer Representative - Name and Title: Stacei Allen, Supervisor		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 773-920-2173	3d. Cell No.	3e. Fax No.	3f. E-Mail Address stacei.allen@mvtransit.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation Company		4b. Principal Product or Service Paratransit	5a. City and State where unit is located: Chicago, Illinois
5b. Description of Unit Involved: Included: All full-time and regular part-time and trainee drivers in the Chicago 422 CPS Division Excluded: All other employees, office clerical employees, guards and professional employees and supervisors.			6a. Number of Employees in Unit: 100
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 3/31 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
			10e. Fax No.
			10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): April 9th & 12th		11c. Election Time(s): 4am-8am; 11am-2pm; 4:30pm-7:30-pm	
		11d. Election Location(s): Training room	
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 727		12b. Address (street and number, city, State and ZIP code): 1300 West Higgins Road, Suite 111, Park Ridge, IL 60068	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 847-696-7500	12e. Cell No.	12f. Fax No. 847-720-4984	12g. E-Mail Address jayna@teamsterslocal727.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jayna Brown, General Counsel		13b. Address (street and number, city, State and ZIP code): 1300 West Higgins Road, Suite 111, Park Ridge, IL 60068	
13c. Tel. No. 847-696-7500	13d. Cell No.	13e. Fax No. 847-720-4984	13f. E-Mail Address jayna@teamsterslocal727.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Jayna Brown		Signature 	Title General Counsel
			Date 3-31-2019

WILLFUL FALSE STATEMENTS ON THIS PETITION 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 representation 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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

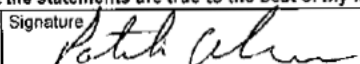
13-RC-238894

Date Filed

4/3/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Amita Health LaGrange Hospital		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5101 S. Willow Springs Rd, LaGrange, IL 60525	
3a. Employer Representative - Name and Title: Kurt Martz, Regional Director of Facilities		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 708-245-9000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kurt.martz@amitahealth.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal Product or Service Maintenance	
5b. Description of Unit Involved: Included: All full-time and regular part-time skilled maintenance workers working for Amita Health at LaGrange Hospital located at 5101 S. Willow Springs Rd, LaGrange, IL 60525 Excluded: Office clerical, professional employees, managers, guards and supervisors as defined by The Act		5a. City and State where unit is located: LaGrange, IL	
6a. Number of Employees in Unit: 12		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 04-17-2019	11c. Election Time(s): 6:30am - 7:30am and 2:30pm - 3:30pm	11d. Election Location(s): LaGrange Hospital Boiler Plant	
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 399		12b. Address (street and number, city, State and ZIP code): 2260 S. Grove St., Chicago, IL 60616	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, AFL-CIO			
12d. Tel. No. 312-372-9870	12e. Cell No.	12f. Fax No. 312-842-1565	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Pat O'Gorman, Organizer		13b. Address (street and number, city, State and ZIP code): 2260 S. Grove St., Chicago, IL 60616	
13c. Tel. No. 312-980-6156	13d. Cell No. 773-502-7425	13e. Fax No. 312-842-1565	13f. E-Mail Address pogorman@iuoe399.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Pat O'Gorman	Signature 	Title Organizer	Date 04/03/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE

Case No.

13-RM-239144

Date Filed

4/5/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer/Petitioner:

Willco Green, LLC., f/k/a E.F. Heil, LLC

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

12152 S. Naperville Road, Plainfield, Illinois 60585

3a. Employer/Petitioner Representative - Name and Title:

Edward F. Heil, President

3b. Address (if same as 2b - state same):

same

3c. Tel. No.

(815) 436-7465

3d. Cell No.**3e. Fax No.****3f. E-Mail Address**

info@willcogreen.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Landfill

4b. Principal Product or Service

CCDD Disposal and recycling

5a. Description of Unit Involved:**Included:**

Claimed unit is Operators and Scale House Operators

Excluded:**5b. City and State where unit is located:**

Plainfield, Illinois

6. Number of Employees in Unit:

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

☒ 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date)☐ 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.**8a. Name of Recognized or Certified Bargaining Agent - Name**

International Union of Operating Engineers, Local 150

8b. Affiliation, if any:**8c. Address:**6200 Joliet Road
Countryside, Illinois 60525-3992**8d. Tel. No.**

(708) 482-8800

8e. Cell No.**8f. Fax No.**

(708) 482-7186

8g. E-Mail Address**9. Date of Recognition or Certification**

N/A

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

N/A

11. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes ☒ If so, approximately how many employees are participating?

(Name of Labor Organization) International Union of Operating Engineers, Local 150, has picketed the Employer since (Month, Day, Year) July 2018

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

N/A

12a. Name and affiliation if any**12b. Address****12c. Tel. No.****12d. Cell No.****12e. Fax No.****12f. E-Mail Address****13. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:**13a. Election Type:**☐ Manual ☐ Mail ☐ Mixed Manual/Mail**13b. Election Date(s):****13c. Election Time(s):****13d. Election Location(s):****14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.****14a. Name and Title:**Jack P. Cerone, Attorney
Erbacci & Cerone, Ltd.**14b. Address (street and number, city, State and ZIP code):**770 Lee Street, Suite 201
Des Plaines, Illinois 60016**14c. Tel. No.**

(847) 294-9900

14d. Cell No.**14e. Fax No.****14f. E-Mail Address**

jpcerone@lawyer.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**Name (Print)**

Jack P. Cerone

Signature**Title**

Attorney

Date

4/5/2019

WILLFUL FALSE STATEMENTS ON THIS PETITION 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 representation 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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

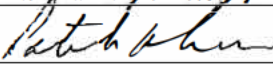
Case No.

13-RC-239240

Date Filed

4/9/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer: Jones Lang La Salle		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 200 E. Randolph, Chicago, IL 60601	
3a. Employer Representative Name and Title: Glen Shenkin, National Operations Director Mobile Engineering Services		3b. Address (if same as 2b - state same): Same	
3c. Tel. No.	3d. Cell No. 978-831-2366	3e. Fax No. 312-470-1665	3f. E Mail Address glen.shenkin@am.jll.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Bank		4b. Principal Product or Service Maintenance	5a. City and State where unit is located: Chicago, IL
5b. Description of Unit Involved: Included: All full-time and regular part time Mobile Engineers working for Jones Lang La Salle for PNC Region 28 in Central Illinois Excluded: Office clerical, professional employees, managers, guards and supervisors as defined by The Act			6a. Number of Employees in Unit: 2 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:			11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 04-18-2019		11c. Election Time(s): N/A	11d. Election Location(s): N/A
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 399		12b. Address (street and number, city, State and ZIP code): 2260 S. Grove St. Chicago, IL 60616	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, AFL-CIO			
12d. Tel No. 312-372-9870	12e. Cell No.	12f. Fax No. 312-842-1565	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Pat O'Gorman, Organizer		13b. Address (street and number, city, State and ZIP code): 2260 S. Grove St. Chicago, IL 60616	
13c. Tel. No. 312-980-6156	13d. Cell No. 773-502-7425	13e. Fax No. 312-842-1565	13f. E-Mail Address pogorman@iuoe399.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Pat O'Gorman	Signature 		Title Organizer Date 04/09/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

13-RD-240131

Date Filed

4/23/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Namaste Charter School		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 3737 S Paulina St. Chicago, IL 60609	
3a. Employer Representative - Name and Title April Shaw - Interim Executive Director		3b. Address (If same as 2b - state same)	
3c. Tel. No. 773-715-9558	3d. Fax No. 773-376-6495	3e. Cell No.	3f. E-Mail Address ashaw@namastecharterschool.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Public Charter School		4b. Principal product or service K-8 Public School	
5a. Description of Unit Involved Included: See attached.			5b. City and State where unit is located: Chicago, IL

6. No. of Employees in Unit 44	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Chicago Teachers Union, Local 1		8b. Affiliation, if any	
8c. Address 1901 W Carroll Ave, Chicago, IL 60612		8d. Tel. No. 312-329-9100	8e. Cell No.
		8f. Fax No. 312-329-6200	8g. E-Mail Address leadership@ctulocal1.org
9. Date of Recognition or Certification 3/7/18		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) May 3, 2019	13c. Election Time(s) 11-2pm	13d. Election Location(s) Teachers Lounge	

14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name N/A		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 4-23-19
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WILLFUL FALSE STATEMENTS ON THIS PETITION 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 representation 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.

Attachment

Included: All full-time and regular part-time employees including Teachers, Interventionists, Dean of Students, Alumni/Transition Coordinators, Aides, Paraprofessionals, Classroom Assistants, Health and Wellness Coordinators, Social Workers, Office Clerks, Facilities Engineer, and Diverse Learning Specialists at Namaste Charter School employed by the Employer at its facility currently located at 3737 South Paulina St., Chicago, IL 60609.

Excluded: Monitors, Business Managers, Development Managers/Directors/Associates, Executive Director/Head of School, Consultants, Director of the Culture and Engagement, Director of Finance and Operations, Director of Teaching and Learning, Lead Interventionists, Instructional Coaches, Instructional Leaders, Dual Language Coach & Coordinators, Diverse Learner Coaches & Coordinators, confidential employees, managerial employees, guards and supervisors as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

13-RC-240238

Date Filed

4/25/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

CVS Pharmacy

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

520 S. State Street, Chicago, IL 60605

3a. Employer Representative - Name and Title

D'Marri Moore

3b. Address (If same as 2b - state same)

3c. Tel. No.

312 697-0021

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Retail

4b. Principal product or service

Pharmacy

5a. City and State where unit is located:

Chicago, IL

5b. Description of Unit Involved

Included: All full-time and part-time clerks, cashiers, shift supervisors and pharmacy techs

Excluded:

Managers, assistant managers, management trainees, pharmacy students, pharmacists, floating pharmacy techs, security guards as defined by the Act

6a. No. of Employees in Unit:

22

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 4/25/19 and Employer declined recognition on or about 4/25/19 (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

May 9, 2019

11c. Election Time(s):

2pm-5:30pm

11d. Election Location(s):

Breakroom

12a. Full Name of Petitioner (including local name and number)

Untied Food and Commercial Workers Local 881

12b. Address (street and number, city, state, and ZIP code)

1350 E. Touhy Ave, Rosemont, IL 60018

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

Untied Food and Commercial workers International Union

12d. Tel No.

847 294-5064 x329

12e. Cell No.

630 254-3100

12f. Fax No.

847 759-7107

12g. E-Mail Address

moiseszavala@local881uicw.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

Joseph Torres, Attorney

13b. Address (street and number, city, state, and ZIP code)

221 N. LaSalle St. Chicago, IL 60601

13c. Tel No.

312 641-12910

13d. Cell No.

13e. Fax No.

312 641-0781

13f. E-Mail Address

joe@karmellawfirm.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Moises Zavala

Signature



Title

Director of Organizing

Date

4/25/19

WILLFUL FALSE STATEMENTS ON THIS PETITION 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 representation 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
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

13-RC-240316

Date Filed

4/26/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
MV Transportation, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
4400 West 45th Street, Chicago, Illinois 60632

3a. Employer Representative - Name and Title:
Jesus Valenzuela, Manager

3b. Address (if same as 2b - state same):
same

3c. Tel. No.
312-772-3890

3d. Cell No.
630-221-0440

3e. Fax No.

3f. E-Mail Address
jvalenzuela@mvtransit.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Transportation

4b. Principal Product or Service
paratransit services

5a. City and State where unit is located:
Chicago, Illinois

5b. Description of Unit Involved:
Included:

All full-time, regular part-time and trainee drivers in the Chicago VA Division.

Excluded: All other employees, office clerical employees, guards and professional employees and supervisors as defined by the NLRBA.

6a. Number of Employees in Unit:
47

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) With this petition and Employer declined recognition on or about (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)
None

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
5/3

11c. Election Time(s):
5am-12 pm

11d. Election Location(s):
Training room at Chicago location

12a. Full Name of Petitioner (including local name and number):
Teamsters Local Union No. 727

12b. Address (street and number, city, State and ZIP code):
1300 West Higgins Road, Suite 111, Park Ridge, Illinois 60068

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters Local

12d. Tel. No.
847-696-7500

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
jayna@teamsterslocal727.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Jayna Brown
General Counsel

13b. Address (street and number, city, State and ZIP code):
1300 West Higgins Road, Suite 111
Park Ridge, IL 60068

13c. Tel. No.
847-696-7500

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
jayna@teamsterslocal727.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Jayna Brown

Signature

Title
General Counsel

Date
4/26/2019

WILLFUL FALSE STATEMENTS ON THIS PETITION 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 representation 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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
13-RC-240506

Date Filed
4/30/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer La Rabida Children's Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6501 S Promontory Dr Chicago, IL 60649-1003	
3a. Employer Representative - Name and Title Mark Renfree, CFO and Vice President, Administration		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 773 753 8630	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mrenfree@larabida.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Maintenance	
5b. Description of Unit Involved Included: All full-time and regular part-time skilled maintenance employees including all maintenance technicians, painter employed by the Employer at its facility currently located at 6501 S Promontory Dr Chicago, IL 60649-1003 Excluded: All managerial employees office clerical employees and guards, professional employees and supervisors as defined by the Act		5a. City and State where unit is located: Chicago, IL 6a. No. of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **4/30/2019** and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **No Replied received**
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address N/A	
8c. Tel No. N/A	8d Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any N/A		8h. Date of Recognition or Certification N/A	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? **N/A**
(Name of labor organization) **N/A**, has picketed the Employer since (Month, Day, Year) **N/A**

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): **Tuesday May 14, 2019**
11c. Election Time(s): **7:00 am- 8:00 am and 3:00 pm to 4:00 pm**
11d. Election Location(s): **1st Floor West Conference Room**

12a. Full Name of Petitioner (including local name and number)
International Union of Operating Engineers Local 399
12b. Address (street and number, city, state, and ZIP code)
2260 S Grove Street Chicago, IL 60616

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers, AFL-CIO

12d. Tel No. 312-980-6166	12e. Cell No. 312-972-8211	12f. Fax No. 312-842-1565	12g. E-Mail Address aperez@iuoe399.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Valerie Jo Colvett, Director Legal Department		13b. Address (street and number, city, state, and ZIP code) 2260 S Grove Street Chicago, IL 60616	
13c. Tel No. 312-980-6137	13d. Cell No. 312-961-6125	13e. Fax No. 312-842-1565	13f. E-Mail Address VColvett@iuoe399.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Ariel Perez	Signature 	Title Organizer	Date April 30 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION 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 representation 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.