# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No. 13-RC-255740	Date Filed 2/5/20							

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 representa ive 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2000 S. Kilbourn Ave. Mauser Packaging Solutions 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2000 S. Kilbourn Ave. II. Chicago 60623-Jeremy Lee 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address Jeremy.lee@MauserPackaging.onmicrosoft com (773) 676-2258 (312) 771-1083 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Containers & Packaging Packaging services Chicago, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: 63 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 9748 S. Roberts Rd Sign, Display, Pictorial Artists, Wood Finishers, Metal Polishers & Allied Trades, Local Uni II Palos Hills 60/ 8c. Tel No. 8d Cell No. 8e Fax No 8f. E-Mail Address (708) 430-7075 (708) 430-7286 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Painters District Council #14 04/30/2020 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 recogni ion 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. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): February 18, 2019 Employer facility, break room 1:00-3:00 p.m. 12a. Full Name of Petitioner (including local name and number) Alex M Tillett-Saks Teamsters Local 705 12b. Address (street and number, city, state, and ZIP code) 1645 W. Jackson Blvd. 7 h Floor 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address ats@1705ibt.org 12d Tel No 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-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) Signature Title Date Legal Counsel Alex M Tillett-Saks 02/4/2020 14:48:06 Alex M Tillett-Saks

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

### PRIVACY ACT STATEMENT

Attachment Case

13-RC-255740

DO NOT WRITE IN THIS SPACE								
Case	Date Filed							
13-RC-255740	2/5/20							

Employees Included

All hourly paid production and maintenance employees.

**Employees Excluded** 

All confidential employees, guards, professional employees, and supervisors as defined in the Act.

FORM NLRB-502 (RC)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 13-RC-255879	Date Filed 2/6/20						

	NO PETITION						13-K	C-2558	/9	2/6/2	20
INSTRUCTIONS: Unless e-Filed employer concerned is located the employer and all other part Case Procedures (Form NLRB	l. The petition i ies named in t	must be accom <sub>i</sub> he petition of: (	panied by 1) the pet	both a st ition; (2) S	owing of interest statement of Posit	(see 6b	below) and n (Form NLI	l a certifica RB-505); an	le of service sh d (3) Description	owing service on of Represe	e on ntation
PURPOSE OF THIS PETITION     bargaining by Petitioner and Pr     requests that the National La	etitioner desires	to be certified a	s represe	ntative of the	ne employees. The	Petitlo	ner alleges i	that the foll	owing circums	tances exist a	
2a. Name of Employer:			2b. Addr	ess(es) of	Establishment(s) in	nvolved	(Street and n	umber, City	, State, ZIP cod	e):	
University of Chicago I	Medical Ce	nter	5841	S Mary	land Ave, Ch	icago,	, IL 6063	7			
3a. Employer Representative - N	lame and Title:	18	3b. Addr	ess (if sam	e as 2b - state san	ne).					
Bob Hanley			5841	S Mary	land Ave. Rn	n M11	8, MC 1	086			
3c. Tel, No. 3d. Cell No. 3e. Fax No.							3f, E-Mail A	ddress			
773-702-1090							bob.han	ley@ucl	ospitals.ed	u	
4a, Type of Establishment (Factor	y, mina, wholes	aler, etc.)		4b. Princip	al Product or Servi	ice		5a. City ar	d State where u	nit is located:	
Hospital				Acute (	Care			Chicago	IL		
5b. Description of Unit Involved	:							6a. Numbe	er of Employees	in Unit:	
Included:								600			
see attachment A								1000			
Excluded:								6b. Do a s	ubstantial numb employees in the	er (30% or mo a unit wish to b	re)
see attachment A	14				/B	37/4		repres	ented by the Pet	itioner? X Ye	
Check One: 7a. Request for on or about (Dat				was made ceived, so		N/A	and	d Employer	declined recogni	tion	
7b. Petitioner is	10.00					ation und	der the Act.				
8a. Name of Recognized or Cert	ified Bargainir	ng Agent (If non-	e, so stale	8b. Ac	ldress:				1.00		
8c. Tel. No.	8d, Cell No.			8e, Fax No	).	8f. E-Mail Address					
8g. Affiliation, if any:			8h	Date of R	ecognition or Certif	fication					_
							Recent Con	tract, if any	(Month, Day, Ye	ear)	
9. Is there now a strike or picketin	g at the Employ	er's establishme	int(s) invo	ved? No	▼ If so, app				s are participatir		
(Name of Labor Organization)						,1	has picketed	the Employ	er since (Month,	Day, Year)	
<ol> <li>Organizations or individuals of individuals known to have a re</li> </ol>									es and other org	anizations and	1
10a. Name		10b. Address					10c, Tel, No	).	10d. Cell No.		
							100000000000000000000000000000000000000		1555		
	Ī						10e. Fax No	0,	10f. E-Mail Add	10f. E-Mail Address	
11. Election Details: If the NLRB	conducts and e	election in this m	atter, state	your posi	tion with respect to	any suc	h election:		5 <u>5.</u>		V-100 (100 (100 )
								× Manua		Mixed Man	ual/Mail
11b. Election Date(s):		11c. Election Tir	me(s):	\$100 miles				lion Location(s):			
2/27/2020		6am-6pm		Employe					and the same of th		
12a. Full Name of Petitioner (inc	7 1000				12b. Address (str		(0)11)		1000		
Health Care, Profession	16	(E) (E)		ouse,	4620 S. Trip	op Av	e Chicag	o IL 606	32		
and Mail Order Employ											
12c, Full name of national or inter			nich Petitio	oner is an a	affiliate or constitue	nt (if noi	ne, so state):				
International Brotherho											
12d. Tel, No. 12e. Cell No.				12f, Fax N			12g, E-Mail Address				
773-254-7460	773-230			773-25					sterslocal7	43.com	
13. Representative of the Petitio 13a. Name and Title:	oner who will a	ccept service o	fall pape								
JOEL A. D'ALBA					ss <i>(street and nun</i> Jackson Blvd :				is 60606		
TODDII. DILLUII				200 11.	Packson Divu	Juill /	Lo Cilica	Po, 111110	15 00000		
13c. Tel. No.	13d, Cell No	0,		13e. Fax N	lo.		13f. E-Mail	Address		19.0	
312-263-1500							jad@ula	d@ulaw.com			
I declare that I have read the ab	ove petition an			true to ti	se best of my kno	wledge				- Electrical and a second	
Name (Print)		Signatur		10	1	Title				Date	
Brendan J. Crowley			LUS	1	· V	Sta	aff Attor	ney		2/6	6/2020

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

### Attachment A

**Included:** All technical employees as defined under 29 CFR 103.30, (who are currently unrepresented), currently working at the employer's Hyde Park Campus.

**Excluded:** supervisory employees, temporary and casual employees, regular part-time employees normally working less than seventeen (17) hours and all other employees of the hospital.

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 13-RC-256049	Date Filed 2/10/20						

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 representa ive 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 14300 NE 145th St TZ Chicago LLC, d/b/a Teatro ZinZanni A Woodinville 98072 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 14300 NE 145th St WA Woodinville 98072 Annie Jamison 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (206) 650-6316 annie@zinzanni com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Chicago, IL Musical theater productions 5b. Description of Unit Involved 6a. No. of Employees in Unit: 10 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 07/11/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly 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 8q. 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 recogni ion 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 1, 2020 Any Mail ballot 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Terryl Jares Chicago Federation of Musicians, Local 10-208 A.F.M 656 West Randolph St Suite 2W 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
American Federa ion of Musicians 12g. E-Mail Address iares@cfm10208.org 12d. Tel No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Kevin Case Case Arts Law LLC 53 W Jackson Blvd Suite 209 IL Chicago 60604-13c. Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address kcase@caseartslaw.com (312) 234-9926 (312) 933-5108 (312) 962-4908 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) Signature Title Date Kevin Case 02/10/2020 13:28:06 Kevin Case

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

### PRIVACY ACT STATEMENT

 Case
 Date Filed

 Attachment
 13-RC-256049
 2/10/20

DO NOT WRITE IN THIS SPACE

### Employees Included

All musicians employed to play a musical instrument at a performance produced by the Employer

### **Employees Excluded**

Non-instrumental stage performers, administrative staff, stage crew, production staff, box office employees, ushers, managerial employees

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE							
Case No. 13-RC-256336	Date Filed 2/13/20						

INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition m named in th 12). The show	ust be accomp e petition of: (1 ving of interest	anied b l) the pe should	y both a si tition; (2) S only be fil	nowing of interest (s Statement of Position and with the NLRB and	ee 6b belov n form (For nd should n	w) and m NL ot be	d a certificat RB-505); an served on t	te of service d (3) Descrip he employer	showing s tion of Re or any ot	service on epresentation her party.
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Petiti     requests that the National Laboratory	ioner desires	to be certified as	s represe	entative of the	ne employees. The P	etitioner all	eges	that the foll	owing circur	nstances	collective exist and
2a. Name of Employer: Lydia Care center					Establishment(s) invo ave. Robbins II		t and i	number, City	, State, ZIP c	ode):	
3a. Employer Representative - Name and Title: Susan Simonsen  3b. Address (if same as 2b - state sa Same					ne as 2b - state same,	):					
3c. Tel. No. 708-385-8700	3d. Cell No.			3e. Fax No. 708-38				Address	4@gmail.	com	
4a. Type of Establishment (Factory, Healthcare Facility	l mine, wholesa	ler, etc.)		4b. Princip	al Product or Service g and Rehab			5a. City an	d State where	unit is loc	cated:
5b. Description of Unit Involved: Included: Security Advocates, Safety Advocates, Smoking monitors Excluded:								16	er of Employee		or more)
of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No								sh to be			
on or about (Date)  7b. Petitioner is cu	02/10/ rently recogni	20 (If no zed as Bargaini	o reply re	eceived, so esentative a	state). and desires certification	/05/20 on under the	-	a Employer o	declined recog	gnition	
8a. Name of Recognized or Certific Service Employee Interna	ed Bargaining tional Un	Agent (If none ion - HCII	, so stat		of S. Halsted, C	hicago I	1. 60	0604			
8c. Tel. No. 312-980-9000	8d. Cell No. 8e. Fax No. 312-980-9092				8f. E-Mail Address gwen.williams@seiuhcil.org						
8g. Affiliation, if any:  AFL- CIO  8b. Date of Recognition or Certification May 1,2017							8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) april 30,2020				
9. Is there now a strike or picketing a	t the Employe	r's establishmer	nt(s) invo	olved? no	If so, approx	ximately how	w man	ny employees	s are participa	iting?	
(Name of Labor Organization)  10. Organizations or individuals othe	than Petition	er and those na	med in it	ome 8 and	9 which have claimed				er since (Mon		
individuals known to have a repre	esentative inte	rest in any empl	loyees in	the unit de	scribed in item 5b abo	ove. (If none	e, so s	state)	es and other c	ngamzato	ns and
10a. Name	1	0b. Address				10c. 7	10c. Tel. No. 10d. Cell No.				
						10e. F	10e. Fax No. 10f. E-Mail Ad			ddress	
11. Election Details: If the NLRB co	nducts and ele	ection in this ma	tter, stat	e your posit	ion with respect to an	ny such elec	tion:	11a. Election		☐ Mixed	d Manual/Mail
11b. Election Date(s): Feb.18,2020		1c. Election Tim		m-4pm				on Location(s):			
12a. Full Name of Petitioner (include Service Employee Internation	ing local name	and number):	1	-	12b. Address (street 2229 S. Halste	t and numbe	r, city	, State and Z	N-14.2-11		
12c. Full name of national or internat AFL-CIO	ional labor org	anization of whi	ch Petiti	oner is an a	ffiliate or constituent	(if none, so	state):		,		
12d. Tel. No.	12e. Cell No.	24000		12f. Fax N	0.	12g. E	-Mail	Address			
13. Representative of the Petitione 13a. Name and Title: Gwendolyn Williams - organ		cept service of	all pape	13b. Addre	oses of the represe ess (street and numbe Halsted, Chicago	er, city, State	and i	100 To 10		1	
13c. Tel. No. 312-980-9000	13d. Cell No. 312-545-	0368		13e. Fax N 312-980				Address illiams@	seiuhcil.o	rg	
I declare that I have read the above	petition and		nents ar	e true to th	e best of my knowle	edge and be	elief.	200			Data
Name ( <i>Print</i> ) Gwendolyn Williams		Signature	ndo	lum S	Williams	organiz	er				Date 02/10/20

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE								
Case No.	13-RC-256356	Date Filed 2/14/20						

	RC PETITION						13	10 23	0330	2/14	1/20
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition mus s named in the p 12). The showin	t be accomp etition of: (1 g of interest	anied by the pe should	y both a st tition; (2) S only be fil	nowing of interest ( Statement of Position and with the NLRB a	(see 6b i on form and sho	below) and (Form NLF uld not be	a certificat RB-505); an served on t	te of service sh d (3) Description the employer or	owing service on on of Representat any other party.	ion
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Petit     requests that the National Labor	tioner desires to t	e certified as	з гергезе	ntative of the	he employees. The I	Petition	er alleges t	that the foll	owing circums	tances exist and	
2a. Name of Employer:	*0 /		2b. Add	ress(es) of	Establishment(s) inv	volved (S	Street and n	umber, City	, State, ZIP code	9):	
Jones Lang LaSalle		Rando	lph St, Floors	43-48	, Chicag	o, IL 60	601				
3a. Employer Representative - Nar	me and Title:		3b. Add	ress (if san	ne as 2b - state same	ne):					
Julianna Poyotte, Facilitie	es Manager,		200 E	Randol	lph St, Floors	43-48	, Chicag	o, IL 60	601		
Midwest	ATT 10				* 1			E &			
3c. Tel, No.	c. Tel. No. 3d. Cell No.				D.	1:	3f. E-Mail Ad	ddress			- 1
240-695-3293									@am.jll.cor	n	
4a. Type of Establishment (Factory,	l mine wholesaler	etc.)		4b Princip	al Product or Servic		Cilitariii.	A	d State where u		_
Office	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010.7		Mainte		30		Chicago		riit is located.	
5b. Description of Unit Involved:				TVICITIUC.	nance					Carl India	
Included:						ba. Numbe	er of Employees	in Unit:			
All full-time and regular part-time ski	led maintenance	workers wor	king for J	lones Lang	LaSalle on the WeV	Work acc	count in	8			
Chicago and the vicinity.  Excluded:							3,44,401	Sh Done	uhetantial numb	er (30% or more)	
Office clerical, professional employe	es, managers, gu	ards and su	pervisors	as defined	by The Act.			of the e	employees in the	unit wish to be	
Check One: 7a. Request for red	conition on Pora	ninina Danso	nontativo	waa mada	on (Data)				ented by the Pet		No
on or about (Date)	ognidon as barg			ceived, so			and	Employer	declined recogni	tion	
☐ 7b. Petitioner is cu	rrently recognized					tion unde	er the Act.				
8a. Name of Recognized or Certific					dress:				N 1030-1		
8c. Tel. No.	Del Cell No	100	- 1	Dr. Fru Na		- 17	NE E 14-7 A	d .t		2 10 00 100	
6C. Tel. No.	8d. Cell No.			8e. Fax No	D.	1,	Bf. E-Mail Ad	agress			
O. ACC. C. T.											
8g. Affiliation, if any:			81	. Date of R	ecognition or Certific				urrent or Most (Month, Day, Ye	est)	
	2.0						- Coon Con	udot, ii dity	(monin, buy, re		
<ol><li>Is there now a strike or picketing a</li></ol>	t the Employer's	establishmer	nt(s) invo	lved?	If so, appr	roximate	ly how man	y employee	s are participatin	ig?	
(Name of Labor Organization)				÷		, ha	as picketed	the Employ	er since (Month,	Day, Year)	
10. Organizations or individuals othe individuals known to have a repre	r than Petitioner a	and those na t in any empl	med in it	ems 8 and the unit de	9, which have claime scribed in item 5b al	ed recog bove. (If	nition as re none, so st	presentative	es and other org	anizations and	
10a. Name	10b.	Address					10c. Tel. No	to:	10d. Cell No.		
	1										
						- 1	10e. Fax No.		10f. E-Mail Add	Iress	
									Ton a many tas		
11. Election Details: If the NLRB co	nducts and electi	on in this ma	tter state	a vour poeil	tion with respect to a	any euch	alection: 1	11a Electio	n Type:		
THE ELECTION DOLLARD IN THE TEXT OF	nadous and clock	on in this ma	ttor, otat	o your posit	non with respect to a	uny such	Cicciioii.	22 22 000		Miyad Masual/	Mail
44b Ethnich Ballico	144	<b>C</b> (						Manua		Mixed Manual/	Mall
11b. Election Date(s):		Election Tim					11d. Efection		5):		
03-03-2020		00PM-1:	OUPM				200 E R	A.		*	
12a. Full Name of Petitioner (include					12b. Address (stree						
International Union of Op	erating Eng	ineers Lo	cal 39	9	2260 S Grove	e St, C	Chicago,	IL 6061	6		
12c. Full name of national or internat	ional labor organ	zation of whi	ch Petitic	oner is an a	iffiliate or constituent	t (if none	e, so state):		<u> </u>		
International Union of Op	erating Eng	ineers, A	FL-CI	O							
12d. Tel, No.	12e. Cell No.			12f. Fax N	0.	- 1	12g. E-Mail.	Address			
312-372-9870				312-842			•				
13. Representative of the Petitione	r who will accer	t service of				sentatio	n proceedir	10.			
13a. Name and Title:					ess (street and numb						
Pat O'Gorman, Organizer					Grove St, Chica						
				,		-0~, 11					
13c, Tel. No.	13d. Cell No.			13e. Fax N	lo.	Ţ.	13f. E-Mail A	Address			
312-980-6156 773-502-7425				312-842		- 1	pogorman@iuoe399.com				
declare that I have read the above						l   c enhelv	nd helief		555.00III	300000	
Name (Print)	- p. c. a. c. ii wind til	Signature		1-11	7 3000 OT THIS KILOW	Title	wollen			Date	-
Pat O'Gorman		1	et	rol	L-		ganizer			02-14-	-20

Name (Print)

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Case No. 13-RC-256669

Date Filed 2/20/20

RC PE	TITION		1 5500	13	-KC-230009	1	2/20/20		
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, v	www.nlrb.gov,	submit a	n original of this	Petition to	an NLRB office in the Region		
in which the employer concerned i									
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) Descript									
with the NLRB and should not be s	served on the	employer or a	ny other party	/.		1570			
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	REPRESENTA	TIVE - A substant	tial number	of employees wish t	o be represente	ed for purposes of collective		
bargaining by Petitioner and Petitioner de requests that the National Labor Relat									
2a. Name of Employer					t(s) involved (Street				
Lydia Care Center		1390	01 Lydia Ave.						
3a. Employer Representative – Name and	Title			(If same as	2b – state same)				
Susan Simonsen			Same 3e. Fax No.				TOTAL CONTRACTOR OF THE PARTY O		
3c. Tel. No. 708-385-8700						3f. E-Mail Ad	dress @lydiacares.net		
4a. Type of Establishment (Factory, mine, w	vholesaler etc.)	Ab Principal pr	708-385-56 roduct or service	042			and State where unit is located:		
Healthcare Facility	vilolesalei, etc.)	Nursing and					ns, Illinois		
5b. Description of Unit Involved		1110101119				11100011	6a. No. of Employees in Unit;		
Included: security advocates	alkla safe	aty advoca	tos alkia S	SAc an	d emokina n	nonitorre	16		
Walter to the action of the second	arkia said	sty auvoca	les arria c	ons, an	id Sillokilig II	IOIIIIOI15	6b. Do a substantial number (30%		
Excluded:							or more) of the employees in the unit wish to be represented by the		
							Petitioner? Yes ✓ No		
Check One: 7a. Request for re				on (Date) 🕻	)2/05/20ar	nd Employer de	clined recognition on or about		
02/10/20		(If no reply receiv	45.133 m 3 1 5 1 5 1 6 1 5 1 1 1 1 1 1 1 1 1 1 1 1			20020000			
8a. Name of Recognized or Certified Barg				Address	certification under the	e Act.			
Service Employee Int'l Union - HCII	gammy Agent (n	mone, so state,	0.047600		d, Chicago, IL 6060	08			
8c. Tel No.	8d Cell No. 8e. Fax No.					8f. E-Mail Ad			
312-980-9000			312-980-9092		gwen.williams@seiuhcil.org or Certification 8i. Expiration Date of Current or Most R				
8g. Affiliation, if any	I lada a		8h. Date of Red		Certification	ny (Month, Day, Year)			
Service Employees Int'l	Union		May 1, 2	2017	April 31, 2020				
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involve	d? no If	so, approx	imately how many er	mployees are p	articipating?		
(Name of labor organization)		, has pic	cketed the Emplo	yer since (A	Month, Day, Year) _	1/4			
10. Organizations or individuals other than F						resentatives ar	nd other organizations and individuals		
known to have a representative interest in a None	ny employees in	the unit described	d in item 5b above	e. (If none,	so state)				
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.		
					10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conducts	an election in thi	is matter state vi	our position with n	accept to					
any such election.	an election in thi	is matter, state yo	our position with n	espect to	11a. Election Type	: _ / Manual	Mail Mixed Manual/Mail		
11b. Election Date(s): 11c. Election Time(s):					11d. Election Loca				
March 2, 2020  12a. Full Name of Petitioner (including to	m and 2pm-4pm		Lydia training room		city, state, and ZIP code)				
Service Employee Int'l Union - HCII	car name and m	iniber)		popular -	2229 S. Halsted, C		(1.17) [1.17] [1.17] [1.17] [1.17] [1.17] [1.17] [1.17] [1.17] [1.17] [1.17]		
12c. Full name of national or international la	bor organization	of which Petitions	er is an affiliate or	constituen	t (if none, so state)		DOOM!!!		
Service Employees Int'l Union		- American	T				W		
12d. Tel No. 312-980-9000	12e. Cell No.		12f. Fax No. 312-980-9092	2		12g. E-Mail A	ddress @seiuhcil.org		
13. Representative of the Petitioner who	will accept servi	ice of all papers	CHARLES AND DROUGH CO.		entation proceedin	9			
					d number, city, state,				
13a. Name and Title Josiah A. Gr		ie y	8 S. Michigan A	Ave., 19th Fl. (	Chicago, IL 60603				
13c. Tel No. 312-372-1361	13d. Cell No.		13e. Fax No. 312-372-6599			13f. E-Mail A	ddress advocates.com		
U I E U E 100 I			10 0 000	-					

Josiah A. Groff

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

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

Signature

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 13-RC-256720	Date Filed 2/21/20						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 5225 S Harper Ave, Chicago, IL 60615 Hyatt Place South 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Leroy Brown, General Manager Same 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. 773-752-5300 leroy.brown@hyatt.com 4b. Principal Product or Service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Maintenance Chicago, IL Hotel 6a. Number of Employees in Unit: 5b. Description of Unit Involved: Included: All full-time and regular part-time skilled maintenance workers working for the Olympia Companies at the Hyatt Place Chicago-South located at 5225 S Harper Ave, Chicago, IL 60615. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes Office clerical, professional employees, managers, guards and supervisors as defined by The Act. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (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: 8d. Cell No. 8f. E-Mail Address 8c. Tel. No 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 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? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 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) 10h Address 10c Tel No. 10d. Cell No. 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and 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): 11c. Election Time(s): 11d. Election Location(s): 03-06-2020 12:00PM-12:30PM Hyatt Place South 12a, Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616 International Union of Operating Engineers Local 399 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. 12e. Cell No. 12f, Fax No. 12g. E-Mail Address 312-372-9870 312-842-1565 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616 Pat O'Gorman, Organizer 13c. Tel. No. 13d. Cell No. 13e, Fax No. 13f. E-Mail Address 312-980-6156 773-502-7425 312-842-1565 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. Date Title Name (Print) Signature 02/21/20 Pat O'Gorman Organizer

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
13-RC-256995	2/26/20					

				11 4						
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition must be named in the pet	e accompanied ition of: (1) the p	by both a si petition; (2) S	nowing of interest (se Statement of Position	e 6b below) an form (Form NL	d a certifica: RB-505); an	e of service showing s d (3) Description of Re	ervice on presentation		
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to be	certified as repre	sentative of t	he employees. The Pe	titioner alleges	that the foll	owing circumstances			
2a. Name of Employer:	2b. A	ddress(es) of	Establishment(s) invol-	ved (Street and	number, City	, State, ZIP code):				
Proceedings of the second to the management of the second			W 111th S	St, Chicago, IL 6	50628					
3a. Employer Representative - Name and Title: 3b. A			ddress (if san	ne as 2b - state same):						
Tim Egan, President/CEO			Same							
3c. Tel. No. 3d. Cell No. 3e.				e. Fax No. 3f. E-Mail Address						
773-995-3000					tegan@	roselandhospital.org				
4a. Type of Establishment (Factory, I	mine, wholesaler, e	tc.)	4b. Principal Product or Service			5a. City and State where unit is located:				
acute care health facility			Health	care		Chicago IL				
5b. Description of Unit Involved: Included:						6a. Numbe	er of Employees in Unit:			
See attached						CTAPUTA	hatastial averbas (200)			
Excluded: Registered Nurse supervis						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 recon or about (Date)  7b. Petitioner is cur	no reply receiv	red (If no reply	received, so	state).		d Employer	declined recognition			
8a. Name of Recognized or Certifie				ddress:						
None										
8c. Tel. No.	8d. Cell No. 8e. Fax No.			0.	8f. E-Mail	Address				
8g. Affiliation, if any:			8h. Date of F				on Date of Current or Most htract, if any (Month, Day, Year)			
9. Is there now a strike or picketing a	t the Employer's es	tablishment(s) in	volved? No	lved? No. If so, approximately how many employees are participating?						
(Name of Labor Organization)			110		, has picketed	the Employ	er since (Month, Day, Y	ear)		
<ol> <li>Organizations or individuals other individuals known to have a repre-</li> </ol>							es and other organizatio	ns and		
None					140 T 1 A	200	404 0-1141-	•		
10a. Name 10b. Address					10c. Tel. N		10d. Cell No.			
				10e. Fax N						
11. Election Details: If the NLRB co	nducts and election	in this matter, st	ate your posi	tion with respect to any	y such election:	11a. Electio		d Manual/Mail		
11b. Election Date(s):	11c. E	lection Time(s):	11d. Electi			on Location(s):				
March 17, 2020	6am	-8am 5pm-8	pm		Multipu	rpose ro	rpose room			
12a. Full Name of Petitioner (includ	ling local name and	number):		12b. Address (street	and number, cit	, State and	ZIP code):			
SEIU Healthcare Illinois &	& Indiana			2229 S Halsted	St Chicago	o IL 6060	8			
12c. Full name of national or internat	ional labor organiza	ation of which Pe	titioner is an	affiliate or constituent (	if none, so state	):				
Service Employees Intern	ational Union	isase andersonaan saaran ah. M								
12d. Tel. No.	12e. Cell No.		12f. Fax N	lo.	12g. E-Mai	Address				
312-980-9000	773-459-310	8			heather	mcnabol	a@seiuhcil.org			
13. Representative of the Petitione	r who will accept	service of all pa								
13a. Name and Title: George Luscombe					State and ZIP code): Floor, Chicago IL 60603					
13c. Tel. No.	13d. Cell No.		13e. Fax I	No.	13f, E-Mail	Address				
312-372-1361			312-37	2-6599	gluscon	gluscombe@laboradvocates.com				
I declare that I have read the above	e petition and that		are true to t	he best of my knowle				In-1-		
Name (Print)					Title	tor		Date 2/26/20		
Heather McNabola Stead			BU-	-	rield Dire	Field Director				

### **Description of Unit:**

All full-time, part-time, and per-diem Registered Nurses (RNs) employed by Roseland Community Hospital at its hospital at 45 West 111<sup>th</sup> Street, Chicago, Illinois 60628, including, but not limited to, RN Case Managers, Wound Care RNs, Infection Control RNs, and Nurse Educators, excluding Registered Nurses employed as supervisors or managers as defined in the National Labor Relations Act.

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No. 13-RC-257111	Date Filed 2/27/20							

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 representa ive 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 111 W. Campbell St.
IL Arlington Heights 600053b. Address (If same as 2b – state same) Performing Arts at Metropolis, d/b/a Metropolis Performing Arts Centre 3a. Employer Representative - Name and Title 111 W. Campbell St. IL Arlington Heights 60005-Brookes Ebetsch 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address bebetsch@metropolisarts.com (847) 577-5982 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Entertainment venue Arlington Heights, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly 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 8q. 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 recogni ion 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. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🔽 Manual 🦳 Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 20, 2020 Employer's facility 11:00 a.m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Craig Carlson
Theatrical Stage Employees Union Local No. 2 216 S. Jefferson St., Ste. 400 II Chicago 60601-12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)
International Alliance of Theatrical Stage Employees and Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories, and 12g. E-Mail Address ccarlson@iatselocal2.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (312) 705-2011 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) David Huffman-Gottschling Jacobs, Burns, Orlove & Hernandez 150 N. Michigan Ave., Ste. 1000 IL Chicago 60601-13c. Tel No. 13d Cell No. 13e Fax No. 13f. E-Mail Address davidhg@jbosh.com (312) 327-3443 (312) 726-3887 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) Signature Title Date David Huffman-Gottschling 02/27/2020 15:51:05 David Huffman-Gottschling

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

### PRIVACY ACT STATEMENT

Attachment Case Date Filed 13-RC-257111 2/27/20

DO NOT WRITE IN THIS SPACE

Employees Included All stagehands, including Master Electrician and Head of Sound

Employees Excluded
Office clerical employees and guards, professional employees and supervisors as defined in the Act

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

Case No. 13-RC-257168

Date Filed 2/28/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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.

(Form NLRB-505); and (3) Designith the NLRB and should not	cription of Rep	resentation ( he employer	Case	Procedures (Form NL	.RB 4812). The sh	owing of inte	erest should only be filed		
PURPOSE OF THIS PETITION: Re bargaining by Petitioner and Petitio requests that the National Labor	C-CERTIFICATION ner desires to be c	OF REPRESE	NTAT	IVE - A substantial numberive of the employees. The	Petitioner alleges that	at the following	circumstances exist and		
2a. Name of Employer	2b. A	ddress(es) of Establishmen 901 Searle Pkwy. Ste 160							
North Shore Home Health  3a. Employer Representative – Name and Title				Skokie 60076-	o 2h ototo como\				
		3b. Address (If same at 4901 Searle Pkwy IL Skokie 60076-							
Julie Dayiantis  3c. Tel. No. 3d. Cell No. 3				IL Skokie 60076- 3e. Fax No.	1	3f. E-Mail Addre	nee		
(847) 475-2001							ayiantis@Northshore.org		
· · · · · · · · · · · · · · · · · · ·						nd State where unit is located:			
Healthcare Home Nursing & therapy prescribed						ou. Ony u	Skokie, IL		
5b. Description of Unit Involved  6a. No. of Employees in Unit:									
Included: See Attached Page 2 for a	dditional details						75		
Excluded: See Attached Page 2 for additional details  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) 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				8b. Address	ocialioadori ander the	101.			
District State of the Control of the		100 100 100 100 100 100 100 100 100 100	2.70						
8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address					ess				
8g. Affiliation, if any				8h. Date of Recognition of	r Certification		ate of Current or Most Recent (Month, Day, Year)		
9. Is there now a strike or picketing at t	the Employer's esta	ablishment(s) in	volved	? No If so, approx	imately how many em	ployees are part	icipating?		
(Name of labor organization), has picketed the Employer since (Month, Day, Year)									
Organizations or individuals other t known to have a representative interes						esentatives and	other organizations and individuals		
10a. Name 10b. Address				70751	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					11a. Election Type: 🚺 Manual 🗍 Mail 📗 Mixed Manual/Mail				
any such election.   11c. Election Time(s):   11c. Election Time(s):   Tues, 03-24-20   7am 9am 8 5am 7am					11d. Election Location(s):				
12a. Full Name of Petitioner (including local name and number)					North Shore Home Health office located at 4901 Searle Pkwy, 12b. Address (street and number, city, state, and ZIP code) 205 N Michigan Ave.				
Abbey Davis AFSCME (American Federation of State, County, & Municipal Employees) Council 31  12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  AFL-CIO									
12d. Tel No. (312) 641-6060				12f. Fax No. (312) 861-0979		12g. E-Mail Add adavis@afscme	ress 31.org		
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.									
13a. Name and Title   13b. Address (street and number, city, state, and ZIP code)									
Melissa Auerbach Attorney Dowd, Block, Bennett, Cervone, Auerbach & Wokich  8 S. Michigan Ave. 19th fl IL Chicago 60603-									
13c. Tel No. 13d. Cell No. 1				13e. Fax No. 13f. E-Mail Address					
(312) 372-1361	netition and that the	a etatemente	200 000	(312) 372-6599		nauerbach@lac	JOI ad VOCates. COIII		
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) Abbey Davis	Signature Title Date Abbey Davis Organizing Director 02/28/2020 11:25:09				11:25:09				
200, 04110					The state of the s	OC LUIZUZU	1180.00		

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

#### PRIVACY ACT STATEMENT

 DO NOT WRITE IN THIS SPACE

 Case
 Date Filed

 13-RC-257168
 2/28/20

## Attachment

### Employees Included

Including: All full time, part time, resource & PRN Professional employees who work for North Shore Home Health Services out of the Searle location including the following titles: Registered Nurses, Physical Therapists, Occupational Therapists, Speech Therapists, & Medical Social Workers.

### **Employees Excluded**

excluded: All confidential employees, supervisory employees, and managerial employees as defined in the act.

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

. DO NOT WRITE IN THIS SPACE								
Case No.	13-RC-257174	Date Filed 2/28/20						

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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 <u>not</u> be served on the employer or any other party.

with the NLRB and should not be	A STATE OF THE STA				The property of the second sec	.RB 4812). The s	howing of in	terest should only be filed		
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of requests that the National Labor Relaisa. Name of Employer	RTIFICATION O esires to be certif	F REPRESE	esentati its pro	IVE - A sulve of the e	ostantial number mployees. The crity pursuant to	Petitioner alleges to Section 9 of the No	nat the following the street that the street the street that t	ng circumstances exist and Relations Act.		
2a. Name of Employer2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)Chicago Marriott Suites O'Hare6155 North River Road, Rosemont, IL 60018						y, ciaic, <i>2.1.</i> couc,				
3a. Employer Representative – Name and Title Ed Brunt - General Manager				3b. Address (If same as 2b – state same) Same						
3c. Tel. No. 847-685-6341	3d. Cell No.	3d. Cell No.			405000 BB 88600000 L			E-Mail Address prunt@marriott.com		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal proc Hotel Hospitality				duct or service				5a. City and State where unit is located: Rosemont, IL		
						6a. No. of Employees in Unit:				
Included: All regular full-time and part-time cooks, prep cooks, dishwashers, restaurant  Excluded: servers. bartenders. bussers. hosts. bar-backs. banquet servers. bartenders.  Managers, Chefs, Supervisors as defined by the Act, Housekeeping, Engineering, Front  Desk Night Auditors PBX Operators										
Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 02/26/2020 and Employer declined recognition on or about  (Date) (If no reply received, so state). No reply received  7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.										
8a. Name of Recognized or Certified Bar	8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  8b. Address									
8c. Tel No.	8d Cell No.	. 8e. Fax No.			No.	8f. E-Mail Add		ress		
8g. Affiliation, if any				8h. Date	of Recognition o	r Certification		Date of Current or Most Recent ny (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)  10. Organizations or individuals other than known to have a representative interest in a	Petitioner and tho	se named i	n items	8 and 9, w	hich have claim	ed recognition as rep	resentatives ar	nd other organizations and individuals		
10a. Name	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.						Mail Mixed Manual/Mail				
11b. Election Date(s): 11c. Election Time(s): 8:30am - 10:00am & 2:00pm - 4:30pm					11d. Election Location(s): Hotel					
12a. Full Name of Petitioner (including local name and number) UNITE HERE Local 450						12b. Address (street and number, city, state, and ZIP code) 7238 W. Roosevelt Road, Forest Park, IL 60130				
12c. Full name of national or international la UNITE HERE IU		of which Pe	titioner			t (if none, so state)				
12d. Tel No.     12e. Cell No.     12f. Fax No.       708-771-8700     630-917-7066     708-771-8988				В	12g. E-Mail Address egarcia@unitehere450.org					
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title Alfonso Garcia - President  13b. Address (street and number, city, state, and ZIP code)										
13c. Tel No. 708-771-8700	13d. Cell No. 630-917-7066			13e. Fax No. 13f. E-Mail Address			ddress			
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) Sig	inature	H.	•	Title /		-	Date	264		

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form in outbodies of the information on the information on the information on the information of the information on the information of the information on the information of the information of