

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.nlr.gov](http://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.

<b>2a. Name of Employer</b> Mauser Packaging Solutions		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2000 S. Kilbourn Ave. IL Chicago 60623-	
<b>3a. Employer Representative - Name and Title</b> Jeremy Lee		<b>3b. Address (If same as 2b - state same)</b> 2000 S. Kilbourn Ave. IL Chicago 60623-	
<b>3c. Tel. No.</b> (773) 676-2258	<b>3d. Cell No.</b> (312) 771-1083	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Jeremy.lee@MauserPackaging.onmicrosoft.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Containers & Packaging		<b>4b. Principal product or service</b> Packaging services	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5a. City and State where unit is located:</b> Chicago, IL	
		<b>6a. No. of Employees in Unit:</b> 63	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> Sign, Display, Pictorial Artists, Wood Finishers, Metal Polishers & Allied Trades, Local Uni		<b>8b. Address</b> 9748 S. Roberts Rd. IL Palms Hills 60465-	
<b>8c. Tel No.</b> (708) 430-7075	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> (708) 430-7286	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b> Painters District Council #14		<b>8h. Date of Recognition or Certification</b> 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 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)**

<b>10a. Name</b>		<b>10b. Address</b>		<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
				<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.				<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> February 18, 2019		<b>11c. Election Time(s):</b> 1:00-3:00 p.m.		<b>11d. Election Location(s):</b> Employer facility, break room			
<b>12a. Full Name of Petitioner (including local name and number)</b> Alex M Tillet-Saks Teamsters Local 705				<b>12b. Address (street and number, city, state, and ZIP code)</b> 1645 W. Jackson Blvd. 7 h Floor IL Chicago 60612-			
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Brotherhood of Teamsters							
<b>12d. Tel No.</b> (312) 738-2800		<b>12e. Cell No.</b>		<b>12f. Fax No.</b>		<b>12g. E-Mail Address</b> ats@i705ibt.org	

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

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

<b>Name (Print)</b> Alex M Tillet-Saks	<b>Signature</b> Alex M Tillet-Saks	<b>Title</b> Legal Counsel	<b>Date</b> 02/4/2020 14:48:06
---	--	-------------------------------	-----------------------------------

**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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 13-RC-255740	Date Filed 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.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

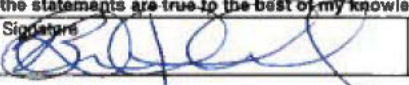
13-RC-255879

Date Filed

2/6/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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 8b 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.

<b>2a. Name of Employer:</b> University of Chicago Medical Center		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 5841 S Maryland Ave, Chicago, IL 60637	
<b>3a. Employer Representative - Name and Title:</b> Bob Hanley		<b>3b. Address (if same as 2b - state same):</b> 5841 S Maryland Ave. Rm M118, MC 1086	
<b>3c. Tel. No.</b> 773-702-1090	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> bob.hanley@uchospitals.edu
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hospital		<b>4b. Principal Product or Service</b> Acute Care	<b>5a. City and State where unit is located:</b> Chicago IL
<b>5b. Description of Unit Involved:</b> Included: see attachment A Excluded: see attachment A		<b>6a. Number of Employees in Unit:</b> 600 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>N/A</u> on or about (Date) <u>N/A</u> (If no reply received, so state). and Employer declined recognition. <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:</b>		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 2/27/2020	<b>11c. Election Time(s):</b> 6am-6pm	<b>11d. Election Location(s):</b> Employer's Facilities	
<b>12a. Full Name of Petitioner (including local name and number):</b> Health Care, Professional, Technical, Office, Warehouse, and Mail Order Employees Union, Local 743,		<b>12b. Address (street and number, city, State and ZIP code):</b> 4620 S. Tripp Ave Chicago IL 60632	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 773-254-7460	<b>12e. Cell No.</b> 773-230-1307	<b>12f. Fax No.</b> 773-254-7111	<b>12g. E-Mail Address</b> bcrowley@teamsterslocal743.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> JOEL A. D'ALBA		<b>13b. Address (street and number, city, State and ZIP code):</b> 200 W. Jackson Blvd Suite 720 Chicago, Illinois 60606	
<b>13c. Tel. No.</b> 312-263-1500	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 312/263-1520	<b>13f. E-Mail Address</b> jad@ulaw.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Brendan J. Crowley	<b>Signature</b> 	<b>Title</b> Staff Attorney	<b>Date</b> 2/6/2020

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

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 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](http://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.

<b>2a. Name of Employer</b> TZ Chicago LLC, d/b/a Teatro ZinZanni		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 14300 NE 145th St WA Woodinville 98072-	
<b>3a. Employer Representative - Name and Title</b> Annie Jamison		<b>3b. Address (If same as 2b - state same)</b> 14300 NE 145th St WA Woodinville 98072-	
<b>3c. Tel. No.</b> (206) 650-6316	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> annie@zinzanni.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Others		<b>4b. Principal product or service</b> Musical theater productions	
		<b>5a. City and State where unit is located:</b> Chicago, IL	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 10
<b>Included:</b> See Attached Page 2 for additional details		<b>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"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 07/11/2019 and Employer declined recognition on or about 07/15/2019 (Date) (If no reply received, so state). Yes  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

**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)**

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

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

<b>11b. Election Date(s):</b> March 1, 2020	<b>11c. Election Time(s):</b> Any	<b>11d. Election Location(s):</b> Mail ballot
<b>12a. Full Name of Petitioner (including local name and number)</b> Terry Jares Chicago Federation of Musicians, Local 10-208 A.F.M.		<b>12b. Address (street and number, city, state, and ZIP code)</b> 656 West Randolph St Suite 2W IL Chicago 60661-

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

<b>12d. Tel No.</b> (312) 782-0063	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> jares@cfm10208.org
---------------------------------------	----------------------	---------------------	--

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

<b>13a. Name and Title</b> Kevin Case Case Arts Law LLC		<b>13b. Address (street and number, city, state, and ZIP code)</b> 53 W Jackson Blvd Suite 209 IL Chicago 60604-	
<b>13c. Tel No.</b> (312) 234-9926	<b>13d. Cell No.</b> (312) 933-5108	<b>13e. Fax No.</b> (312) 962-4908	<b>13f. E-Mail Address</b> kcase@caseartslaw.com

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

<b>Name (Print)</b> Kevin Case	<b>Signature</b> Kevin Case	<b>Title</b>	<b>Date</b> 02/10/2020 13:28:06
-----------------------------------	--------------------------------	--------------	------------------------------------

**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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 13-RC-256049	Date Filed 2/10/20

**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.

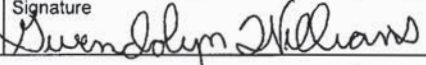
13-RC-256336

Date Filed

2/13/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer:</b> Lydia Care center		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 13901 Lydia ave. Robbins IL. 60472	
<b>3a. Employer Representative - Name and Title:</b> Susan Simonsen		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 708-385-8700	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 708-385-5642	<b>3f. E-Mail Address</b> susansimonsen24@gmail.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare Facility		<b>4b. Principal Product or Service</b> Nursing and Rehab	<b>5a. City and State where unit is located:</b> Robbins, Illinois
<b>5b. Description of Unit Involved:</b> <b>Included:</b> Security Advocates, Safety Advocates, Smoking monitors <b>Excluded:</b>			<b>6a. Number of Employees in Unit:</b> 16 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 02/05/20 and Employer declined recognition on or about (Date) 02/10/20 (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> Service Employee International Union - HCII		<b>8b. Address:</b> 2229 S. Halsted, Chicago IL. 60604	
<b>8c. Tel. No.</b> 312-980-9000	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> 312-980-9092	<b>8f. E-Mail Address</b> gwen.williams@seiuhcil.org
<b>8g. Affiliation, if any:</b> AFL- CIO		<b>8h. Date of Recognition or Certification</b> May 1, 2017	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> april 30, 2020
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> no If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b>
			<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> Feb. 18, 2020		<b>11c. Election Time(s):</b> 7am - 9am and 2pm-4pm	
		<b>11d. Election Location(s):</b> Lydia training room	
<b>12a. Full Name of Petitioner (including local name and number):</b> Service Employee International union - HCII		<b>12b. Address (street and number, city, State and ZIP code):</b> 2229 S. Halsted, Chicago IL. 60604	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> AFL-CIO			
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Gwendolyn Williams - organizer		<b>13b. Address (street and number, city, State and ZIP code):</b> 2229 S. Halsted, Chicago IL. 60604	
<b>13c. Tel. No.</b> 312-980-9000	<b>13d. Cell No.</b> 312-545-0368	<b>13e. Fax No.</b> 312-980-9092	<b>13f. E-Mail Address</b> gwen.williams@seiuhcil.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Gwendolyn Williams		<b>Signature</b> 	<b>Title</b> organizer
		<b>Date</b> 02/10/20	

**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.

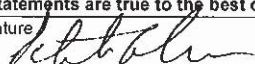
13-RC-256356

Date Filed

2/14/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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.

<b>2a. Name of Employer:</b> Jones Lang LaSalle		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 200 E Randolph St, Floors 43-48, Chicago, IL 60601	
<b>3a. Employer Representative - Name and Title:</b> Julianna Poyotte, Facilities Manager, Midwest		<b>3b. Address (if same as 2b - state same):</b> 200 E Randolph St, Floors 43-48, Chicago, IL 60601	
<b>3c. Tel. No.</b> 240-695-3293	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> julianna.poyotte@am.jll.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Office		<b>4b. Principal Product or Service</b> Maintenance	<b>5a. City and State where unit is located:</b> Chicago, IL
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time skilled maintenance workers working for Jones Lang LaSalle on the WeWork account in Chicago and the vicinity. <b>Excluded:</b> Office clerical, professional employees, managers, guards and supervisors as defined by The Act.			<b>6a. Number of Employees in Unit:</b> 8 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <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.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 03-03-2020	<b>11c. Election Time(s):</b> 12:00PM-1:00PM		<b>11d. Election Location(s):</b> 200 E Randolph
<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Operating Engineers Local 399		<b>12b. Address (street and number, city, State and ZIP code):</b> 2260 S Grove St, Chicago, IL 60616	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Operating Engineers, AFL-CIO			
<b>12d. Tel. No.</b> 312-372-9870	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 312-842-1565	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Pat O'Gorman, Organizer		<b>13b. Address (street and number, city, State and ZIP code):</b> 2260 S Grove St, Chicago, IL 60616	
<b>13c. Tel. No.</b> 312-980-6156	<b>13d. Cell No.</b> 773-502-7425	<b>13e. Fax No.</b> 312-842-1565	<b>13f. E-Mail Address</b> pogorman@iuoe399.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Pat O'Gorman	<b>Signature</b> 	<b>Title</b> Organizer	<b>Date</b> 02-14-20

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

## PRIVACY ACT STATEMENT

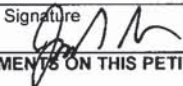
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses 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-256669	Date Filed 2/20/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>1. PURPOSE OF THIS PETITION:</b> 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 Lydia Care Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 13901 Lydia Ave., Robbins, IL 60472	
3a. Employer Representative - Name and Title Susan Simonsen		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 708-385-8700	3d. Cell No.	3e. Fax No. 708-385-5642	3f. E-Mail Address ssimonsen@lydiacares.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facility		4b. Principal product or service Nursing and Rehab	5a. City and State where unit is located: Robbins, Illinois
5b. Description of Unit Involved Included: security advocates a/k/a safety advocates a/k/a SAs, and smoking monitorrs Excluded:			6a. No. of Employees in Unit: 16 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: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 02/05/20 and Employer declined recognition on or about 02/10/20 (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). Service Employee Int'l Union - HCII		8b. Address 2229 S. Halsted, Chicago, IL 60608	
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 Service Employees Int'l Union		8h. Date of Recognition or Certification May 1, 2017	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) April 31, 2020
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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 2, 2020	11c. Election Time(s): 7am-9am and 2pm-4pm	11d. Election Location(s): Lydia training room	
12a. Full Name of Petitioner (including local name and number) Service Employee Int'l Union - HCII		12b. Address (street and number, city, state, and ZIP code) 2229 S. Halsted, Chicago, IL 60608	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees Int'l Union			
12d. Tel. No. 312-980-9000	12e. Cell No.	12f. Fax No. 312-980-9092	12g. E-Mail Address gwen.williams@seiuhcil.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Josiah A. Groff, attorney		13b. Address (street and number, city, state, and ZIP code) 8 S. Michigan Ave., 19th Fl. Chicago, IL 60603	
13c. Tel. No. 312-372-1361	13d. Cell No.	13e. Fax No. 312-372-6599	13f. E-Mail Address JGroff@laboradvocates.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) Josiah A. Groff	Signature 	Title attorney	Date 2/19/20

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

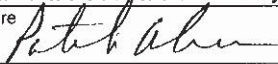
DO NOT WRITE IN THIS SPACE

Case No. 13-RC-256720

Date Filed  
2/21/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Hyatt Place South		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 5225 S Harper Ave, Chicago, IL 60615	
<b>3a. Employer Representative - Name and Title:</b> Leroy Brown, General Manager		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 773-752-5300	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> leroy.brown@hyatt.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hotel		<b>4b. Principal Product or Service</b> Maintenance	<b>5a. City and State where unit is located:</b> Chicago, IL
<b>5b. Description of Unit Involved:</b> <b>Included:</b> 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. <b>Excluded:</b> Office clerical, professional employees, managers, guards and supervisors as defined by The Act.			<b>6a. Number of Employees in Unit:</b> 2 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <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.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 03-06-2020		<b>11c. Election Time(s):</b> 12:00PM-12:30PM	
<b>11d. Election Location(s):</b> Hyatt Place South			
<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Operating Engineers Local 399		<b>12b. Address (street and number, city, State and ZIP code):</b> 2260 S Grove St, Chicago, IL 60616	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Operating Engineers, AFL-CIO			
<b>12d. Tel. No.</b> 312-372-9870	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 312-842-1565	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Pat O'Gorman, Organizer		<b>13b. Address (street and number, city, State and ZIP code):</b> 2260 S Grove St, Chicago, IL 60616	
<b>13c. Tel. No.</b> 312-980-6156	<b>13d. Cell No.</b> 773-502-7425	<b>13e. Fax No.</b> 312-842-1565	<b>13f. E-Mail Address</b> pogorman@iuoe399.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Pat O'Gorman	<b>Signature</b> 	<b>Title</b> Organizer	<b>Date</b> 02/21/20

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.

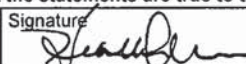
13-RC-256995

Date Filed

2/26/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Roseland Community Hospital		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 45 W 111th St, Chicago, IL 60628	
<b>3a. Employer Representative - Name and Title:</b> Tim Egan, President/CEO		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 773-995-3000	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> tegan@roselandhospital.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> acute care health facility		<b>4b. Principal Product or Service</b> Healthcare	<b>5a. City and State where unit is located:</b> Chicago IL
<b>5b. Description of Unit Involved:</b> Included: See attached Excluded: Registered Nurse supervisors & managers as defined by the NLRA			<b>6a. Number of Employees in Unit:</b> 100
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 02/20/2020 <b>and Employer declined recognition</b> on or about (Date) no reply received (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
<b>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)</b> None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> March 17, 2020	<b>11c. Election Time(s):</b> 6am-8am 5pm-8pm	<b>11d. Election Location(s):</b> Multipurpose room	
<b>12a. Full Name of Petitioner (including local name and number):</b> SEIU Healthcare Illinois & Indiana		<b>12b. Address (street and number, city, State and ZIP code):</b> 2229 S Halsted St Chicago IL 60608	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Service Employees International Union			
<b>12d. Tel. No.</b> 312-980-9000	<b>12e. Cell No.</b> 773-459-3108	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> heather.mcnabola@seiuhcil.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> George Luscombe		<b>13b. Address (street and number, city, State and ZIP code):</b> 8 South Michigan Ave, 19th floor, Chicago IL 60603	
<b>13c. Tel. No.</b> 312-372-1361	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 312-372-6599	<b>13f. E-Mail Address</b> gluscombe@laboradvocates.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Heather McNabola	<b>Signature</b> 	<b>Title</b> Field Director	<b>Date</b> 2/26/20

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 not release this information to the public, except as required by law, or to any other entity, except as required by law, or to any other entity, except as required by law.

**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.nlr.gov](http://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.

<b>2a. Name of Employer</b> Performing Arts at Metropolis, d/b/a Metropolis Performing Arts Centre		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 111 W. Campbell St. IL Arlington Heights 60005-	
<b>3a. Employer Representative - Name and Title</b> Brookes Ebetsch		<b>3b. Address</b> (If same as 2b - state same) 111 W. Campbell St. IL Arlington Heights 60005-	
<b>3c. Tel. No.</b> (847) 577-5982	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> bebetsch@metropolisarts.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Others		<b>4b. Principal product or service</b> Entertainment venue	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5a. City and State where unit is located:</b> Arlington Heights, IL	
		<b>6a. No. of Employees in Unit:</b> 2	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**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.

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

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

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

<b>11b. Election Date(s):</b> March 20, 2020	<b>11c. Election Time(s):</b> 11:00 a.m.	<b>11d. Election Location(s):</b> Employer's facility
<b>12a. Full Name of Petitioner (including local name and number)</b> Craig Carlson Theatrical Stage Employees Union Local No. 2		<b>12b. Address (street and number, city, state, and ZIP code)</b> 216 S. Jefferson St., Ste. 400 IL Chicago 60601-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (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

<b>12d. Tel No.</b> (312) 705-2020	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (312) 705-2011	<b>12g. E-Mail Address</b> ccarlson@iatselocal2.com
---------------------------------------	----------------------	---------------------------------------	--

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

<b>13a. Name and Title</b> David Huffman-Gottschling Jacobs, Burns, Orlove & Hernandez		<b>13b. Address (street and number, city, state, and ZIP code)</b> 150 N. Michigan Ave., Ste. 1000 IL Chicago 60601-	
<b>13c. Tel No.</b> (312) 327-3443	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (312) 726-3887	<b>13f. E-Mail Address</b> davidhg@jbosh.com

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

<b>Name (Print)</b> David Huffman-Gottschling	<b>Signature</b> David Huffman-Gottschling	<b>Title</b>	<b>Date</b> 02/27/2020 15:51:05
--	---	--------------	------------------------------------

**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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 13-RC-257111	Date Filed 2/27/20

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  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 13-RC-257168

Date Filed 2/28/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer</b> North Shore Home Health		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 4901 Searle Pkwy. Ste 160 IL Skokie 60076-	
<b>3a. Employer Representative - Name and Title</b> Julie Dayiantis		<b>3b. Address</b> (If same as 2b - state same) 4901 Searle Pkwy. Ste 160 IL Skokie 60076-	
<b>3c. Tel. No.</b> (847) 475-2001	<b>3d. Cell No.</b> (312) 498-0171	<b>3e. Fax No.</b> (847) 982-4284	<b>3f. E-Mail Address</b> jdayiantis@Northshore.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Healthcare		<b>4b. Principal product or service</b> Home Nursing & therapy prescribed	
<b>5a. City and State where unit is located:</b> Skokie, IL			

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 75
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

**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.

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

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

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Tues, 03-24-20	<b>11c. Election Time(s):</b> 7am-9am & 5pm-7pm	<b>11d. Election Location(s):</b> North Shore Home Health office located at 4901 Searle Pkwy, Skokie IL 6	

<b>12a. Full Name of Petitioner (including local name and number)</b> Abbey Davis AFSCME (American Federation of State, County, & Municipal Employees) Council 31		<b>12b. Address (street and number, city, state, and ZIP code)</b> 205 N Michigan Ave IL Chicago 60601-	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> AFL-CIO			

<b>12d. Tel No.</b> (312) 641-6060	<b>12e. Cell No.</b> (773) 744-6758	<b>12f. Fax No.</b> (312) 861-0979	<b>12g. E-Mail Address</b> adavis@afscme31.org
---------------------------------------	--	---------------------------------------	---

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Melissa Auerbach Attorney Dowd, Block, Bennett, Cervone, Auerbach & Wokich		<b>13b. Address (street and number, city, state, and ZIP code)</b> 8 S. Michigan Ave. 19th fl IL Chicago 60603-	
<b>13c. Tel No.</b> (312) 372-1361	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (312) 372-6599	<b>13f. E-Mail Address</b> mauerbach@laboradvocates.com

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

<b>Name (Print)</b> Abbey Davis	<b>Signature</b> Abbey Davis	<b>Title</b> Organizing Director	<b>Date</b> 02/28/2020 11:25:09
------------------------------------	---------------------------------	-------------------------------------	------------------------------------

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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
13-RC-257168	2/28/20

**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  
**RC 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, [www.nlrb.gov](http://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**  
Chicago Marriott Suites O'Hare

**2b. Address(es) of Establishment(s) involved** (Street and number, city, State, ZIP code)  
6155 North River Road, Rosemont, IL 60018

**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.**

**3e. Fax No.**  
847-696-4425

**3f. E-Mail Address**  
ed.brunt@marriott.com

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

**4b. Principal product or service**  
Hospitality

**5a. City and State where unit is located:**  
Rosemont, IL

**5b. Description of Unit Involved**

**Included:** All regular full-time and part-time cooks, prep cooks, dishwashers, restaurant 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

**6a. No. of Employees in Unit:**  
30

**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) 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 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)

**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):**  
3/13/2020

**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 labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
UNITE HERE IU

**12d. Tel No.**  
708-771-8700

**12e. Cell No.**  
630-917-7066

**12f. Fax No.**  
708-771-8988

**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)  
7238 W. Roosevelt Road, Forest Park, IL 60130

**13c. Tel No.**  
708-771-8700

**13d. Cell No.**  
630-917-7066

**13e. Fax No.**  
708-771-8988

**13f. 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)**

ALFONSO GARCIA

**Signature**

Alfonso Garcia

**Title**

PRESIDENT

**Date**

2-28-2020

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.