


UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

| DO NOT WRITE IN THIS SPACE      |                             |
|---------------------------------|-----------------------------|
| Case No.<br><b>13-RC-244251</b> | Date Filed<br><b>7/2/19</b> |

**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><br>Voestalpine Nortrak Inc.   |   | <b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b><br>2705 South State Street, Chicago Heights, Illinois 60411  |  |
| <b>3a. Employer Representative - Name and Title</b><br>Nicole Luscombe  |   | <b>3b. Address (If same as 2b - state same)</b><br>SAME   |  |
| <b>3c. Tel. No.</b><br>708-757-6568 ext. 4283   | <b>3d. Cell No.</b><br>708-473-6750   | <b>3e. Fax No.</b><br>708-757-6814  | <b>3f. E-Mail Address</b><br>nicole.luscombe@voestalpine.com |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Factory   |   | <b>4b. Principal product or service</b><br>Railroad Parts   |  |
| <b>5b. Description of Unit Involved</b><br><b>Included:</b> All full time and regular part time production and maintenance employees working at the employer's facilities located at 2705 S. State Street, Chicago Heights, IL 60411.<br><b>Excluded:</b> All other employees including office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act.           |   | <b>5a. City and State where unit is located:</b><br>Chicago Heights, IL<br><b>6a. No. of Employees in Unit:</b><br>190<br><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>Check One:</b> <input checked="" type="checkbox"/> <b>7a.</b> Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). Petition to serve as request.<br><input type="checkbox"/> <b>7b.</b> 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><br>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> <u>NO</u> If so, approximately how many employees are participating? _____<br>(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><br>July 18 & 19, 2019   | <b>11c. Election Time(s):</b><br>July 18th 1:30pm-5:30pm/July 19th 5:00pm-7:00pm                        |   | <b>11d. Election Location(s):</b><br>Bay Center (2nd FL)     |
| <b>12a. Full Name of Petitioner (including local name and number)</b><br>District Lodge 8, International Association of Machinists & Aerospace Workers AFL-CIO  |   | <b>12b. Address (street and number, city, state, and ZIP code)</b><br>113 Republic Avenue, Ste. 100, Joliet, IL 60435   |  |
| <b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b><br>International Association of Machinists & Aerospace Workers AFL-CIO   |   |   |  |
| <b>12d. Tel No.</b><br>815-280-6400   | <b>12e. Cell No.</b><br>630-430-6455  | <b>12f. Fax No.</b><br>815-280-6345   | <b>12g. E-Mail Address</b><br>rmickschl@iamaw.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><br>Rick Mickschl, Grand Lodge Representative   |   | <b>13b. Address (street and number, city, state, and ZIP code)</b><br>113 Republic Avenue, Ste. 100, Joliet, IL 60435   |  |
| <b>13c. Tel No.</b><br>815-280-6400   | <b>13d. Cell No.</b><br>630-430-6455  | <b>13e. Fax No.</b><br>815-280-6345   | <b>13f. E-Mail Address</b><br>rmickschl@iamaw.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><br>Rick Mickschl  | <b>Signature</b><br> | <b>Title</b><br>Grand Lodge Representative  | <b>Date</b><br>July 2, 2019                                  |

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

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will 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. <b>13-RC-244834</b> | Date Filed <b>7/15/19</b> |

**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><br>Raymundo's Food Group                                     |                     | <b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b><br>7424 S Lockwood Ave, Bedford Park, IL 60638 |  |
| <b>3a. Employer Representative - Name and Title</b><br>Gerardo Mata - Operations Manager |                     | <b>3b. Address (If same as 2b - state same)</b><br>same   |  |
| <b>3c. Tel. No.</b><br>708 344-8400  | <b>3d. Cell No.</b> | <b>3e. Fax No.</b>  | <b>3f. E-Mail Address</b><br>contactus@raymundos.com                 |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Food Processing    |                     | <b>4b. Principal product or service</b><br>Desserts   | <b>5a. City and State where unit is located:</b><br>Bedford Park, IL |

|   |  |   |
|---|--|---|
| <b>5b. Description of Unit Involved</b>   |  | <b>6a. No. of Employees in Unit:</b><br>70  |
| <b>Included:</b> All full-time and part-time, Lead operator/ operator, Cooks, Formulators, Janitors / production janitors, Forklift Operators, Universal Clerks, Shipping / Receiving, Machine Cleaners (maintenance) |  | <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> Managers, security guards as defined by the Act, and temporary workers.  |  |   |

|  |   |
|--|---|
| <b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>7/15/19</u> and Employer declined recognition on or about <u>7/15/19</u> (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> |

**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> |

**11. Election Details:** 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><br>8/05/19 | <b>11c. Election Time(s):</b><br>5:50am-7:30am, 1:30pm-3:30pm | <b>11d. Election Location(s):</b><br>Break room |
|--|---|---|

|   |   |
|---|---|
| <b>12a. Full Name of Petitioner (including local name and number)</b><br>Untied Food and Commercial Workers Local 881 | <b>12b. Address (street and number, city, state, and ZIP code)</b><br>1350 E. Touhy Ave, Rosemont, IL 60018 |
|---|---|

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Untied Food and Commercial workers International Union

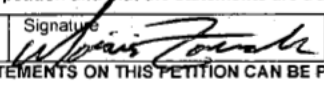
|  |                                      |                                     |   |
|--|--------------------------------------|-------------------------------------|---|
| <b>12d. Tel No.</b><br>847 294-5064 x329 | <b>12e. Cell No.</b><br>630 254-3100 | <b>12f. Fax No.</b><br>847 759-7107 | <b>12g. E-Mail Address</b><br>moiseszavala@local881ufcw.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><br>Joseph Torres, Attorney |  | <b>13b. Address (street and number, city, state, and ZIP code)</b><br>221 N. LaSalle St. Chicago, IL 60601 |  |
|---|--|--|--|

|                                   |                      |                                     |   |
|-----------------------------------|----------------------|-------------------------------------|---|
| <b>13c. Tel No.</b><br>3126412910 | <b>13d. Cell No.</b> | <b>13e. Fax No.</b><br>312 641-0781 | <b>13f. E-Mail Address</b><br>joe@karmellawfirm.com |
|-----------------------------------|----------------------|-------------------------------------|---|

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

|                                      |   |  |                        |
|--------------------------------------|---|--|------------------------|
| <b>Name (Print)</b><br>Moises Zavala | <b>Signature</b><br> | <b>Title</b><br>Director of Organizing | <b>Date</b><br>7/15/19 |
|--------------------------------------|---|--|------------------------|

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

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

|                                 |                              |
|---------------------------------|------------------------------|
| Case No.<br><b>13-RC-244872</b> | Date Filed<br><b>7/15/19</b> |
|---------------------------------|------------------------------|

**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><br>Raymond Management Company at Hampton Inn Suites By Hilton |                                       | <b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b><br>9480 West Higgins Road<br>IL Rosemont 60018- |   |
| <b>3a. Employer Representative - Name and Title</b><br>Brenda Kramer                      |                                       | <b>3b. Address (if same as 2b - state same)</b><br>9480 West Higgins Road<br>IL Rosemont 60018-  |   |
| <b>3c. Tel. No.</b><br>(847) 692-3000   | <b>3d. Cell No.</b><br>(224) 585-3709 | <b>3e. Fax No.</b><br>(847) 692-3001   | <b>3f. E-Mail Address</b><br>brenda.kramer@hilton.com |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Hotels & Motels     |                                       | <b>4b. Principal product or service</b>  |   |
|   |                                       | <b>5a. City and State where unit is located:</b><br>Des Plaines, IL  |   |

|  |   |
|--|---|
| <b>5b. Description of Unit Involved</b><br><b>Included:</b> See Attached Page 2 for additional details | <b>6a. No. of Employees in Unit:</b><br>22  |
| <b>Excluded:</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"/> |

**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> |                    | <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> |

|  |  |  |  |
|--|--|--|--|
| <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><br>7/26/19   | <b>11c. Election Time(s):</b><br>2PM-4PM | <b>11d. Election Location(s):</b><br>Hotel   |  |

|  |  |  |  |
|--|--|--|--|
| <b>12a. Full Name of Petitioner (including local name and number)</b><br>Maria Viveros<br>Unite Here Local 450   |  | <b>12b. Address (street and number, city, state, and ZIP code)</b><br>7238 Roosevelt Road<br>IL Forest Park 60130- |  |
| <b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b><br>Unite Here |  |  |  |

|                                       |  |                                       |   |
|---------------------------------------|--|---------------------------------------|---|
| <b>12d. Tel No.</b><br>(708) 771-8700 | <b>12e. Cell No.</b><br>(708) 834-0661 | <b>12f. Fax No.</b><br>(708) 771-8988 | <b>12g. E-Mail Address</b><br>mviveros@unitehere450.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><br>Maria Viveros | <b>Signature</b><br>Maria Viveros | <b>Title</b><br>Organizer | <b>Date</b><br>07/15/2019 16:03:12 |
|--------------------------------------|-----------------------------------|---------------------------|------------------------------------|

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

**PRIVACY ACT STATEMENT**

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Attachment

| DO NOT WRITE IN THIS SPACE |                       |
|----------------------------|-----------------------|
| Case<br>13-RC-244872       | Date Filed<br>7/15/19 |

Employees Included

Housekeeping Department, Room Attendants, Housekeeping Housemen, Lobby Attendants, Laundry Attendants, Housekeeping Supervisors

Employees Excluded

Maintenance Employees, Front Desk Employees, Drivers, Office Employees, Security Guards, Managers

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

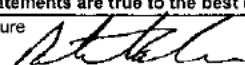
13-RC-244887

Date Filed

7/16/19

**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.

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|  |                                      |  |  |
|--|--------------------------------------|--|--|
| <b>2a. Name of Employer:</b><br>Atlantic Track and Turnout   |                                      | <b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b><br>2665 State St, Chicago Heights, IL 60411  |  |
| <b>3a. Employer Representative - Name and Title:</b><br>Rob Stone, Yard Manager  |                                      | <b>3b. Address (if same as 2b - state same):</b><br>Same   |  |
| <b>3c. Tel. No.</b><br>708-758-2488  | <b>3d. Cell No.</b>                  | <b>3e. Fax No.</b>   | <b>3f. E-Mail Address</b><br>r.stone@atlantictrack.com |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Manufacturing  |                                      | <b>4b. Principal Product or Service</b><br>Manufacturing/Operating   |  |
| <b>5a. City and State where unit is located:</b><br>Chicago Heights, IL  |                                      | <b>5b. Description of Unit Involved:</b><br>Included:<br>All full-time and regular part-time workers working for Atlantic Track at 2665 State St, Chicago Heights, IL under the job classifications of rail, cut and drill, loader operator, and other track material.<br>Excluded:<br>Office clerical, professional employees, managers, guards and supervisors as defined by The Act |  |
| <b>6a. Number of Employees in Unit:</b><br>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).<br><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? _____<br>(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><br><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail   |                                      |  |  |
| <b>11b. Election Date(s):</b><br>07/31/2019  |                                      | <b>11c. Election Time(s):</b><br>12:00PM-12:30PM   |  |
| <b>11d. Election Location(s):</b><br>Lunch Room  |                                      |  |  |
| <b>12a. Full Name of Petitioner (including local name and number):</b><br>International Union of Operating Engineers Local 399   |                                      | <b>12b. Address (street and number, city, State and ZIP code):</b><br>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><br>International Union of Operating Engineers, AFL-CIO   |                                      |  |  |
| <b>12d. Tel. No.</b><br>312-372-9870   | <b>12e. Cell No.</b>                 | <b>12f. Fax No.</b><br>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><br>Pat O'Gorman, Organizer   |                                      | <b>13b. Address (street and number, city, State and ZIP code):</b><br>2260 S Grove St, Chicago, IL 60616   |  |
| <b>13c. Tel. No.</b><br>312-980-6156   | <b>13d. Cell No.</b><br>773-502-7425 | <b>13e. Fax No.</b><br>312-842-1565  | <b>13f. E-Mail Address</b><br>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><br>Pat O'Gorman  |                                      | <b>Signature</b><br>  | <b>Title</b><br>Organizer                              |
|  |                                      | <b>Date</b><br>07/16/19  |  |

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

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

13-RD-245028

Date Filed

7/17/19

**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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

|  |  |  |  |
|--|--|--|--|
| 2a. Name of Employer<br>Alivio Medical Center  |  | 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)<br>966 West 21st Street and 2355 South Western Avenue, Chicago, IL 60608 |  |
| 3a. Employer Representative - Name and Title<br>Jose Ruiz, Human Resources Manager   |  | 3b. Address (If same as 2b - state same)<br>Same   |  |
| 3c. Tel. No.<br>(773)650-1200  | 3d. Fax No.  | 3e. Cell No.   | 3f. E-Mail Address<br>jruiz@aliviomedicalcenter.org      |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.)<br>Community clinic  |  | 4b. Principal product or service<br>Healthcare   |  |
| 5a. Description of Unit Involved<br>Included:<br>All full-time and regular part-time non-professional employees in the classifications in Section 2.1.<br>Excluded:<br>All employees identified in Section 2.2 of the collective-bargaining agreement. |  |  | 5b. City and State where unit is located:<br>Chicago, IL |
| 6. No. of Employees in Unit<br>46  | 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| 8a. Name of Recognized or Certified Bargaining Agent<br>Service Employees International Union, Healthcare Illinois and Indiana, CTW, CLC   |  | 8b. Affiliation, if any  |  |
| 8c. Address<br>2229 South Halsted Street<br>Chicago, IL 60608  |  | 8d. Tel. No.<br>(312)980-9000  | 8e. Cell No.<br>(773)243-6566                            |
|  |  | 8f. Fax No.<br>(312)784-3177   | 8g. E-Mail Address<br>Anne.Igo@seiu-hcil.org             |
| 9. Date of Recognition or Certification<br>1998  |  | 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)<br>June 30, 2019   |  |

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No 11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

|           |              |               |                     |
|-----------|--------------|---------------|---------------------|
| 12a. Name | 12b. Address | 12c. Tel. No. | 12d. Fax No.        |
|           |              | 12e. Cell No. | 12f. E-Mail Address |

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

13a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s) 13c. Election Time(s)  
8:00 a.m. to 10:30 a.m.

13d. Election Location(s)  
Break room at both locations

## 14. Full Name of Petitioner

(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)

(b) (6), (b) (7)(C)

14b. Tel. No.

14c. Fax No.

14d. Cell No.

14e. E-Mail Address

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name

(b) (6), (b) (7)(C)

15b. Title

An Individual

15c. Address (Street and number, city, state, ZIP code)

(b) (6), (b) (7)(C)

15d. Tel. No.

15e. Fax No.

15f. Cell No.

15g. E-Mail Address

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

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

Name (Print)

(b) (6), (b) (7)(C)

Title

An Individual

Date Filed

7/17/2019

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

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**13-RC-245267**

Date Filed  
**7/22/19**

**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.

|  |              |  |   |
|--|--------------|--|---|
| 2a. Name of Employer<br><b>SAKS FIFTH AVENUE</b>                                       |              | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)<br><b>700 N. MICHIGAN AVE. CHICAGO, IL 60611</b>   |   |
| 3a. Employer Representative - Name and Title<br><b>DAWN TOROKER - GENERAL MANAGER</b>  |              | 3b. Address (If same as 2b - state same)<br><b>SAME</b>  |   |
| 3c. Tel. No.<br><b>312-944-6500</b>  | 3d. Cell No. | 3e. Fax No.  | 3f. E-Mail Address<br><b>DAWN_TOROKER@S5A.COM</b> |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.)<br><b>DEPARTMENT STORE</b> |              | 4b. Principal product or service<br><b>RETAIL</b>  |   |
| 5a. City and State where unit is located:<br><b>CHICAGO, IL</b>                        |              | 5b. Description of Unit Involved<br>Included: <b>ALL BUSINESS MANAGERS, BEAUTY ADVISORS, FRAGRANCE SPECIALISTS</b><br>Excluded: <b>IN THE COSMETICS AND FRAGRANCES DEPARTMENT</b><br><b>ALL OTHERS</b> |   |
| 6a. No. of Employees in Unit:<br><b>43</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"/>                   |   |

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

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

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

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

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

|   |   |  |
|---|---|--|
| 11b. Election Date(s):<br><b>8.9.19</b> | 11c. Election Time(s):<br><b>10am - 4pm</b> | 11d. Election Location(s):<br><b>CONFERENCE ROOM</b> |
|---|---|--|

|  |  |
|--|--|
| 12a. Full Name of Petitioner (including local name and number)<br><b>RWDSU</b> | 12b. Address (street and number, city, state, and ZIP code)<br><b>3181 EASTERN AVE S.E. GRAND RAPIDS, MI 49501</b> |
|--|--|

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

|                                      |                                      |                                     |  |
|--------------------------------------|--------------------------------------|-------------------------------------|--|
| 12d. Tel. No.<br><b>616 241 4357</b> | 12e. Cell No.<br><b>347 721 4584</b> | 12f. Fax No.<br><b>616 241 1310</b> | 12g. E-Mail Address<br><b>KBROKT@RWDSU.ORG</b> |
|--------------------------------------|--------------------------------------|-------------------------------------|--|

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

|   |  |
|---|--|
| 13a. Name and Title<br><b>KEVIN BROKT - ORGANIZER</b> | 13b. Address (street and number, city, state, and ZIP code)<br><b>925 WEST HURON ST. APT 526 CHICAGO, IL 60642</b> |
|---|--|

|                                      |               |              |  |
|--------------------------------------|---------------|--------------|--|
| 13c. Tel. No.<br><b>347 721 4584</b> | 13d. Cell No. | 13e. Fax No. | 13f. E-Mail Address<br><b>KBROKT@RWDSU.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.

|                                    |  |                           |                        |
|------------------------------------|--|---------------------------|------------------------|
| Name (Print)<br><b>KEVIN BROKT</b> | Signature<br> | Title<br><b>ORGANIZER</b> | Date<br><b>7.22.19</b> |
|------------------------------------|--|---------------------------|------------------------|

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

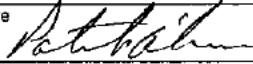
Case No.

13-RC-245391

Date Filed

7/24/19

**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-605); 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: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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><br>CBRE, Inc   |                                      | <b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b><br>321 N Clark St #3400, Chicago, IL 60654   |   |
| <b>3a. Employer Representative - Name and Title:</b><br>Sean O'Connor, FM Engineering Operations Manager  |                                      | <b>3b. Address (if same as 2b - state same):</b><br>Same   |   |
| <b>3c. Tel. No.</b><br>224-240-3544   | <b>3d. Cell No.</b>                  | <b>3e. Fax No.</b>   | <b>3f. E-Mail Address</b><br>scan.oconnor2@cbre.com |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b><br>Logistics Distribution   |                                      | <b>4b. Principal Product or Service</b><br>Maintenance   |   |
| <b>5a. City and State where unit is located:</b><br>Chicago, IL   |                                      | <b>5b. Description of Unit Involved:</b><br><b>Included:</b><br>All full-time and regular part-time skilled maintenance employees working for CBRE, Inc on the UPS Mobile account in the state of Illinois.<br><b>Excluded:</b><br>Office clerical, professional employees, managers, guards and supervisors as defined by The Act |   |
| <b>6a. Number of Employees in Unit:</b><br>5  |                                      | <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).<br><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? _____<br>(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 and election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b><br><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail   |                                      |  |   |
| <b>11b. Election Date(s):</b><br>08/02/2019   |                                      | <b>11c. Election Time(s):</b><br>N/A   |   |
| <b>11d. Election Location(s):</b><br>N/A  |                                      |  |   |
| <b>12a. Full Name of Petitioner (including local name and number):</b><br>International Union of Operating Engineers Local 399  |                                      | <b>12b. Address (street and number, city, State and ZIP code):</b><br>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><br>International Union of Operating Engineer, AFL-CIO   |                                      |  |   |
| <b>12d. Tel. No.</b><br>312-372-9870  | <b>12e. Cell No.</b>                 | <b>12f. Fax No.</b><br>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><br>Pat O'Gorman, Organizer  |                                      | <b>13b. Address (street and number, city, State and ZIP code):</b><br>2260 S Grove St, Chicago, IL 60616   |   |
| <b>13c. Tel. No.</b><br>312-980-6156  | <b>13d. Cell No.</b><br>773-502-7425 | <b>13e. Fax No.</b><br>312-842-1565  | <b>13f. E-Mail Address</b><br>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><br>Pat O'Gorman   |                                      | <b>Signature</b><br>  | <b>Title</b><br>Organizer                           |
|   |                                      | <b>Date</b><br>07/24/19  |   |

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

## PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

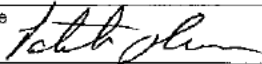
13-RC-245610

Date Filed

7/29/19

**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><br>Aramark Healthcare Support Services   |                                      | <b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b><br>777 Park Ave W, Highland Park, IL 60035 |   |
| <b>3a. Employer Representative - Name and Title:</b><br>David Economus, Maintenance Supervisor  |                                      | <b>3b. Address (if same as 2b - state same):</b><br>Same   |   |
| <b>3c. Tel. No.</b><br>847-432-8000   | <b>3d. Cell No.</b>                  | <b>3e. Fax No.</b>   | <b>3f. E-Mail Address</b><br>economus-david@aramark.com   |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Hospital  |                                      | <b>4b. Principal Product or Service</b><br>Maintenance   | <b>5a. City and State where unit is located:</b><br>Highland Park, IL   |
| <b>5b. Description of Unit Involved:</b><br><b>Included:</b><br>All full-time and regular part-time Maintenance Technicians working for Aramark Healthcare Support Services at Highland Park Hospital located at 777 Park Ave W, Highland Park, IL 60035.<br><b>Excluded:</b><br>Office clerical, professional employees, managers, guards and supervisors as defined by The Act. |                                      |  | <b>6a. Number of Employees in Unit:</b><br>8<br><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).<br><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? _____<br>(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><br><b>10d. Cell No.</b><br><b>10e. Fax No.</b><br><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><br><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail   |
| <b>11b. Election Date(s):</b><br>08-14-2019   |                                      | <b>11c. Election Time(s):</b><br>7:00AM-7:30AM and 3:00PM-3:30PM   | <b>11d. Election Location(s):</b><br>Maintenance Shop   |
| <b>12a. Full Name of Petitioner (including local name and number):</b><br>International Union of Operating Engineer Local 399   |                                      | <b>12b. Address (street and number, city, State and ZIP code):</b><br>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><br>International Union of Operating Engineers, AFL-CIO  |                                      |  |   |
| <b>12d. Tel. No.</b><br>312-372-9870  | <b>12e. Cell No.</b>                 | <b>12f. Fax No.</b><br>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><br>Pat O'Gorman, Organizer  |                                      | <b>13b. Address (street and number, city, State and ZIP code):</b><br>2260 S Grove St, Chicago, IL 60616                                   |   |
| <b>13c. Tel. No.</b><br>312-980-6156  | <b>13d. Cell No.</b><br>773-502-7425 | <b>13e. Fax No.</b><br>312-842-1565  | <b>13f. E-Mail Address</b><br>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><br>Pat O'Gorman   |                                      | <b>Signature</b><br>                                    | <b>Title</b><br>Organizer<br><b>Date</b><br>07/29/19  |

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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information 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.

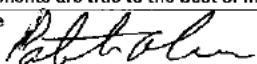
13-RC-245679

Date Filed

7/30/19

**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><br>Adler Planetarium  |   | <b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b><br>1300 S Lake Shore Dr, Chicago, IL 60605  |  |
| <b>3a. Employer Representative - Name and Title:</b><br>Rich Zizek, Director of Facilities and Public Safety   |   | <b>3b. Address (if same as 2b - state same):</b><br>Same  |  |
| <b>3c. Tel. No.</b><br>312-322-0317  | <b>3d. Cell No.</b>   | <b>3e. Fax No.</b>  | <b>3f. E-Mail Address</b><br>rzizek@adlerplanetarium.org |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Planetarium  |   | <b>4b. Principal Product or Service</b><br>Maintenance  |  |
| <b>5a. City and State where unit is located:</b><br>Chicago, IL  |   | <b>5b. 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>6a. Number of Employees in Unit:</b><br>7   |   |   |  |
| <b>6b. Description of Unit Involved:</b><br>Included:<br>All full-time and regular part-time building engineers and lead building engineers working for the Adler Planetarium at 1300 S Lake Shore Dr, Chicago, IL 60605.<br>Excluded:<br>Office clerical, professional employees, manager, guards and supervisors as defined by The Act.                          |   |   |  |
| <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).<br><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? _____<br>(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><br><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail  |   |   |  |
| <b>11b. Election Date(s):</b><br>08-16-2019  |   | <b>11c. Election Time(s):</b><br>11:30AM-12:30PM and 2:30PM-3:30PM  |  |
| <b>11d. Election Location(s):</b><br>Board Room  |   |   |  |
| <b>12a. Full Name of Petitioner (including local name and number):</b><br>International Union of Operating Engineers Local 399   |   | <b>12b. Address (street and number, city, State and ZIP code):</b><br>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><br>International Union of Operating Engineers, AFL-CIO   |   |   |  |
| <b>12d. Tel. No.</b><br>312-372-9870   | <b>12e. Cell No.</b>  | <b>12f. Fax No.</b><br>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><br>Pat O'Gorman, Organizer   |   | <b>13b. Address (street and number, city, State and ZIP code):</b><br>2260 S Grove St, Chicago, IL 60616  |  |
| <b>13c. Tel. No.</b><br>312-980-6156   | <b>13d. Cell No.</b><br>773-502-7425  | <b>13e. Fax No.</b><br>312-842-1565   | <b>13f. E-Mail Address</b><br>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><br>Pat O'Gorman  | <b>Signature</b><br> | <b>Title</b><br>Organizer   | <b>Date</b><br>07/30/19                                  |

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

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information 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.

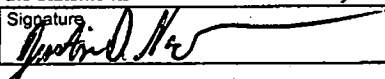
13-RC-244331

Date Filed

7/3/19

**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><br>ITS/Con-Global   |   | <b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b><br>169 East 63rd Street, Chicago, IL. 60637  |   |
| <b>3a. Employer Representative - Name and Title:</b><br>Paul McNab, Vice President of Operations   |   | <b>3b. Address (if same as 2b - state same):</b><br>Same   |   |
| <b>3c. Tel. No.</b><br>(815) 521-1456  | <b>3d. Cell No.</b><br>(708) 516-9151   | <b>3e. Fax No.</b><br>(773) 449-6327   | <b>3f. E-Mail Address</b><br>pmcnab@in-termserv.com     |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Intermodal   |   | <b>4b. Principal Product or Service</b><br>Railyard Services   |   |
| <b>5b. Description of Unit Involved:</b><br>Included: All full-time and regular part-time Terminal Operators and Terminal Operator Leads employed by the Employer at its facility currently located at 169 East 63rd Street, Chicago, Illinois 60637<br><br>Excluded: All other employees including Operations Managers, maintenance employees, managerial employees, office clerical employees and guards, professional employees and supervisors |   | <b>5a. City and State where unit is located:</b><br>Chicago, Illinois<br><br><b>6a. Number of Employees in Unit</b><br>74<br><br><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"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ by this petition and Employer declined recognition on or about (Date) _____ (If no reply received, so state).<br><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><br>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> <u>No</u> If so, approximately how many employees are participating? _____<br>(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><br><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail  |   |
| <b>11b. Election Date(s):</b><br>July 19, 2019   | <b>11c. Election Time(s):</b><br>6AM-9AM and 3PM-6PM  | <b>11d. Election Location(s):</b><br>Break room without surveillance cameras   |   |
| <b>12a. Full Name of Petitioner (including local name and number):</b><br>Teamsters Local 710  |   | <b>12b. Address (street and number, city, State and ZIP code):</b><br>9000 West 187th Street Mokena, IL 60448  |   |
| <b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b><br>International Brotherhood of Teamsters  |   |  |   |
| <b>12d. Tel. No.</b><br>(773) 254-3200   | <b>12e. Cell No.</b><br>(219) 771-1784  | <b>12f. Fax No.</b><br>(773) 254-4193  | <b>12g. E-Mail Address</b><br>jvaughn@teamsters710.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><br>Justin Vaughn, Organizer/Agent  |   | <b>13b. Address (street and number, city, State and ZIP code):</b><br>9000 West 187th Street Mokena, IL 60448  |   |
| <b>13c. Tel. No.</b><br>(773) 254-3200   | <b>13d. Cell No.</b><br>(219) 771-1784  | <b>13e. Fax No.</b><br>(773) 254-4193  | <b>13f. E-Mail Address</b><br>jdvaughn@teamsters710.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><br>Justin Vaughn   | <b>Signature</b><br> | <b>Title</b><br>Organizer  | <b>Date</b><br>07/03/19                                 |

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

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