

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No: 13-RD-251157 Date Filed: 11/4/19

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

1. PURPOSE OF THIS PETITION: 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: Saks & Company, LLC 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

3a. Employer Representative - Name and Title: Andrea Georganas 3b. Address (If same as 2b - state same): SAME AS ABOVE

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

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Department store 4b. Principal product or service: Clothing 5a. City and State where unit is located: Chicago, IL

5b. Description of Unit Involved
Included: Receiving associates, shipping associates, transporter associates, visual associates, cosmetics clericals, jewelry operations associates (clericals), and women's alterations fitters/sewers.
Excluded: Selling associates, supervisors, managers, asset protection and guards and employees already represented.

6a. No. of Employees in Unit: 4
6b. 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? Yes ☐ No ☐

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

8a. Name of Recognized or Certified Bargaining Agent 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 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: Retail, Wholesale and Department Store Union (RWDSU), Chicago Joint Board 10b. Address: 37 S Ashland Ave, Chicago, IL 60607-1805 10c. Tel. No.: (312)733-1436 10d. Cell No.: (312)953-9470
10e. Fax No.: (312)733-1441 10f. E-Mail Address: (b) (6), (b) (7)(C)

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): 11c. Election Time(s): 1:00pm - 1:30 pm 11d. Election Location(s): Break room

12a. Full Name of Petitioner: (b) (6), (b) (7)(C) 12b. Address (street and number, city, state, and ZIP code): (b) (6), (b) (7)(C)

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

NONE

12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address

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

13a. Name and Title: (b) (6), (b) (7)(C) 13b. Address (street and number, city, state, and ZIP code): SAME AS ABOVE

13c. Tel No.: SAME AS ABOVE 13d. Cell No.: SAME AS ABOVE 13e. Fax No.: SAME AS ABOVE 13f. E-Mail Address: SAME AS ABOVE

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

Name (Print): (b) (6), (b) (7)(C) Title: (b) (6), (b) (7)(C) Date: 11-04-2019

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

WILLFUL FALSE STATEMENT 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.

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.
13-RD-251106

Date Filed
11/4/19

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

1. PURPOSE OF THIS PETITION: 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
NuCO2 Management LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1280 Howard St., Elk Grove Village, IL 60007

3a. Employer Representative - Name and Title
Chris Bakutis

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

3c. Tel. No.
847-593-3564

3d. Cell No.
773-349-4456

3e. Fax No.

3f. E-Mail Address
cbakutis@nuco2.com

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

4b. Principal product or service
Beverage grade carbon dioxide

5a. City and State where unit is located:
Elk Grove Village, IL

5b. Description of Unit Involved

Included:
All full-time and regular part-time drivers, installers, and tech/installers employed by the Employer at its facility currently located at 1280 Howard Street, Elk Grove Village, Illinois.

Excluded:
All other employees, human resource employees, managers, office clerical employees and guards, professional employees, and supervisors as defined in the Act.

6a. No. of Employees in Unit:

5

6b. 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? Yes ☒ No ☐

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

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

8a. Name of Recognized or Certified Bargaining Agent
Teamsters Local Union No. 705

8b. Address
1645 W. Jackson Blvd., 7th Floor, Chicago, IL 60653

8c. Tel. No.
312-738-2800

8d. Cell No.

8e. Fax No.
312-738-2823

8f. E-Mail Address
ats@l705ibt.org

8g. Affiliation, if any

International Brotherhood of Teamsters

8h. Date of Recognition or Certification

November 1, 2018

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 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):
11/6/2019

11c. Election Time(s):
12:00 p.m. to 12:30 p.m.

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

11d. Election Location(s):
Employee break room, 1280 Howard St., Elk Grove Village, IL

12a. Full Name of Petitioner

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

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

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

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

12d. Tel. No.

12e. Cell No.

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

12f. Fax No.

12g. E-Mail Address

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

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

13a. Name and Title

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

13c. Tel. No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

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

Name (Print)

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

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

Date

11-04-2019

WILLFUL FALSE STATEMENT

PRISONMENT (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.

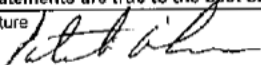
13-RC-251732

Date Filed

11/14/19

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

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

2a. Name of Employer: Digital Realty		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 505 N. Railroad Ave, Northlake, IL 60164	
3a. Employer Representative - Name and Title: Mike Plesha, Data Center Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No.	3d. Cell No. 773-315-3126	3e. Fax No.	3f. E-Mail Address mplesha@digitalrealty.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Data Center		4b. Principal Product or Service Maintenance	
5a. City and State where unit is located: IL		5b. Number of Employees in Unit: 10	
6a. Description of Unit Involved: Included: All full-time and regular part-time skilled maintenance workers working for Digital Realty at 505 N. Railroad Ave, Northlake, IL 60164 Excluded: Office clerical, professional employees, managers, guards and supervisors as defined by The Act		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 11/27/2019		11c. Election Time(s): 6:30AM-7:30AM and 2:30PM-3:30PM	
11d. Election Location(s): Conference Room			
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 399		12b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, AFL-CIO			
12d. Tel. No. 312-372-9870	12e. Cell No.	12f. Fax No. 312-842-1565	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Pat O'Gorman, Organizer		13b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616	
13c. Tel. No. 312-980-6156	13d. Cell No. 773-502-7425	13e. Fax No. 312-842-1565	13f. E-Mail Address pogorman@iuoe399.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Pat O'Gorman	Signature 		Title Organizer
			Date 11/14/19

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.

13-RC-251806

Date Filed

11/15/19

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

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

2a. Name of Employer Omni Hotels Management Corp. dba Omni Chicago Hotel		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 676 N. Michigan Avenue, Chicago IL 60611	
3a. Employer Representative - Name and Title Richard Maxfield, General Manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. (312)944-6664	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rmaxfield@omnihotels.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel		4b. Principal product or service Hospitality	
		5a. City and State where unit is located: Chicago, IL	

5b. Description of Unit Involved Included: All regular part-time & full-time Housekeeping Department employees (including room attendants, housepersons, lobby attendants, floor care attendants, linen room attendants, utility porters, turn down attendants, office coordinators and housekeeping supervisors) of the Employer at its operations at 676 N. Michigan Ave. Excluded: Other employees; valet employees, engineering employees, food and beverage employees, front desk department employees, guards, managers and supervisors as defined in the NLRA.		6a. No. of Employees in Unit: 57
		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) 11/15/2019 and Employer declined recognition on or about <u>no reply</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.
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8a. Name of Recognized or Certified Bargaining Agent (If none, so state). none		8b. Address none	
8c. Tel. No. none	8d. Cell No. none	8e. Fax No. none	8f. E-Mail Address none
8g. Affiliation, if any none		8h. Date of Recognition or Certification none	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) n/a

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

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 none	10b. Address none	10c. Tel. No. none	10d. Cell No. none
		10e. Fax No. none	10f. E-Mail Address none

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
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11b. Election Date(s): As soon as possible	11c. Election Time(s): 11am-1pm, 4pm-7pm	11d. Election Location(s): Omni Chicago Hotel, 676 N. Michigan Ave.
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12a. Full Name of Petitioner (Including local name and number) UNITE HERE Local 1	12b. Address (street and number, city, state, and ZIP code) 218 S. Wabash Ave., Suite 700, Chicago, IL 60604
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) UNITE HERE

12d. Tel. No. 312-663-4373	12e. Cell No.	12f. Fax No. 312-986-3828	12g. E-Mail Address sgainer@unitehere.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Sheila Gainer, Lead Organizer		13b. Address (street and number, city, state, and ZIP code) 218 S. Wabash Ave., Suite 700, Chicago, IL 60604	
13c. Tel. No. 773-680-7588	13d. Cell No. 773-680-7588	13e. Fax No. 312-986-3828	13f. E-Mail Address sgainer@unitehere.org

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

Name (Print) Sheila Gainer	Signature <i>Sheila Gainer</i>	Title Lead Organizer	Date 11/15/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
13-RC-251816

Date Filed
11/15/19

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

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

2a. Name of Employer Community First Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 5634 W. Addison St., Chicago, IL 60634	
3a. Employer Representative - Name and Title Greg Brentano, CEO		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 773-282-7000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address GBrentano@cfmedicalcenter.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute Care Hospital		4b. Principal product or service Healthcare	
5b. Description of Unit Involved Included: See Attachment A Excluded: See Attachment A		5a. City and State where unit is located: Chicago, IL	
		6a. No. of Employees in Unit: 320	
		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). None		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): November 26, 2019	11c. Election Time(s): 6:00am - 9:00am; 11:00am-2:00pm; 6:00pm-9:00pm	11d. Election Location(s): Conference room A & B, 7th Floor
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12a. Full Name of Petitioner (including local name and number)
National Nurses Organizing Committee (NNOC)

12b. Address (street and number, city, state, and ZIP code)
155 Grand Ave., Oakland, CA 94612

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)


12d. Tel No. 510-273-2200 **12e. Cell No.** **12f. Fax No.** 510-663-4822 **12g. E-Mail Address**

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

13a. Name and Title Nicole J. Daro, Legal Counsel **13b. Address (street and number, city, state, and ZIP code)**
155 Grand Ave., Oakland, CA 94612

13c. Tel No. 510-273-2294 **13d. Cell No.** **13e. Fax No.** 510-663-4822 **13f. E-Mail Address**
ndaro@nationalnursesunited.org

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

Name (Print) Nicole J. Daro **Signature**  **Title** Legal Counsel **Date** November 15, 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.

Attachment A

**RC Petition
Community First Medical Center**

by National Nurses Organizing Committee (NNOC)

5. Unit Involved

Included:

All full-time, regular part-time, and per diem Registered Nurses employed by the Employer at its facility at 5634 W. Addison St., Chicago IL, 60634.

Excluded:

All other employees, confidential employees, physicians, residents, employees of outside registries and other agencies supplying labor to the Employer, traveling nurses, all other professionals, already-represented employees, managerial employees, guards, and supervisors within the meaning of the Act.


UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
13-RC-251828

Date Filed
11/15/19

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer First Student		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 250 W. 63rd St., Westmont IL 60559; 11S221 Madison St., Burr Ridge IL 60527 DuPage County	
3a. Employer Representative - Name and Title Jose Vasquez, Shop Manager		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. (800) 204-4362	3d. Cell No. (630) 964-2500	3e. Fax No. (630) 964-2527	3f. E-Mail Address Jose.Vasquez@FirstGroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School & City Bus Service Garage		4b. Principal product or service Service	
5a. City and State where unit is located: Westmont, IL			5b. Description of Unit Involved
Included: All full time and regular part time Service Technicians including journeyman, apprentices, semi-skilled, lube rack technicians and fluid checkers who are employed by the employer whose facilities are currently located at 250 W. 63rd St. in Westmont, IL 60559 and 11S221 Madison St. in Burr Ridge, IL 60527. Excluded: All other employees including Monitors, Dispatchers, Drivers, Parts Employees, Office clerical employees, professional employees, managerial employees, guards and supervisors as defined by the Act.			6a. No. of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" 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). Petition to serve as request. <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). 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? <u>NO</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): December 9, 2019	11c. Election Time(s): 1:00 PM - 2:00 PM	11d. Election Location(s): East Side of Shop	
12a. Full Name of Petitioner (including local name and number) Local Lodge 701, International Association of Machinists & Aerospace Workers AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists & Aerospace Workers AFL-CIO			
12d. Tel No. 815-280-6400	12e. Cell No. 815-214-4587	12f. Fax No. 815-280-6345	12g. E-Mail Address wlepinske@iamaw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title William J. LePinske, Grand Lodge Representative/TOL		13b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435	
13c. Tel No. 815-280-6400	13d. Cell No. 815-214-4587	13e. Fax No. 815-280-6345	13f. E-Mail Address wlepinske@iamaw.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) William J. LePinske	Signature 	Title Grand Lodge Representative	Date November 15, 2019

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.
13-RC-251854

Date Filed
11/15/19

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

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

2a. Name of Employer First Student, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 425 N. Villa Ave. IL Villa Park 60181-	
3a. Employer Representative - Name and Title Felix Setyadi		3b. Address (if same as 2b - state same) 425 N. Villa Ave. IL Villa Park 60181-	
3c. Tel. No. (630) 530-9366	3d. Cell No. (224) 567-9714	3e. Fax No. (630) 530-9250	3f. E-Mail Address felix.setyadi@firstgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service School bus student transportation	
		5a. City and State where unit is located: Villa Park, IL	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 3
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: 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.

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

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

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

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

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

11b. Election Date(s): 12/3/2019	11c. Election Time(s): 930 am to 10 am	11d. Election Location(s): small hallway office between shop and drivers' lounge
--	--	--

12a. Full Name of Petitioner (including local name and number) Gregory W Glimco Teamsters Local 777	12b. Address (street and number, city, state, and ZIP code) 7827 Ogden Ave. IL Lyons 60534-
--	--

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

12d. Tel No. (708) 777-1081	12e. Cell No. (630) 854-9919	12f. Fax No. (708) 777-1082	12g. E-Mail Address greg@teamsters777.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	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) Gregory W Glimco	Signature Gregory W Glimco	Title Secretary Treasurer	Date 11/15/2019 12:35:29
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 13-RC-251854	Date Filed 11/15/19

Employees Included

All full-time and regular part-time dispatchers, payroll personnel, and router.

Employees Excluded

all other employees, drivers, aides, mechanics, trainers, all those employees covered by other collective bargaining agreements, guards and supervisors as defined in the Act

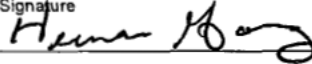
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 13-RC-251952 Date Filed 11/18/19

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

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

2a. Name of Employer: black horse carriers inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 680 Remington BLVD. Bolingbrook Illinois 60440	
3a. Employer Representative - Name and Title: Richard Berg		3b. Address (if same as 2b - state same): same	
3c. Tel. No.	3d. Cell No. 630-690-8900	3e. Fax No.	3f. E-Mail Address richardberg@blackhorsecarriers.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) warehouse		4b. Principal Product or Service logistics	5a. City and State where unit is located:
5b. Description of Unit Involved: Included: All full time and regular part time warehousemen, shipping and receiving, leads, dock workers Excluded: all other employees as stated in the Act.			6a. Number of Employees in Unit: 40 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): December 3,,4,5 2019		11c. Election Time(s): morning and afternoon	11d. Election Location(s): employee lunchroom or shipping & receiving office
12a. Full Name of Petitioner (including local name and number): Teamsters local 781		12b. Address (street and number, city, State and ZIP code): 747 church rd. bldg. D Elmhurst ill 60126	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 202-624-6800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Tracy I. treadwell Secretary-Treasurer		13b. Address (street and number, city, State and ZIP code): 747 Church RD. bldg. D Elmhurst ill 60126	
13c. Tel. No. 847-298-9999	13d. Cell No. 630-880-5112	13e. Fax No. 847-824-0781	13f. E-Mail Address truck781@att.net
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) hernan Gomez		Signature 	Title Vice President
		Date 11-15-2019	

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

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

13-RC-252169

Date Filed

11/21/19

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

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

2a. Name of Employer:

CBRE, Inc.

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

1850 Springer Dr, Lombard, IL 60148

3a. Employer Representative - Name and Title:

Frank Stephens, Critical Facilities Manager

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

700 Commerce Dr Suite 500, Oak Brook, IL 60523

3c. Tel. No.

630-288-2761

3d. Cell No.

630-272-2988

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

frank.stephens@cbre.com

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

Data Center

4b. Principal Product or Service

Maintenance

5a. City and State where unit is located:

Lombard, IL

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

All full-time and regular part-time skilled maintenance workers working at the CyrusOne facility for CBRE located at 1850 Springer Dr, Lombard, IL 60148.

Excluded:

Office clerical, professional employees, managers, guards and supervisors as defined by The Act

6a. Number of Employees in Unit:

5

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

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

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

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

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

(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

None

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

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

11a. Election Type:☒ Manual ☐ Mail ☐ Mixed Manual/Mail**11b. Election Date(s):**

12-05-2019

11c. Election Time(s):

6:30AM-7:30AM

11d. Election Location(s):

On Site Conference Room

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

International Union of Operating Engineers Local 399

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

2260 S Grove St, Chicago, IL 60616

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

International Union of Operating Engineers, AFL-CIO

12d. Tel. No.

312-372-9870

12e. Cell No.**12f. Fax No.**

312-842-1565

12g. E-Mail Address

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

13a. Name and Title:

Pat O'Gorman, Organizer

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

2260 S Grove St, Chicago, IL 60616

13c. Tel. No.

312-980-6156

13d. Cell No.

773-502-7425

13e. Fax No.

312-842-1565

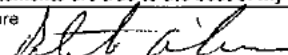
13f. E-Mail Address

pogorman@iuoe399.com

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

Name (Print)

Pat O'Gorman

Signature**Title**

Organizer

Date

11/21/19

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.

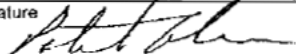
13-RC-252246

Date Filed

11/22/19

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

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

2a. Name of Employer: Vinakom		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1100 and 1000 E Woodfield Rd, Schaumburg, IL 60173	
3a. Employer Representative - Name and Title: Vanessa Gomez, Property Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 847-240-9330	3d. Cell No.	3e. Fax No.	3f. E-Mail Address vhwoodfield@vhlfc.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Office		4b. Principal Product or Service Maintenance	5a. City and State where unit is located: Schaumburg, IL
5b. Description of Unit Involved: Included: All full-time and regular part-time skilled maintenance workers working for Vinakom at 1100 and 1000 E Woodfield Rd, Schaumburg, IL 60173. Excluded: Office clerical, professional employees, managers, guards and supervisors as defined by The Act			6a. Number of Employees in Unit: 3
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 12/6/2019	11c. Election Time(s): 12:00PM-12:30PM		11d. Election Location(s): On Site Conference Room
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 399		12b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, AFL-CIO			
12d. Tel. No. 312-372-9870	12e. Cell No.	12f. Fax No. 312-842-1565	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Pat O'Gorman, Organizer		13b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616	
13c. Tel. No. 312-980-6156	13d. Cell No. 773-502-7425	13e. Fax No. 312-842-1565	13f. E-Mail Address pogorman@iuoe399.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Pat O'Gorman	Signature 		Title Organizer
			Date 11/22/19

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

Case No.

13-RD-252456

Date Filed

11/26/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 XPO LOGISTICS		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 26 BUSINESS RT 30, AURORA, IL, 60503	
3a. Employer Representative - Name and Title MARK CURCIO, TM		3b. Address (If same as 2b - state name) SAME	
3c. Tel. No. 630-820-1604	3d. Fax No. /	3e. Cell No. /	3f. E-Mail Address /
4a. Type of Establishment (Factory, mine, wholesaler, etc.) TRUCKING COMPANY		4b. Principal product or service TRUCKING	
5a. Description of Unit Involved Included: ALL DRIVERS (PSR'S) Excluded: SHOP AND DOCK WORKERS			5b. City and State where unit is located: AURORA, IL

6. No. of Employees in Unit 57	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 TEAMSTERS LOCAL 179		8b. Affiliation, if any TEAMSTERS	
8c. Address 1000 NE FRONTAGE RD, JOLIET, IL 60431		8d. Tel. No. 815-741-2200	8e. Cell No. /
		8f. Fax No. /	8g. E-Mail Address /
9. Date of Recognition or Certification JUNE 2018		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) /	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) NO		a labor organization, of 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) NONE			
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. DRIVER PETITIONER		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) MON. - FRI. ANY DAY OF WEEK	13c. Election Time(s) 8 AM - 9 PM	13d. Election Location(s) XPO LOGISTICS AT AURORA, IL 26 BUS. RT 30 (CONFERENCE ROOM).	

14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Tel. No. /		14b. Fax No. /	
14c. Cell No. /		14d. E-Mail Address /	
14f. Affiliation, if any			

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

I declare that I have read the above petition and that the foregoing is true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)		Date Filed 11-25-2019	

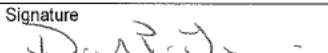
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
13-RC-252460Date Filed
11/26/19

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

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

2a. Name of Employer: Mount Sinai Hospital Medical Center of Chicago		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1500 S. Fairfield Avenue, Chicago, IL 60608	
3a. Employer Representative - Name and Title: Sylvester Cail, Labor Relations Manager		3b. Address (if same as 2b - state same):	
3c. Tel. No. (773) 542-2000	3d. Cell No.	3e. Fax No. 773-884-9052	3f. E-Mail Address Sylvester.Cail@sinai.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) hospital		4b. Principal Product or Service health care services	
5b. Description of Unit Involved: Included: See attached. Excluded: See attached		5a. City and State where unit is located: Chicago, IL 6a. Number of Employees in Unit: 120 to be added to unit of 274. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 11/26/2019 and Employer declined recognition on or about (Date) No reply (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 Employees International Union, Healthcare Illinois/ Indiana		8b. Address: 2229 S. Halsted St. Chicago, IL 60608	
8c. Tel. No. 312-980-9000	8d. Cell No.	8e. Fax No. 773-884-8013	8f. E-Mail Address
8g. Affiliation, if any: Service Employees International Union		8h. Date of Recognition or Certification N/A 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 6/30/2022	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? no <input checked="" type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
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): December 16, 2019		11c. Election Time(s): 7:00 a.m. - 9:00 a.m.; 11:00 a.m. - 1:00 p.m.; and 3:00 p.m. - 4:00 p.m.	
11d. Election Location(s): Conference Room D			
12a. Full Name of Petitioner (including local name and number): Service Employees International Union, Healthcare Illinois/Indiana		12b. Address (street and number, city, State and ZIP code): 2229 S. Halsted St. 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 International Union			
12d. Tel. No. 312-980-9000	12e. Cell No.	12f. Fax No. 312-939-8256	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: David P. Lichtman, Attorney		13b. Address (street and number, city, State and ZIP code): Dowd, Bloch, Bennett, Cervone, Auerbach & Yokich 8 S. Michigan Ave., Chicago, Illinois 60603	
13c. Tel. No.	13d. Cell No.	13e. Fax No.	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) David P. Lichtman		Signature 	Title Attorney
			Date 11/26/2019

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

PRIVACY ACT STATEMENT

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

**ATTACHMENT TO RC PETITION FILED BY SERVICE EMPLOYEES
INTERNATIONAL UNION, HEALTHCARE ILLINOIS / INDIANA AGAINST
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO**

To be Included: The following classifications of Registry employees are to be represented in the existing unit as defined in the collective bargaining agreement between the Petitioner and Employer: Nursing Assistants, Surgical Scrub Technicians, SPD Workers, EVS 1 and EVS 2 Technicians, Housekeeping Workers, Dietary Employees, Transporters, Cooks, and Unit Secretaries.

Section 2.1, Recognition, of the collective bargaining agreement provides:

2.1 The Hospital recognizes the Union as the exclusive bargaining agent with respect to wages, hours and other terms and conditions of employment for all Specialty Service Attendants, housekeeping workers, dietary workers, laundry workers, messengers, elevator operators, maintenance employees, central service workers, nursing assistants, aides, helpers, attendants, station clerks and information clerks. The unit specifically excludes supervisors, temporary and casual employees, regular part-time employees normally working less than twenty (20) hours per week, and all other employees of the Hospital. The Hospital shall submit a list of all newly-hired employees with departments assigned to the Chief Steward and the Union for distribution of union packets.

To be Excluded: All confidential employees, managerial employees, office clerical employees and guards, professional employees and supervisors as defined in the Act.

**ATTACHMENT TO RC PETITION FILED BY SERVICE EMPLOYEES
INTERNATIONAL UNION, HEALTHCARE ILLINOIS / INDIANA AGAINST
SCHWAB REHABILITATION HOSPITAL AND CARE NETWORK**

To be Included: The following classifications of Registry employees are to be represented in the existing unit as defined in the collective bargaining agreement between the Petitioner and Employer: Certified Nursing Assistants, Surgical Scrub Technicians, SPD Workers, EVS 1 and EVS 2 Technicians, Housekeeping Workers, Dietary Employees, Transporters, Cooks, and Unit Secretaries.

Section 2.1, Recognition, of the collective bargaining agreement provides:

2.1 The Hospital recognizes the Union as the exclusive bargaining agent with respect to wages, hours and other terms and conditions of employment for all Certified Nursing Assistants, Ward Clerks, Dietary Workers, Cooks, Maintenance Mechanics, Maintenance Helpers, Painters, PT/OT Aides, Environmental Service Workers, Grounds Keepers, Medical Records File Clerks, Material Service Techs, Material Service Handlers and Messengers. The unit specifically excludes supervisors, temporary employees, regular part-time employees normally working less than twenty (20) hours per week, and all other employees of the Hospital.

To be Excluded: All confidential employees, managerial employees, 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-252563

Date Filed
11/27/19

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

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

2a. Name of Employer
Allied Power Services, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
36400 Essex Road, Wilmington, IL 60481

3a. Employer Representative - Name and Title
Stein Nelson - Director of Human Resources

3b. Address (If same as 2b - state same)
36400 Essex Road, Wilmington, IL 60481

3c. Tel. No.
815-458-7530

3d. Cell No.
815-408-1858

3e. Fax No.

3f. E-Mail Address
snelson@alliedpwr.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Electrical Generation Facility Maintenance

4b. Principal product or service
Electrical Maintenance

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

5b. Description of Unit Involved
Included: See attached description
Excluded:

6a. No. of Employees in Unit:
79

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) 11/27/19 and Employer declined recognition on or about N/A (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
ASAP

11c. Election Time(s):

11d. Election Location(s):
Illinois

12a. Full Name of Petitioner (including local name and number)
International Brotherhood of Electrical Workers, Local Unions 145,146, 176, 364 & 601, Joint Petitioners

12b. Address (street and number, city, state, and ZIP code)
6820 Mill Road, Rockford, IL 61108

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

12d. Tel No.
815-398-6282

12e. Cell No.

12f. Fax No.
815-398-1203

12g. E-Mail Address
agolden@ibew364.net

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

13a. Name and Title Alan R. Golden, Business Manager Local 364

13b. Address (street and number, city, state, and ZIP code)
6820 Mill Road, Rockford, IL 61108

13c. Tel No.
815-398-6282

13d. Cell No.

13e. Fax No.
815-398-1203

13f. E-Mail Address
agolden@ibew364.net

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)
Patrick N. Ryan

Signature
/s/ Patrick N. Ryan

Title
Attorney

Date
11/27/19

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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5b. Description of Unit Involved

- Included:** All full-time and part-time employees of the Employer in the classifications of Electrical Superintendent, Electrical Lead Superintendent, Work Planner Electrical, Lead Electrical Planner, and Work Planner Electrical Trainee, working at any of the Exelon nuclear generating stations within the State of Illinois.
- Excluded:** Supervisory, Managerial, and confidential employees and guards as defined by the Act and other employees.