

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

09-RC-247593

Date Filed

9-4-2019

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:

Leggett & Platt, Inc. .

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

101 New Street, Winchester, KY 40391

3a. Employer Representative - Name and Title:

Stephen Day, Human Resources Manager

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

same

3c. Tel. No.

859-744-4626 ext. 253

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

stephen.day@leggett.com

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

factory

4b. Principal Product or Service

mattresses & box springs

5a. City and State where unit is located:

Winchester, KY

5b. Description of Unit Involved:

Included:

See attachment

Excluded:

6a. Number of Employees in Unit:

260

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)

Petitioner

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 ☒ Yes 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):

September 25, 2019

11c. Election Time(s):

6-8am and 2-4pm

11d. Election Location(s):

Employee break room

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

IAMAW Local Lodge 619

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

P.O. Box 772, Winchester, KY 40391

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 and Aerospace Workers

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:

William H. Haller, Associate General Counsel

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

IAMAW, 9000 Machinists Place, Upper Marlboro, MD 20772

13c. Tel. No.

(301) 967-4510

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

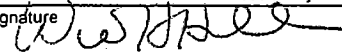
whaller@iamaw.org

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 H. Haller

Signature



Title

Associate General Counsel

Date

9/4/2019

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 Leggett & Platt RC Petition
Description of Unit Involved

Included:

All production and maintenance employees at the Employer's New Street and Ecton Road, Winchester, Kentucky, plants, including inspectors and shipping and receiving employees.

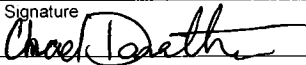
Excluded:

Over-the-road drivers, office clerical employees, quality auditors, inventory control employees, parts room attendants, guards, professional employees, supervisors, and managers.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|---------------------------------|-----------------------------|
| Case No. 09-RC-247810 | Date Filed 9/9/19 |

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

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. | | | |
| 2a. Name of Employer: The Chillicothe Telephone Company | | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 68 E. Main St., Chillicothe, OH 45601 | |
| 3a. Employer Representative - Name and Title: Trevor Kendall | | 3b. Address (if same as 2b - state same): Same | |
| 3c. Tel. No. 740.772.8272 | 3d. Cell No. 740.703.8272 | 3e. Fax No. N/A | 3f. E-Mail Address trevor.kendall@horizontel.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.): Telecommunications | | 4b. Principal Product or Service Telephone & Internet | |
| 5b. Description of Unit Involved: Included: See Attached Excluded: See Attached | | 5a. City and State where unit is located: Chillicothe, Ohio | |
| | | 6a. Number of Employees in Unit: 1 | |
| | | 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) <u>09/06/19</u> and Employer declined recognition on or about (Date) <u>09/06/19</u> (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) N/A | | 8b. Address: N/A | |
| 8c. Tel. No. N/A | 8d. Cell No. N/A | 8e. Fax No. N/A | 8f. E-Mail Address N/A |
| 8g. Affiliation, if any: N/A | | 8h. Date of Recognition or Certification N/A | |
| | | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A | |
| 9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (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) N/A | | | |
| 10a. Name N/A | 10b. Address N/A | 10c. Tel. No. N/A | 10d. Cell No. N/A |
| | | 10e. Fax No. N/A | 10f. E-Mail Address N/A |
| 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: | | | 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
| 11b. Election Date(s): September 26, 2019 | | 11c. Election Time(s): 7 am to 7:15 | |
| | | 11d. Election Location(s): Chillicothe Public Library 140 S. Paint Street | |
| 12a. Full Name of Petitioner (including local name and number): Electrical Workers IBEW AFL-CIO Local 578 | | 12b. Address (street and number, city, State and ZIP code): PO Box 351 Chillicothe, OH 45601 | |
| 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. N/A | 12e. Cell No. 859-404-8905 | 12f. Fax No. N/A | 12g. E-Mail Address chad_donathan@ibew.org |
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Chad Donathan IBEW 4th District Lead Organizer | | 13b. Address (street and number, city, State and ZIP code): 235 Juniper Ct. Mt. Sterling, Ky 40353 | |
| 13c. Tel. No. N/A | 13d. Cell No. 859-404-8905 | 13e. Fax No. N/A | 13f. E-Mail Address chad_donathan@ibew.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) Chad Donathan | Signature  | | Title IBEW Lead Organizer |
| | | | Date 9/6/19 |

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.

Attachment A

5b. Description of Unit Involved

Included:

All full time and regular part time Maintenance Technicians working for The Chillicothe Telephone Company located at 68 E Main St, Chillicothe, OH 45601.

Excluded:

Office Clerical employees, Professional employees, Guards and Supervisors as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

09-RD-248721

Date Filed

9-23-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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 Kinders Morgan, Inc. | | 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 3806 Kellogg Ave, Cincinnati, OH 45226 | |
| 3a. Employer Representative - Name and Title Chris Hutchenson | | 3b. Address (If same as 2b - state same) Same | |
| 3c. Telephone No. (b) (6), (b) (7)(C) 9018 | 3d. Fax No. | 3e. Cell No. | 3f. E-Mail Address james.malley@kindermorgan.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Chemical Terminal | | 4b. Principal product or service Chemical Transportation/Storage | |
| 5a. Description of Unit Involved Included: All full time and part-time terminal operators, lead operators, and mechanics at 3806 Kellogg Ave, Cincinnati OH 45226. Excluded: All other employees, office clerical employees, professional employees, guards, managers, and supervisors. | | | 5b. City and State where unit is located: Cincinnati, OH. |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------|
| 6. No. of Employees in Unit 10 | 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 International Chemical Workers Union. | | 8b. Affiliation, if any | |
| 8c. Address 1655 West Market Street, Akron OH 44313. | | 8d. Tel. No. 304-374-9046 | 8e. Cell No. |
| | | 8f. Fax No. 330-926-0816 | 8g. E-Mail Address |
| 9. Date of Recognition or Certification Sept. 17, 2018 | | 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A | |
| 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 11b. If so, approximately how many employees are participating? | |
| 11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) | | a labor organization, of since (Month, Day, Year) | |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 12. Organizations or individuals other 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | |
| 13b. Election Date(s) September 30, 2019 | 13c. Election Time(s) 10:00 - 10:30 AM | 13d. Election Location(s) Operators Breakroom | |
| 14. (b) (6), (b) (7)(C) | | 14b. Tel. No. | |
| (b) (6), (b) (7)(C) | | 14c. Fax No. | |
| (b) (6), (b) (7)(C) | | 14d. Cell No. | |
| (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 | |
| 15c. Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) | | 15d. Tel. No. (b) (6), (b) (7)(C) | |
| | | 15e. Fax No. | |
| | | 15f. Cell No. (b) (6), (b) (7)(C) | |

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

| | | | |
|----------------------------------|-------------------------------|-------|--------------------------------|
| Name (Print) (b) (6), (b) (7)(C) | Signature (b) (6), (b) (7)(C) | Title | Date Filed 9.23.2019 |
|----------------------------------|-------------------------------|-------|--------------------------------|

WILLFUL FALSE STATEMENT

FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)