

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
08-RC-226772

Date Filed
9-5-18

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 Sun Chemical Corp		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1380 Ford Street, Maumee, OH 43537-1733	
3a. Employer Representative - Name and Title Judy Quimby, Human Resource		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (513) 830-8844	3d. Cell No. (513) 256-9104	3e. Fax No. (513) 830-8901	3f. E-Mail Address judy.quimby@sunchemical.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) factory		4b. Principal product or service Produce ink and plates	
5b. Description of Unit Involved Included: All full-time and regular part-time production and maintenance employees (including all production, plate, lab, shipping and maintenance employees) located at the Employer's facility at 1380 Ford Street, Maumee, OH Excluded: All office clerical and professional employees, guards, and supervisors as defined in the Act		5a. City and State where unit is located: Maumee, OH	
		6a. No. of Employees in Unit: Approximately 40	
		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) by petition and Employer declined recognition on or about no reply (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.

11b. Election Date(s): 9/21/18	11c. Election Time(s): 7:30 - 9:30 AM and 3:30 - 5:30 PM	11d. Election Location(s): main break room
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12a. Full Name of Petitioner (including local name and number)
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC


12b. Address (street and number, city, state, and ZIP code)
60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC	12d. Tel No. (412) 562-2529	12e. Cell No. (412) 418-4333	12f. Fax No. (412) 562-2555	12g. E-Mail Address bmanzolino@usw.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 Brad Manzolillo, USW Organizing Counsel		13b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222	
13c. Tel No. (412) 562-2529	13d. Cell No. (412) 418-4333	13e. Fax No. (412) 562-2555	13f. E-Mail Address bmanzolino@usw.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) Brad Manzolillo	Signature 	Title Organizing Counsel	Date 9/4/18
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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.

Case No.

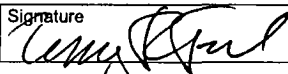
08-RC-228349

Date Filed

9-28-18

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 on (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB-4912). 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: Ten Mile of Ohio, LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 42795 Gregg Road, Belmont, Ohio 43718	
3a. Employer Representative - Name and Title: Jim Stajnrhajh		3b. Address (if same as 2b - state same): 100 Commercial Drive, Washington Pennsylvania 15301	
3c. Tel. No. 724-263-6000	3d. Cell No. 724-833-8147	3e. Fax No. 724-249-2990	3f. E-Mail Address jstajnrhajh@tenmile.us
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction		4b. Principal Product or Service roads, well-pads, etc.	
5b. Description of Unit Involved: Included: All employees working out of the Belmont, Ohio office including all working foremen. Excluded: All Supervisors, managers, secretaries, guards, and all others excluded by the Act.		5a. City and State where unit is located: Belmont, Ohio	
6a. Number of Employees in Unit: 16		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <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>Sept. 10, 2018</u> and Employer declined recognition on or about (Date) <u>Sept. 10, 2018</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) None		8b. Address: NA	
8c. Tel. No. NA	8d. Cell No. NA	8e. Fax No. NA	8f. E-Mail Address NA
8g. Affiliation, if any: NA		8h. Date of Recognition or Certification NA	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NA			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input 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) 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 and 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): October 16, 2018		11c. Election Time(s): 6:00 a.m. to 7:30 a.m.	
11d. Election Location(s): 42795 Gregg Road, Belmont, Ohio 43718			
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, Local 18		12b. Address (street and number, city, State and ZIP code): 3515 Prospect Ave, Cleveland, Ohio 44115	
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			
12d. Tel. No. 216-432-3138	12e. Cell No. 330-612-6260	12f. Fax No. 330-784-8827	12g. E-Mail Address mcramer@iuoelocal18.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Timothy Fadel, Attorney		13b. Address (street and number, city, State and ZIP code): 18500 Lake Road, Suite 120, Rocky River, Ohio 44116	
13c. Tel. No. 440-333-2050	13d. Cell No. 216-308-1348	13e. Fax No. 440-333-1695	13f. E-Mail Address tfadel@fadelbeyer.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) Timothy Fadel		Signature 	Title Attorney
		Date 9/28/18	

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
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 08-RD-226970	Date Filed 9-7-18

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 FLO-TORK, INC.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1701 N Main St, Orrville, OH 44667-9172	
3a. Employer Representative - Name and Title James York		3b. Address (if same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (330)682-0010	3d. Cell No.	3e. Fax No. (330)683-6857	3f. E-Mail Address jyork@moog.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Hydraulic and Pneumatic Actuators	
5a. City and State where unit is located: Orrville, OH		5b. No. of Employees in Unit: 29	
6a. Description of Unit Involved Included: All full-time and regular part-time production and maintenance employees, including lead- persons and truck drivers Excluded: all salespersons, quality control personnel, drafters, detail designers, office clerical employees, production clerical employees, guards and supervisors as defined in the Act.		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 <input 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 INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO, DISTRICT LODGE 54, LOCAL LODGE 1581		8b. Address PO Box 27, Dennison, OH 44621-0027	
8c. Tel. No. (740)922-2318	8d. Cell No. (330) 407-5723	8e. Fax No. (614) 239-0415	8f. E-Mail Address dlukens@dl154.com
8g. Affiliation, if any		8h. Date of Recognition or Certification 10/30/2012	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) December 2, 2018
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 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 INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO, DISTRICT LODGE 54, LOCAL LODGE 1581		10b. Address PO Box 27, Dennison, OH 44621-0027	
10c. Tel. No. (740)922-2318		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 Time(s): 9/28/2018 5:30 AM to 6:30 AM 11b. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail 11c. Election Location(s): Galley 11d. Election Date(s): 9/28/2018			
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 (b) (6), (b) (7)(C)		13b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	
13c. Tel. No. (b) (6), (b) (7)(C)	13d. Cell No. (b) (6), (b) (7)(C)	13e. Fax No. (b) (6), (b) (7)(C)	13f. E-Mail Address (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)		Title (b) (6), (b) (7)(C)	
Date (b) (6), (b) (7)(C)		Date 9-6-18	

WILLFUL FALSE STATEMENT

PUNISHED BY FINE AND IMPRISONMENT

U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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