

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
07-RC-258867

Date Filed
4-7-2020

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 The Compass Group		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 16001 West Nine Mile Road MI Southfield 48075-	
3a. Employer Representative - Name and Title Cindy Noble		3b. Address (If same as 2b - state same) 2400 York Mount Road NC Charlotte 28217-	
3c. Tel. No. (704) 328-4000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address hrs-service-center@compassusa.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities		4b. Principal product or service Healthcare	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Southfield, MI	
		6a. No. of Employees in Unit: 75	
		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).		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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 4/15/2020		11c. Election Time(s): 4:00		11d. Election Location(s): Mail Ballot			
12a. Full Name of Petitioner (including local name and number) Reno Thompson Michigan AFSCME Council 25 25				12b. Address (street and number, city, state, and ZIP code) 7700 Second Avenue Suite #314 MI Detroit 48202-			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) AFSCME International, AFL-CIO							
12d. Tel No. (313) 964-0230		12e. Cell No. (313) 477-8044		12f. Fax No. (313) 964-0230		12g. E-Mail Address rthompson@miafscme.org	

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) Reno Thompson	Signature Reno Thompson	Title Organizer	Date 04/1/2020 09:43:08
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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	Date Filed
07-RC-258867	4-7-2020

Employees Included
EVS/Housekeepers, Housekeeper Aids and Floor Techs

Employees Excluded
Supervisors and all others defined by the Act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
07-RC-259428Date Filed
4/22/2020

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: BASF	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1740 Whitehall Rd, Muskegon, MI 49445
3a. Employer Representative Name and Title: Tim Schuster, Site Leader	3b. Address (if same as 2b - state same): Same

3c. Tel. No. 231-719-3020	3d. Cell No. 231-720-5692	3e. Fax No.	3f. E Mail Address timothy.schuster@basf.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Chemical Manufacturer		4b. Principal Product or Service Agricultural Chemicals	5a. City and State where unit is located: Muskegon, MI
5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A			6a. Number of Employees in Unit: 45
			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: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 4/22/20 and Employer declined recognition on or about (Date) no reply (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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: **11a. Election Type:**
☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 05/06/2020	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): See Attachment A	12b. Address (street and number, city, State and ZIP code): Suite 600, 1655 West Market Street, Akron, OH 44313
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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):
See Attachment A

12d. Tel. No. 330-926-1444	12e. Cell No. 202-394-4561	12f. Fax No. 330-926-0816	12g. E Mail Address tpoling@icwuc.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: Lance Heasley, ICWUC/UFCW Organizer	13b. Address (street and number, city, State and ZIP code): Suite 600, 1655 West Market Street, Akron, OH 44313

13c. Tel. No. 330-926-1444	13d. Cell No. 202-394 4561	13e. Fax No. 330 926-0816	13f. E Mail Address lheasley@icwuc.org
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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) Lance Heasley	Signature 	Title ICWUC/UFCW Organizer	Date 4/22/2020
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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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ATTACHMENT A

5b. Description of Unit Involved:

Included: All full and regular part-time laboratory, Operations and Maintenance employees at the above location.

Excluded: All other employees, including all, professional & managerial, office/clericals, guards, & supervisors as defined in the act.

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

International Chemical Workers Union Council of the United Food and Commercial Workers
International Union, AFL-CIO, CLC


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

International Chemical Workers Union Council of the United Food and Commercial Workers
International Union, AFL-CIO, CLC

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 07-RC-259725	Date Filed 4-28-2020

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: *Beaumont Hospital Royal Oak **Mednax Shrives, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3601 West Thirteen Mile, Royal Oak, MI 48073 1301 Concord Terrace, Sunrise, FL 33323	
3a. Employer Representative - Name and Title: *Nancy Susick - President **Katherine Grichnik, MD, MS, FASE		3b. Address (if same as 2b - state same): same same ** (E-Mail Address: information@mednax.com)	
3c. Tel. No. *(248) 898-5413	3d. Cell No. **Tel no (800) 423-3839	3e. Fax No.	3f. E-Mail Address *nancy.susick@beaumont.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) hospital		4b. Principal Product or Service Patient care	5a. City and State where unit is located: Royal Oak, Michigan
5b. Description of Unit Involved: Included: All full, part time and contingent CRNAs employed at Beaumont Hospital Royal Oak Excluded: All other employees			6a. Number of Employees in Unit: 153 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) _____ by this petition 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) 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 Michigan Nurses Association		10b. Address 2310 Jolly Oak Rd., Okemos, MI 48864	10c. Tel. No. 517-349-5640 10d. Cell No. 10e. Fax No. 517-349-5818 10f. E-Mail Address janella.james@minurses.org
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 checked="" type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): May 27, 2020		11c. Election Time(s): 6:30 to 7:30 am & pm	11d. Election Location(s): Royal Oak Beaumont
12a. Full Name of Petitioner (including local name and number): Southeastern Michigan CRNA and Associates		12b. Address (street and number, city, State and ZIP code): 5005 Elkin St., Commerce Township, MI 48382	
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: Robert J. Finkel, Finkel Whitefield Selik		13b. Address (street and number, city, State and ZIP code): 32300 Northwestern Hwy., Suite 200, Farmington Hills, MI 48334	
13c. Tel. No. 248-855-6500	13d. Cell No.	13e. Fax No. 248-855-6501	13f. E-Mail Address rfinkel@fwsllaw.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) Sally Gribben		Signature 	Title CRNA Date 4/27/2020

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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FORM NLRB-502 (RD)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RD-259145

Date Filed

4-14-2020

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 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.

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 MidMichigan Medical Center- Clare		2b Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 703 N. McIlwain Street	
3a Employer Representative Name and Title Michael Bruzewski		3b Address (if same as 2b - state same) Same	
3c Tel No 989-839-3728 x 13728	3d Fax No	3e Cell No	3f E-Mail Address Michael.Bruzewski@midmichigan.org
4a Type of Establishment (Factory, mine, wholesaler, etc.) Medical Facility		4b Principal product or service Healthcare	
5a Description of Unit Involved Included: Full-time and part-time Radiology staff (X-Ray, C.T., Ultrasound, Nuclear Medicine, Cardiology) Excluded: casual radiology employees, management, all others outside of the radiology department			5b City and State where unit is located Clare Michigan
6 No. of Employees in Unit 21		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 UAW Local 365 07		8b Affiliation, if any	
8c Address 8000 E. Jefferson Ave. Detroit, MI 48214		8d Tel No 313-926-5000	8e Cell No
		8f Fax No	8g E-Mail Address
9 Date of Recognition or Certification July 17, 2017		10 Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) July 17, 2020	
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 (b) (6), (b) (7)(C)	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) April 15, 2020	13c Election Time(s) 8am-5pm	13d Election Location(s) MidMichigan Medical Center- Clare	

14 Full Name of Petitioner (b) (6), (b) (7)(C)		14b Tel No (b) (6), (b) (7)(C)		14c Fax No	
14a Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14d Cell No (b) (6), (b) (7)(C)		14e E-Mail Address (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 (b) (6), (b) (7)(C)		15c Cell No	
15d Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15e Tel No (b) (6), (b) (7)(C)		15f Fax No	
		15g Cell No (b) (6), (b) (7)(C)		15h E-Mail Address (b) (6), (b) (7)(C)	

I declare that I have read the above petition and that (b) (6), (b) (7)(C) is the best of my knowledge and belief.		Date Filed 4-4-2020	
Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)		

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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