

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

| DO NOT WRITE IN THIS SPACE      |                               |
|---------------------------------|-------------------------------|
| Case No.<br><b>07-RC-242523</b> | Date Filed<br><b>6-3-2019</b> |

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

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

|                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |                                                                                                                                    |                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2a. Name of Employer:</b><br>Goodwill Industries                                                                                                                                                                                                                                                                                                                                         |                                                         | <b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b><br>501 S. Averill, Flint, MI 48506 |                                                                                                                                                                                                                                             |
| <b>3a. Employer Representative - Name and Title:</b><br>Amy Kelley, HR Generalist                                                                                                                                                                                                                                                                                                           |                                                         | <b>3b. Address (if same as 2b - state same):</b><br>Same                                                                           |                                                                                                                                                                                                                                             |
| <b>3c. Tel. No.</b><br>810-762-9960                                                                                                                                                                                                                                                                                                                                                         | <b>3d. Cell No.</b><br>n/a                              | <b>3e. Fax No.</b><br>810-600-6373                                                                                                 | <b>3f. E-Mail Address</b><br>akelley@goodwillmidmichigan.org                                                                                                                                                                                |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Warehousing                                                                                                                                                                                                                                                                                                           |                                                         | <b>4b. Principal Product or Service</b><br>Inbound & outbound merchandise                                                          | <b>5a. City and State where unit is located:</b><br>Flint, MI                                                                                                                                                                               |
| <b>5b. Description of Unit Involved:</b><br><b>Included:</b><br>All regular fulltime and parttime maintenance workers<br><b>Excluded:</b><br>All office clerical EE, all mngr. & admin. EE & guards & supv. defined in the Act.                                                                                                                                                             |                                                         |                                                                                                                                    | <b>6a. Number of Employees in Unit:</b><br>2<br><b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>Petition is request</u> and Employer declined recognition on or about (Date) _____ (If no reply received, so state).<br><input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. |                                                         |                                                                                                                                    |                                                                                                                                                                                                                                             |
| <b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>                                                                                                                                                                                                                                                                                                             |                                                         | <b>8b. Address:</b>                                                                                                                |                                                                                                                                                                                                                                             |
| <b>8c. Tel. No.</b>                                                                                                                                                                                                                                                                                                                                                                         | <b>8d. Cell No.</b>                                     | <b>8e. Fax No.</b>                                                                                                                 | <b>8f. E-Mail Address</b>                                                                                                                                                                                                                   |
| <b>8g. Affiliation, if any:</b>                                                                                                                                                                                                                                                                                                                                                             |                                                         | <b>8h. Date of Recognition or Certification</b>                                                                                    | <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>                                                                                                                                                    |
| 9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____<br>(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____                                                                                           |                                                         |                                                                                                                                    |                                                                                                                                                                                                                                             |
| 10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)                                                                                     |                                                         |                                                                                                                                    |                                                                                                                                                                                                                                             |
| <b>10a. Name</b>                                                                                                                                                                                                                                                                                                                                                                            | <b>10b. Address</b>                                     | <b>10c. Tel. No.</b>                                                                                                               | <b>10d. Cell No.</b>                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                             |                                                         | <b>10e. Fax No.</b>                                                                                                                | <b>10f. E-Mail Address</b>                                                                                                                                                                                                                  |
| <b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election:                                                                                                                                                                                                                                                       |                                                         |                                                                                                                                    | <b>11a. Election Type:</b><br><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail                                                                                           |
| <b>11b. Election Date(s):</b><br>June 21, 2019                                                                                                                                                                                                                                                                                                                                              | <b>11c. Election Time(s):</b><br>5:00 p.m. to 5:30 p.m. | <b>11d. Election Location(s):</b><br>Conference room located @ employer                                                            |                                                                                                                                                                                                                                             |
| <b>12a. Full Name of Petitioner (including local name and number):</b><br>Teamsters Local Union No. 332                                                                                                                                                                                                                                                                                     |                                                         | <b>12b. Address (street and number, city, State and ZIP code):</b><br>1502 S. Dort Highway, Flint, MI 48503                        |                                                                                                                                                                                                                                             |
| <b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b><br>International Brotherhood of Teamsters (IBT)                                                                                                                                                                                               |                                                         |                                                                                                                                    |                                                                                                                                                                                                                                             |
| <b>12d. Tel. No.</b><br>(810) 767-7330                                                                                                                                                                                                                                                                                                                                                      | <b>12e. Cell No.</b><br>n/a                             | <b>12f. Fax No.</b><br>(810) 767-4040                                                                                              | <b>12g. E-Mail Address</b><br>chrissy@teamsters332.com                                                                                                                                                                                      |
| <b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>                                                                                                                                                                                                                                                            |                                                         |                                                                                                                                    |                                                                                                                                                                                                                                             |
| <b>13a. Name and Title:</b><br>Christine Cates, Business Agent/Secretary Treasurer                                                                                                                                                                                                                                                                                                          |                                                         | <b>13b. Address (street and number, city, State and ZIP code):</b><br>Same                                                         |                                                                                                                                                                                                                                             |
| <b>13c. Tel. No.</b><br>(810) 767-7330                                                                                                                                                                                                                                                                                                                                                      | <b>13d. Cell No.</b><br>(810) 287-3380                  | <b>13e. Fax No.</b><br>(810) 767-4040                                                                                              | <b>13f. E-Mail Address</b><br>chrissy@teamsters332.com                                                                                                                                                                                      |
| I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.                                                                                                                                                                                                                                                                      |                                                         |                                                                                                                                    |                                                                                                                                                                                                                                             |
| <b>Name (Print)</b><br>Christine Cates                                                                                                                                                                                                                                                                                                                                                      | <b>Signature</b><br>Christine Cates                     | <b>Title</b><br>Business Agent/Secretary Treasurer                                                                                 | <b>Date</b><br>5/31/2019                                                                                                                                                                                                                    |

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

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**Amended RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No

**07-RC-242523**

Date Filed

**6-6-2019**

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

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

|                                                                            |                                                                                                                             |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| 2a. Name of Employer:<br>Goodwill Industries                               | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):<br>501 S. Averill, Flint, MI 48506 |
| 3a. Employer Representative - Name and Title:<br>Amy Kelley, HR Generalist | 3b. Address (if same as 2b - state same):<br>Same                                                                           |

|                              |                     |                             |                                                       |
|------------------------------|---------------------|-----------------------------|-------------------------------------------------------|
| 3c. Tel. No.<br>810-762-9960 | 3d. Cell No.<br>n/a | 3e. Fax No.<br>810-600-6373 | 3f. E-Mail Address<br>akelley@goodwillmidmichigan.org |
|------------------------------|---------------------|-----------------------------|-------------------------------------------------------|

|                                                                            |                                                                    |                                                        |
|----------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.)<br>Warehousing | 4b. Principal Product or Service<br>Inbound & outbound merchandise | 5a. City and State where unit is located:<br>Flint, MI |
|----------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                 |                                       |                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5b. Description of Unit Involved:<br>Included:<br>All regular fulltime and parttime maintenance workers to be included in the existing<br>Excluded: drivers and driver's helpers bargaining unit currently represented by the Petitioner at the facility.<br>All office clerical EE, all mngr. & admin. EE & guards & supv. defined in the Act. | 6a. Number of Employees in Unit:<br>2 | 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) Petition is request 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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

|                                         |                                                  |                                                                  |
|-----------------------------------------|--------------------------------------------------|------------------------------------------------------------------|
| 11b. Election Date(s):<br>June 21, 2019 | 11c. Election Time(s):<br>5:00 p.m. to 5:30 p.m. | 11d. Election Location(s):<br>Conference room located @ employer |
|-----------------------------------------|--------------------------------------------------|------------------------------------------------------------------|

|                                                                                                  |                                                                                                      |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 12a. Full Name of Petitioner (including local name and number):<br>Teamsters Local Union No. 332 | 12b. Address (street and number, city, State and ZIP code):<br>1502 S. Dort Highway, Flint, MI 48503 |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|

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 (IBT)

|                                 |                      |                                |                                                 |
|---------------------------------|----------------------|--------------------------------|-------------------------------------------------|
| 12d. Tel. No.<br>(810) 767-7330 | 12e. Cell No.<br>n/a | 12f. Fax No.<br>(810) 767-4040 | 12g. E-Mail Address<br>chrissy@teamsters332.com |
|---------------------------------|----------------------|--------------------------------|-------------------------------------------------|

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

|                                                                             |                                                                     |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| 13a. Name and Title:<br>Christine Cates, Business Agent/Secretary Treasurer | 13b. Address (street and number, city, State and ZIP code):<br>Same |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------|

|                                 |                                 |                                |                                                 |
|---------------------------------|---------------------------------|--------------------------------|-------------------------------------------------|
| 13c. Tel. No.<br>(810) 767-7330 | 13d. Cell No.<br>(810) 287-3380 | 13e. Fax No.<br>(810) 767-4040 | 13f. E-Mail Address<br>chrissy@teamsters332.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)<br>Christine Cates | Signature<br>Christine Cates | Title<br>Business Agent/Secretary Treasurer | Date<br>5/31/2019 |
|---------------------------------|------------------------------|---------------------------------------------|-------------------|

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

## PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-242676

Date Filed

6-4-2019

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

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

|                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                                                                                                              |                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2a. Name of Employer:</b><br>Clinton Aire Healthcare Center                                                                                                                                                                                                                                                                                                 |                                      | <b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b><br>17001 17mile road, Clinton Twsp, MI 48038 |                                                                                                                                                                                                                                              |
| <b>3a. Employer Representative - Name and Title:</b><br>David Duffy                                                                                                                                                                                                                                                                                            |                                      | <b>3b. Address (if same as 2b - state same):</b><br>Same                                                                                     |                                                                                                                                                                                                                                              |
| <b>3c. Tel. No.</b><br>586-286-7100                                                                                                                                                                                                                                                                                                                            | <b>3d. Cell No.</b>                  | <b>3e. Fax No.</b><br>586-286-0802                                                                                                           | <b>3f. E-Mail Address</b>                                                                                                                                                                                                                    |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Nursing Home                                                                                                                                                                                                                                                                             |                                      | <b>4b. Principal Product or Service</b><br>Healthcare                                                                                        | <b>5a. City and State where unit is located:</b><br>Clinton Twsp, MI 48038                                                                                                                                                                   |
| <b>5b. Description of Unit Involved:</b><br><b>Included:</b><br>All Full time and Part Time LPN'S<br><b>Excluded:</b><br>RN's, Management, supervisors, cna, dietary, lanundry, HSK, maintenace, activities                                                                                                                                                    |                                      |                                                                                                                                              | <b>6a. Number of Employees in Unit:</b><br>25<br><b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition<br>on or about (Date) _____ (If no reply received, so state).<br><input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. |                                      |                                                                                                                                              |                                                                                                                                                                                                                                              |
| <b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>                                                                                                                                                                                                                                                                                |                                      | <b>8b. Address:</b>                                                                                                                          |                                                                                                                                                                                                                                              |
| <b>8c. Tel. No.</b>                                                                                                                                                                                                                                                                                                                                            | <b>8d. Cell No.</b>                  | <b>8e. Fax No.</b>                                                                                                                           | <b>8f. E-Mail Address</b>                                                                                                                                                                                                                    |
| <b>8g. Affiliation, if any:</b>                                                                                                                                                                                                                                                                                                                                |                                      | <b>8h. Date of Recognition or Certification</b>                                                                                              | <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>                                                                                                                                                     |
| 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? _____<br>(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____                                                                                                  |                                      |                                                                                                                                              |                                                                                                                                                                                                                                              |
| 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above (if none, so state)                                                         |                                      |                                                                                                                                              |                                                                                                                                                                                                                                              |
| <b>10a. Name</b>                                                                                                                                                                                                                                                                                                                                               |                                      | <b>10b. Address</b>                                                                                                                          | <b>10c. Tel. No.</b><br><b>10d. Cell No.</b><br><b>10e. Fax No.</b><br><b>10f. E-Mail Address</b>                                                                                                                                            |
| <b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:                                                                                                                                                                                                                           |                                      |                                                                                                                                              | <b>11a. Election Type:</b><br><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail                                                                                            |
| <b>11b. Election Date(s):</b><br>6-18-2019 or 6-20-2019                                                                                                                                                                                                                                                                                                        |                                      | <b>11c. Election Time(s):</b><br>6am to 8am                                                                                                  | <b>11d. Election Location(s):</b><br>Break room or conference room                                                                                                                                                                           |
| <b>12a. Full Name of Petitioner (including local name and number):</b><br>Seiu Healthcare MI                                                                                                                                                                                                                                                                   |                                      | <b>12b. Address (street and number, city, State and ZIP code):</b><br>3031 West grand Blvd suite 555, Detroit MI 48202                       |                                                                                                                                                                                                                                              |
| <b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b><br>Service employees international union                                                                                                                                                                         |                                      |                                                                                                                                              |                                                                                                                                                                                                                                              |
| <b>12d. Tel. No.</b><br>313-963-3847                                                                                                                                                                                                                                                                                                                           | <b>12e. Cell No.</b>                 | <b>12f. Fax No.</b><br>313-965-0422                                                                                                          | <b>12g. E-Mail Address</b><br>Roxy.wright@seiuhcmi.org                                                                                                                                                                                       |
| <b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>                                                                                                                                                                                                                               |                                      |                                                                                                                                              |                                                                                                                                                                                                                                              |
| <b>13a. Name and Title:</b><br>Kimberly Fowlkes                                                                                                                                                                                                                                                                                                                |                                      | <b>13b. Address (street and number, city, State and ZIP code):</b><br>3031 West Grand BLVD, suite 555, Detroit MI 48202                      |                                                                                                                                                                                                                                              |
| <b>13c. Tel. No.</b><br>313-963-3847                                                                                                                                                                                                                                                                                                                           | <b>13d. Cell No.</b><br>313-318-7752 | <b>13e. Fax No.</b><br>313-965-0422                                                                                                          | <b>13f. E-Mail Address</b><br>kim.fowlkes@seiuhcmi.org                                                                                                                                                                                       |
| I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.                                                                                                                                                                                                                                         |                                      |                                                                                                                                              |                                                                                                                                                                                                                                              |
| <b>Name (Print)</b><br>Kimberly Fowlkes                                                                                                                                                                                                                                                                                                                        |                                      | <b>Signature</b><br>Kimberly Fowlkes                                                                                                         | <b>Title</b><br>Organizer<br><b>Date</b><br>5-30-19                                                                                                                                                                                          |

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

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


07-RC-242715

Date Filed

6-5-2019

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

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|                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         |                                                                                                                                         |                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2a. Name of Employer:</b><br>Eberspaecher North America/Wixom                                                                                                                                                                                                                                                                                                                                       |                                                                                                         | <b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b><br>30220 Oak Creek Dr. Wixom, MI. 48393 |                                                                                                                                                                                                                                                   |
| <b>3a. Employer Representative - Name and Title:</b><br>Ron Laing                                                                                                                                                                                                                                                                                                                                      |                                                                                                         | <b>3b. Address (if same as 2b - state same):</b><br>Same                                                                                |                                                                                                                                                                                                                                                   |
| <b>3c. Tel. No.</b><br>248-924-0642                                                                                                                                                                                                                                                                                                                                                                    | <b>3d. Cell No.</b><br>248-494-6805                                                                     | <b>3e. Fax No.</b>                                                                                                                      | <b>3f. E-Mail Address</b><br>ron.laing@eberspaecher.com                                                                                                                                                                                           |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Factory                                                                                                                                                                                                                                                                                                                          |                                                                                                         | <b>4b. Principal Product or Service</b><br>Manufacturer                                                                                 | <b>5a. City and State where unit is located:</b><br>Wixom, MI.                                                                                                                                                                                    |
| <b>5b. Description of Unit Involved:</b><br>Included:<br>All full time, hourly employees, maintenance, material welders, production team leads<br>Excluded:<br>All salary/management employees                                                                                                                                                                                                         |                                                                                                         |                                                                                                                                         | <b>6a. Number of Employees in Unit:</b><br>100<br><br><b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> June 3, 2019 <b>and Employer declined recognition</b><br>on or about (Date) (If no reply received, so state).<br><input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b> |                                                                                                         |                                                                                                                                         |                                                                                                                                                                                                                                                   |
| <b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b><br>None                                                                                                                                                                                                                                                                                                                |                                                                                                         | <b>8b. Address:</b>                                                                                                                     |                                                                                                                                                                                                                                                   |
| <b>8c. Tel. No.</b>                                                                                                                                                                                                                                                                                                                                                                                    | <b>8d. Cell No.</b>                                                                                     | <b>8e. Fax No.</b>                                                                                                                      | <b>8f. E-Mail Address</b>                                                                                                                                                                                                                         |
| <b>8g. Affiliation, if any:</b>                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         | <b>8h. Date of Recognition or Certification</b>                                                                                         | <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>                                                                                                                                                          |
| <b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <b>If so, approximately how many employees are participating?</b><br>(Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)                                                                                                                                                    |                                                                                                         |                                                                                                                                         |                                                                                                                                                                                                                                                   |
| <b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>                                                                                         |                                                                                                         |                                                                                                                                         |                                                                                                                                                                                                                                                   |
| <b>10a. Name</b><br>None                                                                                                                                                                                                                                                                                                                                                                               | <b>10b. Address</b>                                                                                     |                                                                                                                                         | <b>10c. Tel. No.</b><br><b>10d. Cell No.</b><br><b>10e. Fax No.</b><br><b>10f. E-Mail Address</b>                                                                                                                                                 |
| <b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:                                                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                                                         | <b>11a. Election Type:</b><br><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail                                                                                                 |
| <b>11b. Election Date(s):</b><br>June 25, 2019                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         | <b>11c. Election Time(s):</b><br>6am-7am & 2pm-3pm                                                                                      | <b>11d. Election Location(s):</b><br>Lunch Room @ Company Location                                                                                                                                                                                |
| <b>12a. Full Name of Petitioner (including local name and number):</b><br>United Automobile, Aerospace, Agricultural Implement Workers of America-UAW                                                                                                                                                                                                                                                  |                                                                                                         | <b>12b. Address (street and number, city, State and ZIP code):</b><br>8000 E. Jefferson Ave., Detroit, MI. 48214                        |                                                                                                                                                                                                                                                   |
| <b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b><br>United Automobile, Aerospace, Agricultural Implement Workers of America-UAW                                                                                                                                                                           |                                                                                                         |                                                                                                                                         |                                                                                                                                                                                                                                                   |
| <b>12d. Tel. No.</b><br>313-926-5000                                                                                                                                                                                                                                                                                                                                                                   | <b>12e. Cell No.</b>                                                                                    | <b>12f. Fax No.</b>                                                                                                                     | <b>12g. E-Mail Address</b>                                                                                                                                                                                                                        |
| <b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>                                                                                                                                                                                                                                                                       |                                                                                                         |                                                                                                                                         |                                                                                                                                                                                                                                                   |
| <b>13a. Name and Title:</b><br>Sara Chambers, Organizer                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | <b>13b. Address (street and number, city, State and ZIP code):</b><br>9650 Telegraph Rd. Taylor, MI. 48180                              |                                                                                                                                                                                                                                                   |
| <b>13c. Tel. No.</b><br>313-291-2750                                                                                                                                                                                                                                                                                                                                                                   | <b>13d. Cell No.</b><br>248-231-3266                                                                    | <b>13e. Fax No.</b>                                                                                                                     | <b>13f. E-Mail Address</b><br>uawsara182@yahoo.com                                                                                                                                                                                                |
| <b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>                                                                                                                                                                                                                                                                          |                                                                                                         |                                                                                                                                         |                                                                                                                                                                                                                                                   |
| <b>Name (Print)</b><br>Sara Chambers                                                                                                                                                                                                                                                                                                                                                                   | <b>Signature</b><br> | <b>Title</b><br>Organizer                                                                                                               | <b>Date</b><br>6/5/19                                                                                                                                                                                                                             |

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

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

| DO NOT WRITE IN THIS SPACE |                           |
|----------------------------|---------------------------|
| Case No.<br>07-RC-242870   | Date Filed<br>Jun 6, 2019 |

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

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

|                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                                                      |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 2a. Name of Employer:<br><i>Mid Michigan Electric Services, Inc.</i>                                                                                                                                                                                                                                                                       |                             | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):<br><i>6640 Wolf Lake Road<br/>Jackson, MI 49201</i>                                         |                                                       |
| 3a. Employer Representative - Name and Title:<br><i>Rodney A. Marston</i>                                                                                                                                                                                                                                                                  |                             | 3b. Address (if same as 2b - state same):<br><i>6640 Wolf Lake Road<br/>Jackson, MI 49201</i>                                                                                        |                                                       |
| 3c. Tel. No.<br><i>734-495-5934</i>                                                                                                                                                                                                                                                                                                        | 3d. Cell No.                | 3e. Fax No.                                                                                                                                                                          | 3f. E-Mail Address<br><i>Rodney@AppleElectric.org</i> |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.):<br><i>Electrical Contractor</i>                                                                                                                                                                                                                                               |                             | 4b. Principal Product or Service:<br><i>Electrical Services</i>                                                                                                                      |                                                       |
| 5a. Description of Unit Involved:<br>Included: <i>Electricians employed by and out of Mid Michigan Electric Services, Inc.,</i><br>Excluded: <i>all other employees.</i>                                                                                                                                                                   |                             | 5b. City and State where unit is located:<br><i>Jackson, MI</i>                                                                                                                      |                                                       |
| 6a. Number of Employees in Unit:<br><i>20 employees</i>                                                                                                                                                                                                                                                                                    |                             | 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) <i>None</i> and Employer declined recognition <input checked="" type="checkbox"/><br><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):<br><i>Local 252, IBEW Brotherhood of Electrical Workers, AFL-CIO</i>                                                                                                                                                                                             |                             | 8b. Address:<br><i>7920 Jackson Road<br/>Ann Arbor, MI 48103</i>                                                                                                                     |                                                       |
| 8c. Tel. No.<br><i>517-937-8385</i>                                                                                                                                                                                                                                                                                                        | 8d. Cell No.<br><i>same</i> | 8e. Fax No.<br><i>734-424-9575</i>                                                                                                                                                   | 8f. E-Mail Address<br><i>sbrown@ibew252.org</i>       |
| 8g. Affiliation, if any:                                                                                                                                                                                                                                                                                                                   |                             | 8h. Date of Recognition or Certification:<br><i>None</i>                                                                                                                             |                                                       |
| 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:<br><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |  |
| 11b. Election Date(s):<br><i>06/28/2019</i>                                                                                   | 11c. Election Time(s):<br><i>8:00 - 8:30 AM</i> | 11d. Election Location(s):<br><i>None To be decided</i>                                                                                    |  |

|                                                                                                                                               |  |                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|
| 12a. Full Name of Petitioner (including local name and number):<br><i>Local 252, International Brotherhood of Electrical Workers, AFL-CIO</i> |  | 12b. Address (street and number, city, State and ZIP code):<br><i>7920 Jackson Road<br/>Ann Arbor, MI 48103</i> |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|

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, AFL-CIO*

|                                      |                              |                                     |                                                  |
|--------------------------------------|------------------------------|-------------------------------------|--------------------------------------------------|
| 12d. Tel. No.<br><i>517-937-8385</i> | 12e. Cell No.<br><i>same</i> | 12f. Fax No.<br><i>734-424-9575</i> | 12g. E-Mail Address<br><i>sbrown@ibew252.org</i> |
|--------------------------------------|------------------------------|-------------------------------------|--------------------------------------------------|

|                                                                                                                                                                                    |  |                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding:<br>13a. Name and Title:<br><i>Steve Brown, Organizer</i> |  | 13b. Address (street and number, city, State and ZIP code):<br><i>same</i> |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|

|                              |                              |                             |                                    |
|------------------------------|------------------------------|-----------------------------|------------------------------------|
| 13c. Tel. No.<br><i>same</i> | 13d. Cell No.<br><i>same</i> | 13e. Fax No.<br><i>same</i> | 13f. E-Mail Address<br><i>same</i> |
|------------------------------|------------------------------|-----------------------------|------------------------------------|

|                                                                                                                        |                                 |                           |                         |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|-------------------------|
| I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. |                                 |                           |                         |
| Name (Print)<br><i>Steve Brown</i>                                                                                     | Signature<br><i>Steve Brown</i> | Title<br><i>Organizer</i> | Date<br><i>06/06/19</i> |

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-242887

Date Filed

6-6-2019

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

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

|                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                                                                                                                                                    |                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2a. Name of Employer:</b><br>Lakeshore Legal Aid                                                                                                                                                                                                                                                                                                                                 |                                      | <b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b><br>30500 Van Dyke Ave., Ste. 601, Warren, MI 48093 |                                                                                                                                                                                                                                              |
| <b>3a. Employer Representative - Name and Title:</b><br>William Knight, Executive Director                                                                                                                                                                                                                                                                                          |                                      | <b>3b. Address (if same as 2b - state same):</b><br>same                                                                                           |                                                                                                                                                                                                                                              |
| <b>3c. Tel. No.</b><br>586-510-1814 x1101                                                                                                                                                                                                                                                                                                                                           | <b>3d. Cell No.</b>                  | <b>3e. Fax No.</b><br>586-698-1576                                                                                                                 | <b>3f. E-Mail Address</b><br>wknight@lakeshorelegalaid.org                                                                                                                                                                                   |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Office building                                                                                                                                                                                                                                                                                               |                                      | <b>4b. Principal Product or Service</b><br>Legal services                                                                                          | <b>5a. City and State where unit is located:</b><br>Oakland, Macomb, and Wayne Counties, MI                                                                                                                                                  |
| <b>5b. Description of Unit Involved:</b><br><b>Included:</b> All full-time litigation staff attorneys and their support staff working at Lakeshore Legal Aid's offices in Wayne, Oakland, and Macomb Counties, Michigan.<br><b>Excluded:</b> Supervisors, guards, and managerial employees as defined by the Act                                                                    |                                      |                                                                                                                                                    | <b>6a. Number of Employees in Unit:</b><br>49<br><b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 06/06/19 and Employer declined recognition on or about (Date) no reply (If no reply received, so state).<br><input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. |                                      |                                                                                                                                                    |                                                                                                                                                                                                                                              |
| <b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>                                                                                                                                                                                                                                                                                                     |                                      | <b>8b. Address:</b>                                                                                                                                |                                                                                                                                                                                                                                              |
| <b>8c. Tel. No.</b>                                                                                                                                                                                                                                                                                                                                                                 | <b>8d. Cell No.</b>                  | <b>8e. Fax No.</b>                                                                                                                                 | <b>8f. E-Mail Address</b>                                                                                                                                                                                                                    |
| <b>8g. Affiliation, if any:</b>                                                                                                                                                                                                                                                                                                                                                     |                                      | <b>8h. Date of Recognition or Certification</b>                                                                                                    | <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>                                                                                                                                                     |
| <b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)                                                                                                                                           |                                      |                                                                                                                                                    |                                                                                                                                                                                                                                              |
| <b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>                                                                      |                                      |                                                                                                                                                    |                                                                                                                                                                                                                                              |
| <b>10a. Name</b>                                                                                                                                                                                                                                                                                                                                                                    | <b>10b. Address</b>                  | <b>10c. Tel. No.</b>                                                                                                                               | <b>10d. Cell No.</b>                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                      | <b>10e. Fax No.</b>                                                                                                                                | <b>10f. E-Mail Address</b>                                                                                                                                                                                                                   |
| <b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election:<br>Any such election                                                                                                                                                                                                                          |                                      |                                                                                                                                                    | <b>11a. Election Type:</b><br><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail                                                                                            |
| <b>11b. Election Date(s):</b><br>6/27/19 to 7/11/19                                                                                                                                                                                                                                                                                                                                 |                                      | <b>11c. Election Time(s):</b>                                                                                                                      | <b>11d. Election Location(s):</b>                                                                                                                                                                                                            |
| <b>12a. Full Name of Petitioner (including local name and number):</b><br>NOLSW, UAW Local 2320, AFL-CIO                                                                                                                                                                                                                                                                            |                                      | <b>12b. Address (street and number, city, State and ZIP code):</b><br>55 East Jackson Blvd., Ste. 645, Chicago, IL 60640                           |                                                                                                                                                                                                                                              |
| <b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b><br>The International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, AFL-CIO                                                                                                                      |                                      |                                                                                                                                                    |                                                                                                                                                                                                                                              |
| <b>12d. Tel. No.</b>                                                                                                                                                                                                                                                                                                                                                                | <b>12e. Cell No.</b>                 | <b>12f. Fax No.</b>                                                                                                                                | <b>12g. E-Mail Address</b>                                                                                                                                                                                                                   |
| <b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>                                                                                                                                                                                                                                                    |                                      |                                                                                                                                                    |                                                                                                                                                                                                                                              |
| <b>13a. Name and Title:</b><br>Laura Hebert, Regional Organizer                                                                                                                                                                                                                                                                                                                     |                                      | <b>13b. Address (street and number, city, State and ZIP code):</b><br>55 East Jackson Blvd., Ste. 645, Chicago, IL 60640                           |                                                                                                                                                                                                                                              |
| <b>13c. Tel. No.</b><br>312-344-0239                                                                                                                                                                                                                                                                                                                                                | <b>13d. Cell No.</b>                 | <b>13e. Fax No.</b>                                                                                                                                | <b>13f. E-Mail Address</b><br>laurahebert1968@gmail.com                                                                                                                                                                                      |
| <b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>                                                                                                                                                                                                                                                       |                                      |                                                                                                                                                    |                                                                                                                                                                                                                                              |
| <b>Name (Print)</b><br>Laura Hebert                                                                                                                                                                                                                                                                                                                                                 | <b>Signature</b><br>/e/ Laura Hebert | <b>Title</b><br>Regional Organizer                                                                                                                 | <b>Date</b><br>06/06/19                                                                                                                                                                                                                      |

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.  
07-RC-243095

Date Filed  
June 10, 2019

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

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

|                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                                                                                                                      |                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 2a. Name of Employer<br>Papa's Refrigeration                                                                                                                                                                                                                                                                                                                                     |              | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)<br>11525 E. Nine Mile Road, Warren, MI 48089                                                 |                                                    |
| 3a. Employer Representative - Name and Title<br>Ken Papa                                                                                                                                                                                                                                                                                                                         |              | 3b. Address (If same as 2b - state same)<br>Same as above                                                                                                                            |                                                    |
| 3c. Tel. No.<br>586-759-8400                                                                                                                                                                                                                                                                                                                                                     | 3d. Cell No. | 3e. Fax No.<br>586-759-1844                                                                                                                                                          | 3f. E-Mail Address<br>sales@papasrefrigeration.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.)<br>Mechanical/HVAC Contractor                                                                                                                                                                                                                                                                                        |              | 4b. Principal product or service<br>Refrigeration/HVAC Install and Repair                                                                                                            |                                                    |
| 5b. Description of Unit Involved<br><b>Included:</b> All full-time and regular part-time pipefitters, service technicians, maintenance technicians, installers, apprentices and helpers employed by the Employer at its facility located in Warren, MI<br><b>Excluded:</b> All office clerical employees, guards and supervisors as defined by the Act, and all other employees. |              | 5a. City and State where unit is located:<br>Warren, MI                                                                                                                              |                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                  |              | 6a. No. of Employees in Unit:<br>approx. 24                                                                                                                                          |                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                  |              | 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) 6/10/19 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **No response received**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

|                                                                                   |              |                                          |                                                                                   |
|-----------------------------------------------------------------------------------|--------------|------------------------------------------|-----------------------------------------------------------------------------------|
| 8a. Name of Recognized or Certified Bargaining Agent (If none, so state).<br>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):<br>July 11, 2019                                                                             | 11c. Election Time(s):<br>8:00 a.m.-9:00 a.m. | 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | 11d. Election Location(s):<br>An appropriate location in Employer's facility located at 11525 E. Nine Mile Road, Warren, MI |
| 12a. Full Name of Petitioner (including local name and number)<br>United Association Pipefitters Local 636, AFL-CIO |                                               | 12b. Address (street and number, city, state, and ZIP code)<br>30100 Northwestern Highway, Farmington, MI 48334                         |                                                                                                                             |

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada, AFL-CIO

|                                 |               |              |                                                  |
|---------------------------------|---------------|--------------|--------------------------------------------------|
| 12d. Tel. No.<br>(248) 538-6636 | 12e. Cell No. | 12f. Fax No. | 12g. E-Mail Address<br>jlewis@pipefitters636.org |
|---------------------------------|---------------|--------------|--------------------------------------------------|

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

|                                                   |                                 |                                                                                                              |                                                     |
|---------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 13a. Name and Title<br>Tinamarie Pappas, Attorney |                                 | 13b. Address (street and number, city, state, and ZIP code)<br>4661 Pontiac Trail, Ann Arbor, Michigan 48105 |                                                     |
| 13c. Tel. No.<br>(734) 994-6338                   | 13d. Cell No.<br>(734) 476-2056 | 13e. Fax No.<br>(734) 663-7626                                                                               | 13f. E-Mail Address<br>pappaslawoffices@comcast.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)<br>Tinamarie Pappas | Signature<br>s/Tinamarie Pappas | Title<br>Attorney | Date<br>6/10/19 |
|----------------------------------|---------------------------------|-------------------|-----------------|

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 will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-243228

Date Filed

6-12-2019

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

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

**2a. Name of Employer:**  
McLaren Macomb

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
1000 Harrington, Mt. Clemens, MI, 48043

**3a. Employer Representative - Name and Title:**  
Tom Brisse, President

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

**3c. Tel. No.**  
(586) 498-8083

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
tbrisse@mcclaren.org

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

**4b. Principal Product or Service**  
Health Services

**5a. City and State where unit is located:**  
Mt. Clemens, Michigan

**5b. Description of Unit Involved:**  
**Included:**  
See Attachment A, attached  
**Excluded:**  
See Attachment A, attached

**6a. Number of Employees in Unit:**  
187

**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) 06/12/19 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:**

**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 and 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):**  
July 2, 2019

**11c. Election Time(s):**  
5:30-8:00 am, 2:00-4:00 pm, 5:30-7:30 pm

**11d. Election Location(s):**  
Class Room 3, Lower Level

**12a. Full Name of Petitioner (including local name and number):**  
Local 40, RN Staff Council, Office and Professional Employees International Union (OPEIU), AFL-CIO

**12b. Address (street and number, city, State and ZIP code):**  
46810 Garfield Road  
Macomb Township, MI 48044

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Office and Professional Employees International Union

**12d. Tel. No.**  
(586) 948-3861

**12e. Cell No.**

**12f. Fax No.**  
(586) 948-3862

**12g. E-Mail Address**  
rnstaffcouncil@yahoo.com

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

**13a. Name and Title:**  
Scott A. Brooks, attorney  
Gregory, Moore, Brooks & Clark, P.C.

**13b. Address (street and number, city, State and ZIP code):**  
65 Cadillac Square, Suite 3727  
Detroit, MI 48226

**13c. Tel. No.**  
(313) 964-5600

**13d. Cell No.**  
(313) 207-4994

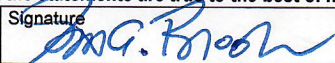
**13e. Fax No.**  
(313) 964-2125

**13f. E-Mail Address**  
scott@unionlaw.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)**  
Scott A. Brooks

**Signature**



**Title**  
Attorney

**Date**  
06/12/19

**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.



## RC Petition – McLaren Macomb Hospital

Filed June 12<sup>th</sup> 2019

### Attachment A – Unit Description

All full-time and regular part-time employees in classifications in Appendix A employed by the employer at its facilities located at 1000 Harrington St, Mt Clemens, MI 48043. Excluding all other employees, managerial employees, temporary employees, employees employed by agencies providing outside labor to the employer, confidential employees, guards and supervisors as defined under the Act. Employees described in the unit who have worked an average of four hours or more per week during the 13 weeks immediately preceding the eligibility date for the election are eligible to vote.

### **Appendix A**

Anesthesia Tech

Bed Coordinator

Critical Care Tech

EKG Tech

Endo Tech

Imaging Assistant

Lab Courier Aide

Lab Courier Clerk

Lab Courier Driver

Lab Office Clerk

Lab Pathology Aide

Lab Phlebotomist

Perioperative Tech (Pass Tech Pre Op)

Patient Sitter (Patient Safety Associate)

Pharmacy Tech

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

DO NOT WRITE IN THIS SPACE

Case No. **07-RC-243501** Date Filed **6-18-2019**

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

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

|                                                                                                                                                                                                                                                                                                           |                              |                                                                                                                                      |                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2a. Name of Employer<br>Medilodge of Plymouth                                                                                                                                                                                                                                                             |                              | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)<br>395 W. Ann Arbor Trail Plymouth, MI 48170 |                                                                                                                                                                                                                           |
| 3a. Employer Representative - Name and Title<br>Cody Hitchcock                                                                                                                                                                                                                                            |                              | 3b. Address (If same as 2b - state same)<br>64500 Van Dyke, Washington, MI 48095                                                     |                                                                                                                                                                                                                           |
| 3c. Tel. No.<br>586-752-5008                                                                                                                                                                                                                                                                              | 3d. Cell No.<br>810-414-1633 | 3e. Fax No.<br>586-752-7609                                                                                                          | 3f. E-Mail Address<br>chitchcock@medilodge.com                                                                                                                                                                            |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.)<br>Nursing Home                                                                                                                                                                                                                               |                              | 4b. Principal product or service<br>Provide nursing assistance to residents,                                                         | 5a. City and State where unit is located:<br>Plymouth, MI                                                                                                                                                                 |
| 5b. Description of Unit Involved<br><b>Included:</b> All full-time and regular part-time employees including C.N.A, Restorative Aide, Resident Aide, Maintenance, Dietary, Housekeeping, Laundry & Activities Aides.<br><b>Excluded:</b> All Supervisors, Office Clerical & Guards as defined in the Act. |                              |                                                                                                                                      | 6a. No. of Employees in Unit:<br><br>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) **6-6-19** and Employer declined recognition on or about **6-6-19** (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? **35**  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

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

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

|                                   |                                             |                                                         |
|-----------------------------------|---------------------------------------------|---------------------------------------------------------|
| 11b. Election Date(s):<br>7-18-19 | 11c. Election Time(s):<br>6am-8am & 2pm-4pm | 11d. Election Location(s):<br>Medilodge Conference Room |
|-----------------------------------|---------------------------------------------|---------------------------------------------------------|

|                                                                                                |                                                                                                  |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 12a. Full Name of Petitioner (including local name and number)<br>Darius Finklea UAW Local 600 | 12b. Address (street and number, city, state, and ZIP code)<br>10550 Dix Ave, Dearborn, MI 48120 |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
United Automobile, Aerospace & Agriculture Implement Workers of America (UAW)

|                              |                               |                              |                                            |
|------------------------------|-------------------------------|------------------------------|--------------------------------------------|
| 12d. Tel No.<br>313-842-5647 | 12e. Cell No.<br>313-208-9201 | 12f. Fax No.<br>313-842-6149 | 12g. E-Mail Address<br>dfinklea@uaw600.org |
|------------------------------|-------------------------------|------------------------------|--------------------------------------------|

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

|                                                                  |                                                                                                  |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 13a. Name and Title<br>Darius Finklea UAW Service Representative | 13b. Address (street and number, city, state, and ZIP code)<br>10550 Dix Ave, Dearborn, MI 48120 |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

|                              |                               |                              |                                            |
|------------------------------|-------------------------------|------------------------------|--------------------------------------------|
| 13c. Tel No.<br>313-842-5647 | 13d. Cell No.<br>313-208-9201 | 13e. Fax No.<br>313-842-6149 | 13f. E-Mail Address<br>dfinklea@uaw600.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)<br>Darius Finklea | Signature<br> | Title<br>UAW Service Representative | Date<br>6-18-19 |
|--------------------------------|---------------|-------------------------------------|-----------------|

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 will cause the NLRB to decline to invoke its processes.

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

| DO NOT WRITE IN THIS SPACE   |                                 |
|------------------------------|---------------------------------|
| Case No. <b>07-RC-243779</b> | Date Filed <b>June 24, 2019</b> |

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

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

|                                                                                      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |
|--------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>2a. Name of Employer</b><br>Weber Automotive                                      |                                       | <b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, state, ZIP code)<br>1750 Summit Drive, Auburn Hills, MI 48326                                                                                                                                                                                                                                                                                                                    |                                                            |
| <b>3a. Employer Representative - Name and Title</b><br>Tonia Stokes, Human Resources |                                       | <b>3b. Address</b> (If same as 2b - state same)<br>Same                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            |
| <b>3c. Tel. No.</b><br>(248) 393-5525                                                | <b>3d. Cell No.</b><br>(248) 877-5970 | <b>3e. Fax No.</b><br>(248) 391-7060                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>3f. E-Mail Address</b><br>T.Stokes@weber-automotive.com |
| <b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.)<br>Factory        |                                       | <b>4b. Principal product or service</b><br>Tier 1 Automotive supplier of major engine components                                                                                                                                                                                                                                                                                                                                                               |                                                            |
| <b>5a. City and State where unit is located:</b><br>Auburn Hills, MI                 |                                       | <b>5b. Description of Unit Involved</b><br>All full-time, regular part-time and trainee Automation Technicians, Automation Specialists, Maintenance Technicians I, Maintenance Technicians II, Maintenance Technicians III, Maintenance Technician Specialists, and Preventative Maintenance employees<br><br>Excluded: All production employees, office clerical employees, professionals, managerial employees, guards and supervisors as defined in the Act |                                                            |

|                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6a. No. of Employees in Unit:</b>                                                                                                                                                        |
| <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|                                                                                                                                                                                                                                                                   |                     |                                                 |                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>Check One:</b> <input type="checkbox"/> <b>7a.</b> Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <i>Petition serves as Demand</i> |                     |                                                 |                                                                                          |
| <input type="checkbox"/> <b>7b.</b> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.                                                                                                                      |                     |                                                 |                                                                                          |
| <b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).<br>None                                                                                                                                                                          |                     | <b>8b. Address</b>                              |                                                                                          |
| <b>8c. Tel No.</b>                                                                                                                                                                                                                                                | <b>8d. Cell No.</b> | <b>8e. Fax No.</b>                              | <b>8f. E-Mail Address</b>                                                                |
| <b>8g. Affiliation, if any</b>                                                                                                                                                                                                                                    |                     | <b>8h. Date of Recognition or Certification</b> | <b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (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

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

|                                                                                                                                                                    |                                                                              |                                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.                               |                                                                              | <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |  |
| <b>11b. Election Date(s):</b><br>July 15, 2019                                                                                                                     | <b>11c. Election Time(s):</b><br>6:30 AM - 7:30 AM and 2:00 P.M. - 3:00 P.M. | <b>11d. Election Location(s):</b><br>Upstairs Conference Room                                                                                  |  |
| <b>12a. Full Name of Petitioner</b> (including local name and number)<br>International Association of Machinists and Aerospace Workers, District Lodge 60, AFL-CIO |                                                                              | <b>12b. Address</b> (street and number, city, state, and ZIP code)<br>841 N. Wayne Road, Westland, MI 48185                                    |  |

**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, AFL-CIO

|                                       |                                        |                                       |                                                  |
|---------------------------------------|----------------------------------------|---------------------------------------|--------------------------------------------------|
| <b>12d. Tel No.</b><br>(734) 947-1500 | <b>12e. Cell No.</b><br>(313) 598-2027 | <b>12f. Fax No.</b><br>(734) 947-1300 | <b>12g. E-Mail Address</b><br>jmcleod@iam698.com |
|---------------------------------------|----------------------------------------|---------------------------------------|--------------------------------------------------|

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

|                                                                          |                                        |                                                                                                                 |                                                 |
|--------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>13a. Name and Title</b><br>Nicholas A. Scotto, Special Representative |                                        | <b>13b. Address</b> (street and number, city, state, and ZIP code)<br>26 Court St, Ste 1710, Brooklyn, NY 11242 |                                                 |
| <b>13c. Tel No.</b><br>(929) 226-1724                                    | <b>13d. Cell No.</b><br>(631) 219-4116 | <b>13e. Fax No.</b><br>(646) 902-5720                                                                           | <b>13f. E-Mail Address</b><br>nscotto@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.

|                                           |                                                                                                         |                                        |                              |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------|
| <b>Name (Print)</b><br>Nicholas A. Scotto | <b>Signature</b><br> | <b>Title</b><br>Special Representative | <b>Date</b><br>June 24, 2019 |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------|

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

**PRIVACY ACT STATEMENT**

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-243889

Date Filed

6-25-2019

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

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

**2a. Name of Employer:**  
Detroit Medical Center - Children's Hospital of Michigan

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
Orchestra Place DMC, 4th Floor, 3663 Woodward Ave., Ste. 200, Detroit, MI 48201

**3a. Employer Representative - Name and Title:**  
Richard Martwick, Employee & L.R. Director

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

**3c. Tel. No.**  
313-578-3937

**3d. Cell No.**

**3e. Fax No.**  
313-820-8671

**3f. E-Mail Address**  
rmartwic@dmc.org

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

**4b. Principal Product or Service**  
Medical

**5a. City and State where unit is located:**  
Detroit, Michigan

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

All full-time & part-time ED Techs. If the Union prevails in the Election, the employees will be accreted to Local 140.11

**Excluded:**

All supervisors and others defined by the Act.

**6a. Number of Employees in Unit:**  
25

**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)**  
Michigan AFSCME Council 25

**8b. Address:**  
600 W. Lafayette Blvd., Ste. 500, Detroit, MI 48226

**8c. Tel. No.**  
313-964-1711

**8d. Cell No.**

**8e. Fax No.**  
313-964-0230

**8f. E-Mail Address**

**8g. Affiliation, if any:**  
AFL-CIO

**8h. Date of Recognition or Certification**  
March 1, 1968

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** 12/31/2020

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** N/A 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):**  
July 8, 2019

**11c. Election Time(s):**  
7 a.m.

**11d. Election Location(s):**  
Children's Hospital - Employee Breakroom

**12a. Full Name of Petitioner (including local name and number):**  
Michigan AFSCME Council 25, Local 140.11

**12b. Address (street and number, city, State and ZIP code):**  
600 W. Lafayette Blvd., Ste. #500, Detroit, MI 48226

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

**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:**  
Reno Thompson, Organizer

**13b. Address (street and number, city, State and ZIP code):**  
600 W. Lafayette Blvd., Ste. #500, Detroit, MI 48226

**13c. Tel. No.**  
313-964-1711

**13d. Cell No.**  
313-477-8044


**13e. Fax No.**  
313-964-0230

**13f. E-Mail Address**  
rthompson@miafscme.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)  
Reno Thompson

Signature



Title  
Organizer

Date  
06/18/19

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 GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-243919

Date Filed

6-25-2019

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

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

**2a. Name of Employer**

Weber Automotive Corporation

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

1750 Summit Drive, Auburn Hills, MI 48326

**3a. Employer Representative - Name and Title**

Tonia Stokes, Human Resources Manager

**3b. Address** (If same as 2b - state same)

Same

**3c. Tel. No.**

(248) 393-5525

**3d. Cell No.**

(248) 877-5970

**3e. Fax No.**

(248) 391-7060

**3f. E-Mail Address**

T.Stokes@weber-automotive.com

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

Factory

**4b. Principal product or service**

Tier 1 Automotive supplier of major engine components

**5a. City and State where unit is located:**

Auburn Hills, MI

**5b. Description of Unit Involved**

**Included:** All Automation Technicians, Automation Specialists, Maintenance Technicians I, Maintenance Technicians II, Maintenance Technicians III, Maintenance Technician Specialists, Preventative Maintenance and trainees in the above classifications

**Excluded:** All production employees, office clerical employees, professionals, managerial employees, guards and supervisors as defined in the Act

**6a. No. of Employees in Unit:**

20

**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.

*Petitioner Serves as Demand*

**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):**

July 15, 2019

**11c. Election Time(s):**

6:30 AM - 7:30 AM and 2:00 PM - 3:00 PM

**11d. Election Location(s):**

Upstairs Conference Room

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

International Association of Machinists and Aerospace Workers, District Lodge 60, AFL-CIO

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

841 N. Wayne Road, Westland, MI 48185

**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, AFL-CIO

**12d. Tel No.**

(734) 947-1500

**12e. Cell No.**

(313) 598-2027

**12f. Fax No.**

(734) 947-1300

**12g. E-Mail Address**

jmcleod@iam698.com

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

**13a. Name and Title** Nicholas A. Scotto, Special Representative

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

26 Court St, Ste 1710, Brooklyn, NY 11242

**13c. Tel No.**

(929) 226-1724

**13d. Cell No.**

(631) 219-4116

**13e. Fax No.**

(646) 902-5720

**13f. E-Mail Address**

nscotto@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)

Nicholas A. Scotto

**Signature**



**Title**

Special Representative

**Date**

June 25, 2019

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

**PRIVACY ACT STATEMENT**

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

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

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-244076

Date Filed

6-28-2019

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

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

|                                                                                         |                     |                                                                                                                                           |                                                                  |
|-----------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>2a. Name of Employer</b><br>Allied Universal                                         |                     | <b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b><br>2600 S. Euclid Ave., Bay City, MI 48706 |                                                                  |
| <b>3a. Employer Representative - Name and Title</b><br>David Chapla, VP Labor Relations |                     | <b>3b. Address (If same as 2b - state same)</b><br>161 Washington St., Suite 600, Conshohocken, PA 19428                                  |                                                                  |
| <b>3c. Tel. No.</b><br>484-351-1418                                                     | <b>3d. Cell No.</b> | <b>3e. Fax No.</b><br>484-351-1419                                                                                                        | <b>3f. E-Mail Address</b><br>david.chapla@aus.com                |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Factory           |                     | <b>4b. Principal product or service</b><br>Sugar Production                                                                               | <b>5a. City and State where unit is located:</b><br>Bay City, MI |

**5b. Description of Unit Involved**

**Included:** ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY ALLIED UNIVERSAL @ 2600 S. EUCLID AVE., BAY CITY, MI 48706

**Excluded:** ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

|                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6a. No. of Employees in Unit:</b><br>20                                                                                                                                                  |
| <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

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

**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

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

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

|                                          |                                                            |                                                      |
|------------------------------------------|------------------------------------------------------------|------------------------------------------------------|
| <b>11b. Election Date(s):</b><br>7/23/19 | <b>11c. Election Time(s):</b><br>5-7:00 a.m. & 1-3:00 p.m. | <b>11d. Election Location(s):</b><br>Conference Room |
|------------------------------------------|------------------------------------------------------------|------------------------------------------------------|

**12a. Full Name of Petitioner (including local name and number)**  
International Union, Security, Police and Fire Professionals of America (SPFPA)

**12b. Address (street and number, city, state, and ZIP code)**  
25510 Kelly Road, Roseville, MI 48066

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union, Security, Police and Fire Professionals of America (SPFPA)

**12d. Tel No.**  
586-772-7250 X111

**12e. Cell No.**  
586-872-5634

**12f. Fax No.**  
586-772-9644

**12g. E-Mail Address**  
organize@spfpa.org

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

**13a. Name and Title** Gordon Gregory, General Counsel

**13b. Address (street and number, city, state, and ZIP code)**  
65 Cadillac Square, Suite 3727, Detroit, MI 48226

**13c. Tel No.**  
313-964-5600

**13d. Cell No.**

**13e. Fax No.**  
313-964-2125

**13f. E-Mail Address**  
Gordon@UnionLaw.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)** David L. Hickey

**Signature**

**Title**  
International President

**Date**  
6/27/19

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

**PRIVACY ACT STATEMENT**

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



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RD-243782

Date Filed

June 24, 2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

|                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                |                                                                                                                                         |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 2a. Name of Employer<br>Bay Area Behavioral Health                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                | 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)<br>1961 Parish Rd. Kawkawlin 486031             |                     |
| 3a. Employer Representative - Name and Title<br>Becky Smith HR                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                | 3b. Address (if same as 2b - state same)<br>201 Mulholland Bay City MI 48708                                                            |                     |
| 3c. Tel. No.<br>805-2226489                                                                                                                                                                                                                                                                                                            | 3d. Fax No.<br>805-2226489                                                                                                                                                                                                                     | 3e. Cell No.                                                                                                                            | 3f. E-Mail Address  |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.)<br>Behavioral Health                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                | 4b. Principal product or service<br>Behavioral Health                                                                                   |                     |
| 5a. Description of Unit Involved<br>Included: All full-time and part-time direct support professionals employed by the Employer at Bay Area Behavioral Health, Northway Activity Center.<br>Excluded: Substitutes, guards, students, interns, volunteers, office clerical, professional, supervisory personnel and all other personnel |                                                                                                                                                                                                                                                | 5b. City and State where unit is located:<br>Kawkawlin MI                                                                               |                     |
| 6. No. of Employees in Unit<br>18                                                                                                                                                                                                                                                                                                      | 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                         |                     |
| 8a. Name of Recognized or Certified Bargaining Agent<br>Local 3561, Michigan Council Number 25                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                | 8b. Affiliation, if any<br>AFL-CIO                                                                                                      |                     |
| 8c. Address<br>1034 North Washington Ave.<br>Lansing MI 48906                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                | 8d. Tel. No.<br>5174875081                                                                                                              | 8e. Cell No.<br>N/A |
|                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                | 8f. Fax No.<br>5174873970                                                                                                               | 8g. E-Mail Address  |
| 9. Date of Recognition or Certification                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                | 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)<br>September 30, 2019                                 |                     |
| 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)<br>(Insert Address)                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                | a labor organization, of<br>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)<br>July 22nd 2019                                                                                                                                                                                                                                                                                                | 13c. Election Time(s)<br>3:45 pm                                                                                                                                                                                                               | 13d. Election Location(s)<br>Northway Activity Center                                                                                   |                     |
| (b) (6), (b) (7)(C)                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                | 14b. Tel. No.                                                                                                                           | 14c. Fax No.        |
| (b) (6), (b) (7)(C)                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                | 14d. Cell No.                                                                                                                           | 14e. E-Mail Address |
| (b) (6), (b) (7)(C)                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                | (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                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                | 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 statements are true to the best of my knowledge and belief.

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

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

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

Date Filed

6-2019

(1001)