

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-237508

Date Filed

3-12-2019

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

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

| | |
|--|--|
| 2a. Name of Employer: Mitchel Plastics | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 39111 Mitchell Drive, Sterling Heights, MI. 48313 |
| 3a. Employer Representative - Name and Title: | 3b. Address (if same as 2b - state same): same |

| | | | |
|---------------------------------------|---------------------|--------------------|---------------------------|
| 3c. Tel. No. (248) 509-2800 | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address |
|---------------------------------------|---------------------|--------------------|---------------------------|

| | | |
|---|---|--|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Parts Factory | 4b. Principal Product or Service Automotive Interiors | 5a. City and State where unit is located: |
|---|---|--|

| | |
|--|---|
| 5b. Description of Unit Involved: Included: All Production, maintenace and parts operators, including Team Leaders Excluded: Managers, supervisors, guards, Human Resource and Labor relations personel | 6a. Number of Employees in Unit: 152 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) _____ 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: _____
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

| | | |
|--|--|---|
| 11b. Election Date(s): 4/01/2019 | 11c. Election Time(s): 3:30pm-6:30pm | 11d. Election Location(s): Mitchel Plastics |
|--|--|---|

| | |
|---|---|
| 12a. Full Name of Petitioner (including local name and number): UAW | 12b. Address (street and number, city, State and ZIP code): 8000 E. Jefferson, Detroit, MI. 48234 |
|---|---|

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

| | | | |
|--|----------------------|---------------------|----------------------------|
| 12d. Tel. No. (313) 926-5000 | 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: Tavares Oliver UAW Local 1700 Vice President | 13b. Address (street and number, city, State and ZIP code): 8230 E. 8 mile Rd. Detroit, MI. 48324 |
|---|---|

| | | | |
|--|--|---------------------|--|
| 13c. Tel. No. (313) 893-0300 | 13d. Cell No. (313) 790-3331 | 13e. Fax No. | 13f. E-Mail Address chazz313@gmail.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) Tavares Oliver | Signature  | Title UAW Local 1700 Vice President | Date 3/11/2019 |
|---------------------------------------|---|---|--------------------------|

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.

FORM NLRB 502 (RG)
(2-18)2nd Amended
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITIONAMENDED:
ARMOUR GLOBAL PETITION

DO NOT WRITE IN THIS SPACE

Case No. 07-RC-237982 Date Filed 3-29-2019

INSTRUCTIONS: Unless e-filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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-503); 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: Republic National Distribution Co. (RNDC) JANICE CORDELIUS | | 2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 17550 Allen Rd., Brownstown, MI 48193 | |
| 3a. Employer Representative - Name and Title: John Blarek, Transportation Director JANICE CORDELIUS, LABOR RELATIONS MANAGER | | 3b. Address (if same as 2b., state same): Same | |
| 3c. Tel. No. 734-324-3000 | 3d. Cell No. 734-510-6100 | 3e. Fax No. 734-674-8354 | 3f. E-Mail Address JANICE.CORDELIUS@RNDC-USA.COM |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.): Liquor Distributor | | 4b. Principal Product or Service: Liquor Delivery | |
| 5a. Description of Unit Involved: Included: All regular full time and part time driver helpers. Excluded: All office clerical, managerial, administrative employees, guards & supervisors defined in the Act. | | 5b. City and State where unit is located: Brownstown, MI | |
| 5c. Number of Employees in Unit: 19 | | 5d. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? (X) Yes <input type="checkbox"/> No | |
| Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 03/20/19 and Employer declined recognition on or about (Date) 03/20/19 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. | | | |
| 6a. Name of Recognized or Certified Bargaining Agent (if none, so state) NONE | | 6b. Address: | |
| 8a. Tel. No. | 8d. Cell No. | 8e. Fax No. | 8f. E-Mail Address |
| 8g. Affiliation, if any: | | 8h. Date of Recognition or Certification | |
| 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) | | | |
| 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year) | | | |
| 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) | | | |
| 10a. Name | 10b. Address | 10c. Tel. No. | 10d. Cell No. |
| | | 10e. Fax No. | 10f. E-Mail Address |
| 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | | | |
| 11b. Election Date(s): April 12, 2019 | 11c. Election Time(s): 8:00 AM to 8:00 AM | 11d. Election Location(s): Conference Room | |
| 12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 299 | | 12b. Address (street and number, city, State and ZIP code): 2741 Trumbull Ave., Detroit, MI 48216 | |
| 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. 313-965-8750 | 12e. Cell No. n/a | 12f. Fax No. 313-965-0301 | 12g. E-Mail Address n/a |
| 13a. Name and Title: (b) (6), (b) (7)(C) | | 13b. Address (street and number, city, State and ZIP code): 2741 Trumbull Ave., Detroit, MI 48216 | |
| 13c. Tel. No. (b) (6), (b) (7)(C) | 13d. Cell No. (b) (6), (b) (7)(C) | 13e. Fax No. (b) (6), (b) (7)(C) | 13f. E-Mail Address (b) (6), (b) (7)(C) |
| I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print): (b) (6), (b) (7)(C) Title: Organizer Date: 3/20/19 | | | |

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

Collection 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 this information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or disputes. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 18, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

ATTACHMENT

The Petitioner Seeks an RC election in the voting group listed on the petition.

The election would determine whether the Petitioner for employee's desire to be represented by the Petitioner and included in the existing unit, described below, pursuant to Armour & Co., 40 NLRB 133 (1942) and Globe Machine and Stamping Co., 3 NLRB 294 (1937).

Existing Unit Description: All full-time Drivers and Switcher Utility Drivers employed through Republic National Distribution Co. located at 17550 Allen Rd. Brownstown, MI 48193.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-237982

Date Filed

3-20-2019

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

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

| | | | |
|--|---|--|--|
| 2a. Name of Employer: Republic National Distribution Co. (RNDC) <i>JANICE CORDELIUS</i> | | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 17550 Allen Rd., Brownstown, MI 48193 | |
| 3a. Employer Representative - Name and Title: John Blarek, Transportation Director <i>JANICE CORDELIUS, LABOR RELATIONS MANAGER</i> | | 3b. Address (if same as 2b - state same): Same | |
| 3c. Tel. No. 734-324-3000 / <i>734-530-6205</i> | 3d. Cell No. <i>674-8354</i> <i>734-674-8354</i> | 3e. Fax No. <i>N/A</i> | 3f. E-Mail Address <i>JANICE.CORDELIUS@RNDC-USA.COM</i> |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.): Liquor Distributor | | 4b. Principal Product or Service Liquor Delivery | 5a. City and State where unit is located: Brownstown, MI |
| 5b. Description of Unit Involved: Included: All regular full time and part time driver helpers. Excluded: All office clerical, managerial, administrative employees, guards & supervisors defined in the Act. | | | 6a. Number of Employees in Unit: 19 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>03/20/19</u> and Employer declined recognition on or about (Date) <u>03/20/19</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. | | | |
| 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) <i>NONE</i> | | 8b. Address: | |
| 8c. Tel. No. | 8d. Cell No. | 8e. Fax No. | 8f. E-Mail Address |
| 8g. Affiliation, if any: | | 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) |
| 9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____ | | | |
| 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) | | | |
| 10a. Name | 10b. Address | 10c. Tel. No. | 10d. Cell No. |
| | | 10e. Fax No. | 10f. E-Mail Address |
| 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: | | | 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
| 11b. Election Date(s): April 12, 2019 | | 11c. Election Time(s): 5:00 AM to 6:00 AM | 11d. Election Location(s): Conference Room |
| 12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 299 | | 12b. Address (street and number, city, State and ZIP code): 2741 Trumbull Ave., Detroit, MI 48216 | |
| 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. 313-965-8750 | 12e. Cell No. n/a | 12f. Fax No. 313-965-0301 | 12g. E-Mail Address n/a |
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 13a. Name and Title: <i>(b) (6), (b) (7)(C)</i> | | 13b. Address (street and number, city, State and ZIP code): 2741 Trumbull Ave., Detroit, MI 48216 | |
| 13c. Tel. No. <i>(b) (6), (b) (7)(C)</i> | 13d. Cell No. <i>(b) (6), (b) (7)(C)</i> | 13e. Fax No. <i>(b) (6), (b) (7)(C)</i> | 13f. E-Mail Address <i>(b) (6), (b) (7)(C)</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) <i>(b) (6), (b) (7)(C)</i> | | Signature <i>(b) (6), (b) (7)(C)</i> | Date 3/20/19 |

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.

Date Filed

07-RC-238329

March 25, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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:

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

Pacific Weather Inc.

102 Vogt Rd., Port Angeles, WA 98362

3a. Employer Representative - Name and Title:

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

Richard Carlson

Same

3c. Tel. No.

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

360-457-5797

360-670-6732

360-457-0476

rcarlson@olypen.com

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

4b. Principal Product or Service

5a. City and State where unit is located:

FAA Contract Weather Tower

Weather observation

Traverse City, MI

5b. Description of Unit involved:

5a. Number of Employees in Unit:

Included: All full-time and part-time weather observers and Senior weather observers employed by Pacific Weather Inc. at Traverse City airport

4

Excluded:

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

All others including confidential & managerial employees as defined by Act

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date)

and Employer declined recognition

on or about (Date) March 4, 2019 (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:

N/A

N/A

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)

N/A

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)

N/A

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.

N/A

N/A

10e. Fax No.

10f. E-Mail Address

N/A

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):

11c. Election Time(s):

11d. Election Location(s):

Traverse City, MI

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

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

Professional Air Traffic Controllers Organization
PATCO 11091PO Box 1838
Perry, FL 32348

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): FPD, PATCO, NUHKE, APSME, AFI, Federation of Physicians & Dentists, Professional Air Traffic Controllers Organization, National Union of Hospital & Health Care Employees, American Federation of State, County, & Municipal Employees

12d. Tel. No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

850-942-6636

N/A

850-942-6722

FPD@comcast.net

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

13a. Name and Title:

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

Jodie Blue, Administrative Manager

Same

13c. Tel. No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

850-942-6636

N/A

850-942-6722

FPD@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)

Signature

Title

Date

Jodie Blue

Jodie Blue

Administrative Manager

3/19/19

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-238732

Date Filed

3-29-2019

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

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2a. Name of Employer

Beaumont Health-Dearborn

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

18101 Oakwood Blvd.
MI Dearborn 48124-

3a. Employer Representative - Name and Title

David Squire

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

18101 Oakwood Blvd.
MI Dearborn 48124-

3c. Tel. No.

(313) 982-5305

3d. Cell No.

3e. Fax No.

(313) 436-2049

3f. E-Mail Address

david.squire@beaumont.org

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

Healthcare

4b. Principal product or service

Hospital

5a. City and State where unit is located:

Dearborn, MI

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

16

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

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 01/07/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes



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).

MI AFSCME Council 25

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

AFL-CIO

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):
April 8, 2019

11c. Election Time(s):
Any time

11d. Election Location(s):
Mail Ballot

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

Reno Thompson
Michigan AFSCME Council 25, Local 2568

12b. Address (street and number, city, state, and ZIP code)
600 W. Lafayette Blvd., Suite #500
MI Detroit 48226

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
MI AFSCME Council 25, AFL-CIO

12d. Tel No.

(313) 964-1711

12e. Cell No.

(313) 477-8044

12f. Fax No.

(313) 964-0230

12g. E-Mail Address

rthompson@miafscme.org

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

13a. Name and Title

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

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

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

Name (Print)

Reno Thompson

Signature

Reno Thompson

Title

Organizer

Date

03/29/2019 16:54:25

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

PRIVACY ACT STATEMENT

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

Attachment

| DO NOT WRITE IN THIS SPACE | |
|----------------------------|------------|
| Case | Date Filed |
| 07-RC-238732 | 3-29-2019 |

Employees Included

Material Coordinator, Lead Supply Coordinator and Supply Coordinator. If the Union prevails in the Election, the employees will be accreted into AFSCME Local 2568.

Employees Excluded

Supervisors and all others defined by act