FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
07-RC-237508	3-12-2019				

								•	16 2013	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition me named in the	ist be accomp petition of: (	oanied b 1) the pe	y both a si tition; (2) \$	howing of interest (se Statement of Position	ee 6b below) a form (Form N	nd a certifica: ILRB-505); an	te of service showing s d (3) Description of Re	ervice on presentation	
<ol> <li>PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo</li> </ol>	ioner desires to	be certified a	s represe	entative of t	the employees. The Pe	titioner allege	s that the foll	lowing circumstances		
2a. Name of Employer։			2b. Add	ress(es) of	Establishment(s) invol	lved (Street an	d number, City	, State, ZIP code):		
Mitchel Plastics			3911	1 Mitch	ell Drive, Sterli	ng Heights	s, MI. 483	13		
Ba. Employer Representative - Nan	ne and Title:	<u> </u>	3b. Add	ress (if san	ne as 2b - state same):	:				
			same	,	,					
3c. Tel. No. (248) 509-2800	3d. Cell No.			3e. Fax N		3f. E-Mai	Address			
la. Type of Establishment (Factory, i	mine, wholesai	er, etc.)			pal Product or Service		5a. City ar	d State where unit is loc	ated:	
Parts Factory				Autom	otive Interiors					
b. Description of Unit Involved:							6a. Number of Employees in Unit:			
ncluded:	_						152			
All Production, maintenac	ce and part	s operator	s, incl	uding T	eam Leaders		132			
Excluded:								ubstantial number (30%		
Managers, supervisors, g						nel		of the employees in the unit wish to be represented by the Petitioner? X Yes No		
Check One: 7a. Request for rec	ognition as Ba						and Employer	declined recognition		
on or about (Date)				eceived, so						
Pa. Name of Recognized or Certifie					and desires certification ddress:	n under the Ac	<u>.                                    </u>			
a. Name of Recognized of Certifie	d Barganing	Agent (II non	5, SU SIGI	6) OD. A	duress.					
	<u> </u>									
Sc. Tel. No.	8d. Cell No.			8e. Fax N			Address			
g. Affiliation, if any:			81	n. Date of R	Recognition or Certifica		tion Date of Contract, if any	urrent or Most (Month, Day, Year)		
<ol><li>Is there now a strike or picketing a</li></ol>	t the Employer	's establishme	nt(s) invo	olved? No	) ▼ If so, approx	imately how m	any employee	s are participating?		
(Name of Labor Organization)						, has picket	ed the Employ	er since (Month, Day, Ye	ear)	
Organizations or individuals other individuals known to have a repre								es and other organization	ns and	
I0a. Name	10	b. Address				10c. Tel.	No.	10d. Cell No.		
		10e. Fax No		No	o. 10f. E-Mail Address					
1. Election Details: If the NLRB co	nducts and ele	ction in this ma	atter, stat	e your posi	ition with respect to any	y such election	: 11a. Electio	· <u>·</u>	d Manual/Mail	
1b. Election Date(s):	11	c. Election Tir	ne(s):			11d. Elec	tion Location(s	s):		
4/01/2019	3	:30pm-6:3	0pm			Mitch	el Plastics		l	
2a. Full Name of Petitioner (includ	ing local name	and number):			12b. Address (street	and number, c	ity, State and I	ZIP code):		
UAW					8000 E. Jeffers	son, Detro	it, MI. 482	234		
		<del> </del>								
2c. Full name of national or internati	_				•		•			
United Automobile, Aeros		Agrıcultu	rai Imp	olement	Workers of Am	ierica, UA	W	_		
2d. Tel. No. (313) 926-5000	12e. Cell No.			12f. Fax N	lo.	12g. E-M	ail Address			
3. Representative of the Petitione	r who will acc	ept service o	f all pape	ers for pur	poses of the represer	ntation procee	ding.			
3a. Name and Title:		•			ess (street and numbe					
Tavares Oliver UAW Local	1700 Vice	President		8230 E.	. 8 mile Rd. Detro	oit, MI. 483	24			
3c. Tel. No. 13d. Cell No.			13e. Fax I	No.	13f. E-Ma	13f. E-Mail Address				
(313) 893-0300	(313) 790	-3331				chazz?	313@gmai	il.com		
declare that I have read the above			ments a	re true to t	he best of my knowle					
lame (Print)		Signature				Title			Date	
Tavares Oliver			<u>/                                     </u>			UAW Lo	cal 1700 V	ice President	3/11/2019	

2<sup>nd</sup> Amended

AMEN	DED:  ONOT WRITE IN THIS	PETITION SPACE
Caso No.		Date Filed

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION FORM NARE 602 (RG) **Q-10**) 07-RC-237982 3-29-2019 INSTRUCTIONS: Unless o Filed using the Agency's website. [Verwining now], submit on original of this Petition to on NLRB office in the Region in valid, the employer concerned is located. The patition must be accompanied by both a showing of interest (see 60 below) and a certificate of service showing service on the employer and all other parties named in the patition of: (1) the public; (2) Externent of Position form (Form MLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be fied 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 Palitioner and Palitioner doctros to be conflict as representative of the employees. The Palitioner analysis that the following circumstances exist and requests that the Matienal Labor Relations Board proceed under its proper authority pursuant to Scotlen 9 of the Matienal Labor Relations AcL 2a. Name of Employer 20. Address(ss) of Establishment(s) Involved (Strest and number, City, State, ZIP code): Republic National Distribution Co. (RNDC)

SANICE CORDELIUS 17550 Allen Rd., Brownstown, MI 48193 2s. Employer Representative - Name and Title: 3b. Address [if come as 2b - state same): John Blarek, Transportation Director Same & JANICE CORDELINS, LABOR REDATIONS MANAGER 734-550-6180 Cel No. 674-8354 30 Tel No. 30. Fax No 31. E-Mail Address 734-324-3000 ANJEE, CORDELIUS & ENDC-USA. COM 4s. Type of Establishment (Fectory, mine, wholesaler, etc.) 4b. Principal Product of Service Sa. City ems State where unit is located: Liquar Distributor Liquor Dallvery Brownstown, MI St. Description of Unit Involved: 6a. Number of Employees in Unit: meluded: 19 All regular full time and part time driver helpers. Excluded: 6b. Do a substantial number (30% or more)
of the employeds in the unit wish to be
represented by the Positioner? 区 Yes □ No All office clerical, managerial, administrative employees, guarde & supervisors defined in the Act, Check One: 3 Te, Request for recognision as Bergaining Representative was made on (Date) 03/20/19 and of about (Date) 03/20/19 (If no reply received, so atta).

1 Th. Politioner is currently recognised as Bergaining Representative and desires certification under the Act. sa. Name of Recognized or Cartified Bargaining Agent (If none, so stell) 6b. Addiess: NONE 60 Tel No. 84 Cel No. Bo. Fax No. BL E-Mail Address Bg. Affiliation, It any: Sh. Date of Recognition or Cartification | Si. Expiration Date of Current or Most Recent Contract, If eny (Month, Day, Year) 9. In there now a strike or picketing at the Employer's establishment(s) involved? No If an approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) 10. Organizations of individuals other than Patitioner and those haded in his made 8 and 9, which have distinud recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in liver 5b above. (If none, or state) 10s. Name 10b. Address IOC. Tel. No. 10d Cell No. 10L E-Mail Address toe, Fex No. 11. Election Cetalls: If the NURB conducts and election in this matter, state your position with respect to any such exaction: 11a. Election Type: Manual Mail Mised Manual/Mas 11b. Election Dale(s) 1c. Election Time(s) 1d. Harden Location b April 12, 2018 5:00 AM to 8:00 AM Conference Room 12b. Address (street and number, pily, State and ZIP code): 12a. Full Name of Petitioner (Including local name and number): Teamsters Local Union No. 299 2741 Trumbull Ave., Depolt, MI 48216 126. Full name of national or infernational labor organization of which Patitionar is an efficient or constituent (if none, so state): International Brotherhood of Teamsters (IBT) 12e. Cell Na. 121, Fax No. 129. E-Mell Address 313-965-8750 313-955-0301 N/a n/a 18. Representative of the Patilionar who will accept agrees of all papers for purposes of the representation proceeding 13a, Name and Titl 13b. Address (street and number, city, State and ZIP code): 2741 Trumbull Ave., Detroit, MI 48216 (b) (6), (b) 134, Cet No. (b) (6), (b) (7)(C) 13a Fox No 136 E-MAD Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) declare that I have read the above publics and that the statements are true to the best of my kn e and belle!. . (6), (2m) (2m) (b) (6), (b) (7)(C (b) 3/20/19 Örgenizer

willful palse statements on this petition can be punished by fine and imprisonment (u.s. code, title 15, section 1991)

Privacy act statement

Schedulin of the intermetion on this form is extracted by the historial Labor Relations Acid N.R.A.). 20 U.S.C. § 151 at set. This principal use of this information is to extint the National Labor Relations Board (MRR) in processing representation and resided proceedings or Righton. The routine used for the Information are fully set brite in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 18, 2005). The MLRB MI nuther explains here uses upon request. Disclosure of this information to the NLRB is voluntary, horeour, failure to explay the information tray cares the NLRB to decime to invoke its process

### **ATTACHMENT**

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

The election would determine whether the Petitioned 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).

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

FORM NLRB-502 (RC) (2-18)

## 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.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): Republic National Distribution Co. (RNDC) 17550 Allen Rd., Brownstown, MI 48193 SANICE CORDELIUS 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): John Blarek, Transportation Director JANICE CORDELIUS, LABOR RELATIONS MANAGER 1734-530-6783d. Cell No. 674-8354 734-324-3000 ANICE. CORDELIUS @ RNDC-USA. COM 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Liquor Delivery Liquor Distributor Brownstown, MI 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: All regular full time and part time driver helpers. 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 office clerical, managerial, administrative employees, guards & supervisors defined in the Act. Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) 03/20/19 and Employer declined recognition 03/20/19 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: NONE 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. F-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?  $N_{O}$ If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Emptoyer 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 and election in this matter, state your position with respect to any such election: 11a. Election Type: Mixed Manual/Mail Manual Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): April 12, 2019 5:00 AM to 6:00 AM Conference Room 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Teamsters Local Union No. 299 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. 12g. E-Mail Address 12e. Cell No. 12f. Fax No. 313-965-8750 n/a 313-965-0301 n/a 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): 2741 Trumbull Ave., Detroit, MI 48216 (b) (6), (b) (7)(C) 13c. Tel. No. 13d. Cell No. 13f. E-Mail Address 13e. Fax No. (b) (6), (b) (7)(C) I declare that I have read the above petition and that the statements are true to the best of my known e and belief. Name (Print) Date 6 3/20/19 Organizer (b) (6), (b) (7)(C)

FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
00 -0 00000	05 0030						

					-RC-238	3329	March 2	5, 2019
INSTRUCTIONS: Unless e- èmployer concerned is loc the employer and all other Case Procedures (Form NI	ated. The petition mu parties named in the	ust be accompanied petition of: (1) the p	by both a showing of petition; (2) Statement	f interest (see 6) t of Position for	b below) and m (Form NLF	a certificate RB-505); and	of service showin (3) Description of	g service on Representation
PURPOSE OF THIS PETI bargaining by Petitioner at requests that the Nation	nd Petitioner desires to	o be certified as repre	sentative of the employ	yees. The Petitic	oner alleges (	that the follow	ving circumstance	
2a. Name of Employer:		2b. A	ddress(es) of Establish	ment(s) involved	(Street and n	umber, City, S	State, ZIP code):	
Pacific Wea	ther the	. 103	L Vogt Pd.	, Pa+ Ar	ngeles,	WA 9	8362	·
Pichard Car		35. 7						
Chief Operati	ons offic	er	<u> </u>	Same				
3c. Tel. No. 3c0-457-5797		70-6732	3e. Fax No. 360-457- 4b. Principal Produc	0474		on@oly	pen.com	la contradic
4a. Type of Establishment (FI	-		Weather	Observat	ation		State where unit is	MT.
5b. Description of Unit Invo							of Employees in Un	
apservers ambles	ed by panfic	weather I	vc. at Travers	e cyy ar	rport		4	*
Excluded:	•			4 -		of the em	stantial number (30 ployees in the unit	
All Others Mcludin	y confident	tal + Manage	mal employee	<u>s as defin</u>	ad by ACT	represent	ted by the Petitione	
on or about	(Date) Mrch 4,2	019 (If no reply	received, so state).		<u>-</u>	r Employer de	clined recognition	
7b. Petitione			presentative and desire ate) 8b. Address:	es certification un	der the Act.			
N	lA			N/A				:
Sc. Tel. No.	8d. Cell No.		8e. Fax No.	1 17	8f. E-Mail A	ddress		
8g. Affiliation, if any:	/A' .		8h. Date of Recognition	n or Certification			rent or Most Month, Day, Year)	
9. Is there now a strike or pick	seting at the Employer	r's establishment(s) in	volved? . / . A	If so, approxima	itely how man	y employees :	are participating?	
(Name of Labor Organization	on)		MA		has picketed	the Employer	since (Month, Day,	Year)
<ol> <li>Organizations or individual individuals known to have</li> </ol>							and other organiza	itlons and
10a. Name	[ 10	Ob. Address			10c. Tel. No	).  1	pd. Cell No.	
`	H/A		N	A	10e. Fax No	44/	Of ElMail Address	
11. Election Details: If the N	RB conducts and ele	ection in this matter, st	ate your position with r	espect to any su	ch election:	11a. Election	Type:	
					1444 5124	Manual	Mail Mi	xed Manual/Mail
11b. Election Date(s):		1c. Election Time(s):			Travers	n Location(s):	$\tau_{\infty}$	
12a. Full Name of Petitioner	(including local name	and number):	, 12b. Ad	dress (street and			code):	
Professional A	r-traffic (	Controllers C	organization	G Og	or 183			
PATCO 11	99			Herry,		2318		A 15 / 1600 A
12c, Full name of national or i Federation of Prysi Leatth care emplice 12d, Tel. No.	nternational labor orginal stands + Dentis	anization of which Pe 515, Prof Ediona Federation of St	Litioner is an affiliate or the the county amount	constituent (if no controllers niculal Eng	one, so state): Organizat Pluzes   12g. E-Mail	EPD, PA	anal Anion of	CE, AFSONE, A
850-942 6636	120. 001110	1/A	850.942.6	122			ast-net	
13. Representative of the Pe	titioner who will acc	cept service of all pa	pers for purposes of 13b. Address (stree			_		
Jodie Blue	Administra	Live Manager	-	Same				
13c. Tel. No.	13d. Cell No.	In	13e. Fax No.		13/. E-Mail /		· ( mad	
850-942.6636	above petition and	that the statements	are true to the best of	722 f my knowledge		Comcas	St. MET	
Name (Print)	penson and	Signature ) .	A A	Tit	le	4	-0	Date
Jodge Du	2	- Carl	15lue	A	dministi	rative_	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

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

#### RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
07-RC-238732	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-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 representa ive 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) 18101 Oakwood Blvd. Beaumont Health-Dearborn Dearborn 48124-3b. Address (If same as 2b – state same) 3a. Employer Representative - Name and Title 18101 Oakwood Blvd. MI Dearborn 48124-David Squire 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (313) 982-5305 (313) 436-2049 david squire@beaumont.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Hospital Dearborn, MI 5b. Description of Unit Involved 6a. No. of Employees in Unit: 16 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V 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 curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address MI AFSCME Council 25 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) AFL-CIO 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): April 8, 2019 Mail Ballot Any time 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 600 W. Lafayette Blvd., Suite #500 MI Detroit 48226-Reno Thompson Michigan AFSCME Council 25, Local 2568 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 12g. E-Mail Address rthompson@miafscme.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (313) 964-0230 (313) 477-8044 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. F-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) Signature Title Date Reno Thompson Organizer 03/29/2019 16:54:25 Reno Thompson

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