

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-228354

Date Filed

October 1, 2018

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 Transdev		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1415 Lake Lansing Rd MI Lansing 48912-3796	
3a. Employer Representative - Name and Title Tim Sparks		3b. Address (If same as 2b - state same) 1415 Lake Lansing Rd MI Lansing 48912-3796	
3c. Tel. No. (517) 940-7501	3d. Cell No. (517) 582-0873	3e. Fax No.	3f. E-Mail Address timothy.sparks@transdev.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service Paratransit Service	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Lansing, MI	
		6a. No. of Employees in Unit: 100	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ 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): October 24, 2018		11c. Election Time(s): 5:00 to 8:00 a.m., 2:00 to 5:00 p.m.		11d. Election Location(s): Safety Room			
12a. Full Name of Petitioner (including local name and number) Daniel B. Smith Amalgamated Transit Union				12b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Amalgamated Transit Union							
12d. Tel No. (301) 431-7100		12e. Cell No. (202) 714-4219		12f. Fax No. (301) 431-7116		12g. E-Mail Address dsmith@atu.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) Daniel B. Smith	Signature Daniel B. Smith	Title Assistant General Counsel	Date 10/1/2018 12:07:41
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and regular part-time drivers and utility workers employed by the employer at its Lansing facility.

Employees Excluded

All other employees, mechanics, dispatchers, office clerical employees, managers, guards, professional employees and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **07-RC-228416** Date Filed **10-2-2018**

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 Beaumont Mobile Medicine		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 26150 Northline Rd. Taylor, MI. 48180	
3a. Employer Representative - Name and Title Terrye Nicholls-General Manager		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 734-946-0405 Ext. 227	3d. Cell No.	3e. Fax No.	3f. E-Mail Address terrye.nicholls@beaumont.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Paramedics		4b. Principal product or service Emergency Response	
5a. City and State where unit is located: Taylor, MI		5b. Description of Unit Involved Included: Contingent, Full Time, Part Time South, Casual, Permanent Part Time, Road Personal Paramedics, Emergency Medical Technicians, Advanced/Intermediate EMTs, Medical First Responders Excluded: Cemtech, Parastar, Management	
6a. No. of Employees in Unit: 95		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) **9/26/18** and Employer declined recognition on or about (Date) (If no reply received, so state). **No Reply**
☐ 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)
None

10a. Name None	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): October 18-19-2018	11c. Election Time(s): 8:00am-8:00pm	11d. Election Location(s): Break/Lounge Room
12a. Full Name of Petitioner (including local name and number) United Automobile, Aerospace & Agricultural Implement Workers of America		12b. Address (street and number, city, state, and ZIP code) 8000 East Jefferson Ave. Detroit, MI. 48214	


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

12d. Tel No. 734-692-3490	12e. Cell No.	12f. Fax No. 734-692-3496	12g. E-Mail Address steve@uaw3000.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Steve Gonzales, President		13b. Address (street and number, city, state, and ZIP code) 22693 Van Horn Rd. Woodhaven, MI. 48183	
13c. Tel No. 734-692-3490	13d. Cell No.	13e. Fax No. 734-692-3496	13f. E-Mail Address teri@uaw3000.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) Steve Gonzales	Signature 	Title President, UAW Local 3000	Date 10/2/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

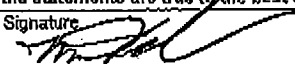
07-RC-228835

Date Filed

10-9-2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, ~~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 8b 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-305); 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: Superior Materials Holdings, LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1384 Lake Lansing Road, Lansing, MI 48906	
3a. Employer Representative - Name and Title: Stephanie Moriarty-Senior HR Rep.		3b. Address (if same as 2b - state same): 30701 W 10 Mile Rd., Farmington Hills, MI 48336	
3c. Tel. No.	3d. Cell No. 248-788-8411	3e. Fax No. 248-592-9041	3f. E-Mail Address sxmoriarty@superformaterials.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) production/delivery		4b. Principal Product or Service concrete	5a. City and State where unit is located: Lansing, MI
6a. Description of Unit Involved: Included: All Drivers Excluded: as excluded by the Act			6a. Number of Employees in Unit: 10 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) 10/10/18 and Employer declined recognition on or about (Date) none (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)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 11/1/18		11c. Election Time(s): 4:00pm to 7:00pm	11d. Election Location(s): 1384 Lake Lansing Road, Lansing, MI 48906
12a. Full Name of Petitioner (including local name and number): Teamsters Local 243		12b. Address (street and number, city, State and ZIP code): 5800 Executive Drive, Lansing, MI 48911	
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			
12d. Tel. No. 517-887-2944	12e. Cell No. 517-819-2133/517-819-4308	12f. Fax No. 517-887-3069	12g. E-Mail Address mikeparker@teamsters243.org/lmeade@teamsters24
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Mike Parker/Business Rep/VP Lynne Meade/Business Rep/Trustee		13b. Address (street and number, city, State and ZIP code): 5800 Executive Drive, Lansing, MI 48911	
13c. Tel. No. 517-887-2944	13d. Cell No. 517-819-2133/819-4308	13e. Fax No. 517-887-3069	13f. E-Mail Address mikeparker@teamsters243.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) Mike Parker	Signature 		Title Business Rep./VP
			Date 10/10/18

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

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 07-RC-229161

Date Filed 10-15-2018

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
Trinity Management Services Co.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1333 Radcliff, Garden City, Michigan 48135-1126

3a. Employer Representative - Name and Title
Diane Reed, Transportation Supervisor

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

3c. Tel. No.
(734) 762-6392

3d. Cell No.
(734) 765-0529

3e. Fax No.
(734) 762-8541

3f. E-Mail Address
n/a

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

4b. Principal product or service
School Bus

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

5b. Description of Unit Involved

Included: All regular full-time and part-time drivers and aides.

Excluded: All office clerical employees, all managerial and administrative employees, and guards and supervisors defined in the Act.

6a. No. of Employees in Unit:
30

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). **Let petition serve as request.**

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
None

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
November 5, 2018

11c. Election Time(s):
9:15 a.m. - 1:45 p.m. and 4:00 p.m. - 5:30 p.m.

11d. Election Location(s):
Kitchen Area

12a. Full Name of Petitioner (including local name and number)
Teamsters Local Union No. 243

12b. Address (street and number, city, state, and ZIP code)
39420 Schoolcraft, Plymouth Township, Michigan 48170

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

12d. Tel. No.
(734) 420-6900

12e. Cell No.

12f. Fax No.
(734) 420-2610

12g. E-Mail Address
neil@teamsters243.org

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

13a. Name and Title Marian Novak, Organizer

13b. Address (street and number, city, state, and ZIP code)
2741 Trumbull Avenue, Detroit, Michigan 48216

13c. Tel. No.
(313) 965-7450

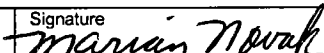
13d. Cell No.
(734) 395-2773

13e. Fax No.
(313) 961-6970

13f. E-Mail Address
MLNJC43@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) Marian Novak

Signature 

Title Organizer

Date October 13, 2018

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

PRIVACY ACT STATEMENT

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

DO NOT WRITE IN THIS SPACE

Case No.


07-RC-229542

Date Filed

10-19-2018

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: KKSP Precision Machining		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 650 Hathaway St. East China, MI 48054	
3a. Employer Representative - Name and Title: Sam Forsyth, Plant Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 1-810-329-4731	3d. Cell No. 1-810-329-4731	3e. Fax No. 1-810-329-2901	3f. E-Mail Address sforsyth@kksp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) factory		4b. Principal Product or Service Screw Machining/machined Brass	5a. City and State where unit is located: East China, MI
5b. Description of Unit Involved: Included: Pro., Quality, Tool Room, shipping, Matl. Handling, Maint., Mach Operators, Packing and Janitorial Excluded: Professional employees, security guard, foreman, managers and supervisors as defined in the Act			6a. Number of Employees in Unit: Approx 30 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) 10-19-18 and Employer declined recognition on or about (Date) 10-19-18 (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 Employer 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Nov. 8, 2018	11c. Election Time(s): 6am-8am/2pm-4pm	11d. Election Location(s): 650 Hathaway St. East China MI 48054	
12a. Full Name of Petitioner (including local name and number): United Automotive, Aerospace and Agricultural workers of America (UAW)		12b. Address (street and number, city, State and ZIP code): P. O. Box 355 Marlette MI 48453-0355	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Automotive, Aerospace and Agricultural workers of America (UAW)			
12d. Tel. No. 989-635-3509 ext. 1	12e. Cell No. 810-338-2489	12f. Fax No. 989-635-5577	12g. E-Mail Address inman.david@yahoo.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: David Inman, President UAW Local 9699		13b. Address (street and number, city, State and ZIP code): P. O. Box 355 Marlette MI. 48453-0355	
13c. Tel. No. 989-635-3509 ext. 1	13d. Cell No. 810-338-2489	13e. Fax No. 989-635-5577	13f. E-Mail Address inman.david@yahoo.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) David Inman	Signature 	Title President UAW Local 9699	Date 10-19-18

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. 74842-43 (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
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RD-228723

Date Filed

Oct 5, 2018

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

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 UFCW Local 951	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 3270 Evergreen NE Grand Rapids, MI 49325
3a. Employer Representative - Name and Title John Cakmakci	3b. Address (If same as 2b, state same) same
3c. Tel. No. 616-361-7683	3d. Fax No. 616-447-1000
3e. Cell No. 616-780-2746	3f. E-Mail Address john.cakmakci@ufcwlocal951.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) union office	4b. Principal product or service

5a. Description of Unit Involved Included: union representatives Excluded: business office, technology specialists, communications	5b. City and State where unit is located: Grand Rapids, MI
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6. No. of Employees in Unit 22	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
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8a. Name of Recognized or Certified Bargaining Agent Federation of Agents & International Reps	8b. Affiliation, if any
8c. Address P.O. Box 760 Roseville, CA 95661-0760	8d. Tel. No. 813-727-2014
	8e. Cell No.
	8f. Fax No.
	8g. E-Mail Address jmarrs1922@aol.com

9. Date of Recognition or Certification 10-3-17	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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?
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11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	a labor organization, of since (Month, Day, Year)
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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 None	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.

13b. Election Date(s) 10-29-18	13c. Election Time(s) 8:30 am - 12:30 pm	13d. Election Location(s) 3270 Evergreen N.E. Grand Rapids, MI
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14. Full Name of Petitioner (b) (6), (b) (7)(C)

14a. Address (Street) (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No. (b) (6), (b) (7)(C)
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14f. Affiliation, if any

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

15a. Name (b) (6), (b) (7)(C)	15b. Tel. No. (b) (6), (b) (7)(C)
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	15d. Fax No. (b) (6), (b) (7)(C)
	15e. 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 (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 10-4-18
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NE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RD-229415

Date Filed

10-17-2018

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 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 Stratford Pines Nursing and Rehabilitation Center		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 2121 Rockwell Drive, Midland, MI 48642	
3a. Employer Representative - Name and Title Kevin Isbister, Administrator		3b. Address (if same as 2b - state same) Same	
3c. Tel No 989-633-5350	3d. Fax No.	3e. Cell No.	3f. E-Mail Address kisbister@peplinskigroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Skilled Nursing Facility		4b. Principal product or service Nursing Care	
5a. Description of Unit Involved Included: Service Unit Excluded:			5b. City and State where unit is located: Midland, Michigan.
6. No. of Employees in Unit 96		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 United Steelworkers AFL-CIO-CLC-Service Unit		8b. Affiliation, if any	
8c. Address 506 N. Euclid Avenue #10 Bay City, MI 48706		8d. Tel. No. 989-667-0660	8e. Cell No.
		8f. Fax No. 989-667-0923	8g. E-Mail Address
9. Date of Recognition or Certification May 2016		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above (If none, so state)			
12a. Name None	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) 3-4 weeks after petition filed	13c. Election Time(s) 6 am to 8 am and 2 pm to 4 pm	13d. Election Location(s) Property of Stratford Pines Nursing and Rehabilitation	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No. (b) (6), (b) (7)(C)
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title	
15c. Address (Street and number) (b) (6), (b) (7)(C)		15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No.
		15f. 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)		Signature (b) (6), (b) (7)(C)	Date Filed 10/15/18

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 and litigation. The routine uses of 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
RD PETITION

Case No.

07-RD-229450

Date Filed

10-17-2018

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

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 Marathon Petroleum		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1300 South Fort St. Detroit Michigan 48217	
3a. Employer Representative - Name and Title Dave Malone HR Manager		3b. Address (If same as 2b - state name) 1300 South Fort St. Detroit Michigan 48217	
3c. Tel. No. (313) 297-6301	3d. Fax No.	3e. Cell No.	3f. E-Mail Address Dmmalone@marathonpetroleum.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Oil Refinery		4b. Principal product or service Gasoline	
5a. Description of Unit Involved Included: Teamsters Local 283 Excluded:			5b. City and State where unit is located: Detroit, Michigan
6. No. of Employees in Unit 263		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 Mike Finnegan		8b. Affiliation, if any Bargaining Agent for Teamsters Local 283	
8c. Address 1625 Fort St. Wyandotte, Michigan 48192		8d. Tel. No. (734) 282-8850	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address mike@teamsterslocal283.com
9. Date of Recognition or Certification 3-23-2013		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 01-31-2019	
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) a labor organization, of (Insert Address) 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 NONE	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. Vote to De-certify		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) TBD	13c. Election Time(s) TBD	13d. Election Location(s) Marathon Detroit Refinery	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
		14d. Cell No.	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any Member of Bargaining Unit, Teamsters Local 283			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title Employee represented by Teamsters Local 283	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No.
		15f. Cell No.	15g. 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 Employee	Date Filed 10-17-2018

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

PRIVACY ACT STATEMENT

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