

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
07-RC-226824

Date Filed
September 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 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 Rite Aid Services, L.L.C. #4507		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 309 S Main St MI Frankenmuth 48734-1613	
3a. Employer Representative - Name and Title Gordon Hinkle		3b. Address (If same as 2b - state same) 30 Hunter Ln PA Camp Hill 17011-2400	
3c. Tel. No. (212) 529-2373	3d. Cell No. (347) 549-0816	3e. Fax No.	3f. E-Mail Address ghinkle@riteaid.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (Drugs)		4b. Principal product or service Retail Sales	
5a. City and State where unit is located: Frankenmuth, MI			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 7
Included: See Attached Page 2 for additional details		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"/>
Excluded: See Attached Page 2 for additional details		

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

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

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

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): September 19th, 2018	11c. Election Time(s): 4:30pm- 5:30pm	11d. Election Location(s): 309 S Main st, Frankenmuth, MI 48734
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12a. Full Name of Petitioner (including local name and number) Johnnie Turnage United Food and Commercial Worker Local 876	12b. Address (street and number, city, state, and ZIP code) 876 Horace Brown Drive MI Madison Heights 48071
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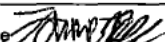
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
 United Food and Commercial Workers International Union Aff-CIO

12d. Tel No. (248) 292-1755	12e. Cell No.	12f. Fax No.	12g. E-Mail Address johnnie.turnage@ufcw876.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 J. Douglas Korney Law Offices of J. Douglas Korney		13b. Address (street and number, city, state, and ZIP code) 32300 Northwestern Hwy Ste 200 MI Farmington Hills 48334-1501	
13c. Tel No. (248) 865-9214	13d. Cell No. (248) 470-7141	13e. Fax No.	13f. E-Mail Address dkorney@dkorneylaw.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) Johnnie Turnage	Signature Johnnie Turnage 	Title Organizing Director	Date 09/5/2018 11:57:10
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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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-227247

Date Filed

9-13-2018

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: **Alpha Baking Co.** 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): **24734 Crestview Ct. Farmington Hills MI 48335**

3a. Employer Representative - Name and Title: **Mike Swanson - Supervisor** 3b. Address (If same as 2b - state same): **Same**

3c. Tel. No.: **(248) 888-0590** 3d. Cell No.: 3e. Fax No.: 3f. E-Mail Address:

4a. Type of Establishment (Factory, mine, wholesaler, etc.): **Delivery Drivers** 4b. Principal product or service: **Bread products** 5a. City and State where unit is located: **Farmington Hills, MI**

5b. Description of Unit Involved: Included: **Any and all full & part-time delivery drivers / sales** Excluded: **All office personal, supervisors, guards, dispatchers,** 6a. No. of Employees in Unit: **6** 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

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

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

8c. Tel No.: 8d. Cell No.: 8e. Fax No.: 8f. E-Mail Address:

8g. Affiliation, if any: 8h. Date of Recognition or Certification: 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year):

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

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

10a. Name: 10b. Address: 10c. Tel. No.: 10d. Cell No.:

10e. Fax No.: 10f. E-Mail Address:

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

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

11b. Election Date(s): **9-26-2018** 11c. Election Time(s): **12:00 pm. (Noon) - 1pm**

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number): **Teamsters Local 337**

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

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)**

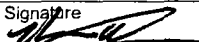
12d. Tel No.: **(313) 965-9833** 12e. Cell No.: **313-828-9330** 12f. Fax No.: **(313) 965-0570** 12g. E-Mail Address: **Dave@teamsterslocal337.com**

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

13a. Name and Title: **Dave Hughes - Organizer** 13b. Address (street and number, city, state, and ZIP code): **28011 Trumbull ave. Detroit MI - 48216**

13c. Tel No.: **Same** 13d. Cell No.: **Same** 13e. Fax No.: **Same** 13f. E-Mail Address: **Same**

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): **Dave Hughes** Signature:  Title: **BA/organizer** Date: **9-11-2018**

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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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-227357

Date Filed

September 13, 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

Donald C. Cook Nuclear Plant

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

1 Cook Pl
MI Bridgman 49106-9602

3a. Employer Representative - Name and Title

Thomas Dawson

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

PO Box 60
IN Fort Wayne 46801-0060

3c. Tel. No.

(260) 408-3544

3d. Cell No.

(260) 341-2145

3e. Fax No.

(260) 421-1434

3f. E-Mail Address

thdawson@AEP.com

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

4b. Principal product or service

5a. City and State where unit is located:

Bridgman, MI

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

57

Excluded: See Attached Page 2 for additional details

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

Check One: ☐ **7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).**

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
10/10/2018, 10/11/2018

11c. Election Time(s):
0600-0700, 1800-1900

11d. Election Location(s):
1 Cook Place Bridgman MI

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

Bill Scally
Bill Scally International Brotherhood of Electrical Workers Local 1392

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

56436 Strasser Ln
IN South Bend 46619-2212

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

12d. Tel No.

(574) 287-0636

12e. Cell No.

(574) 532-1203

12f. Fax No.

(574) 204-2314

12g. E-Mail Address

ibew1392@aol.com

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)

Bill Scally

Signature

Billy D Scally

Title

Business Manager

Date

09/13/2018 13:39:24

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RD-227343

Date Filed

9-13-2018

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.

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

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

6700 W Outer Dr Detroit MI 48235

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

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

6700 W Outer Dr

3c. Cell No.

3f. E-Mail Address

313-836-1700

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

4b. Principal product or service

5a. Description of Unit Involved

Included:

LPN

Excluded:

CNA, RN, House Keeping, maintenance

5b. City and State where unit is located:

Detroit, MI

6. No. of Employees in Unit

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? ☐ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent

8b. Affiliation, if any

SEIU

8c. Address

8d. Tel. No.

8e. Cell No.

2211 E Jefferson 3rd floor

8f. Fax No.

8g. E-Mail Address

Detroit MI 48207

9. Date of Recognition or Certification

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

N/A

None

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☐ 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)

None

12a. Name

12b. Address

12c. Tel. No.

12d. Fax No.

12e. Cell No.

12f. E-Mail Address

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

13a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)

13c. Election Time(s)

13d. Election Location(s)

11/2018

8am & 1pm

Hartford Rehab

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

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

14b. Tel. No.

14c. Fax No.

14d. Cell No.

14e. E-Mail Address

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

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

14f. Affiliation, if any

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

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

15b. Title

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

15c. Address (Street and number, city, state, ZIP code)

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

15e. Fax No.

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

15f. Cell No.

15g. E-Mail Address

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

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

Signature

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

Title

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

Date Filed

9/24/18

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. 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

DO NOT WRITE IN THIS SPACE

Case No.

07-RD-227480

Date Filed

Sep 17, 2018

INSTRUCTIONS: Unless a-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 Gladwin Pines Nursing and Rehabilitation Center		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 449 Quarter Street, Gladwin, MI 48624	
3a. Employer Representative - Name and Title Tanny Baumann, Administrator		3b. Address (if same as 2b - state same) 449 Quarter Street, Gladwin, MI 48624	
3c. Tel. No. 989-426-3430	3d. Fax No. (989) 709-4630	3e. Cell No. 989-506-9505	3f. E-Mail Address tbaumann@peplinskigroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Skilled Nursing Facility		4b. Principal product or service Nursing Home Care	

5a. Description of Unit involved Included: Nursing Unit 12075-15 Excluded:	5b. City and State where unit is located: Gladwin, MI
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6. No. of Employees in Unit 18 **7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?** ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent United Steelworkers AFL-CIO-CLC-Nurse Unit		8b. Affiliation, if any	
8c. Address 506 North 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? ☐ Yes ☒ 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	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:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s) 3-4 weeks after petition filed **13c. Election Time(s)** 6am to 8 am and 2 pm to 4 pm **13d. Election Location(s)** Premises of Gladwin Pines Nursing and Rehab Center

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. (b) (6), (b) (7)(C)	14e. E-Mail Address

14f. Affiliation, if any

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

15a. Name	15b. Title
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

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

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 09-17-18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RD-227662

Date Filed

9-20-2018

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 Outer Drive Partners, LLC d/b/a Hartford See attach		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 6700 W. Outer Drive, Detroit, MI 48235	
3a. Employer Representative - Name and Title Lakesha Bell, Administrator		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (313)836-1700	3d. Fax No. (313) 836-1468	3e. Cell No.	3f. E-Mail Address hartford.admin@cienafacilities.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing home		4b. Principal product or service Health Care	
5a. Description of Unit Involved Included: See Attached Excluded: See Attached			5b. City and State where unit is located: Detroit, Michigan
6. No. of Employees in Unit 25		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 SEIU Healthcare Michigan		8b. Affiliation, if any Service Employees International Union (SEIU)	
8c. Address 3031 West Grand Blvd., Ste. 555 Detroit, MI 48202-3141		8d. Tel. No. (313)963-3847	8e. Cell No. (313)460-0363
		8f. Fax No. (313) 965-0422	8g. E-Mail Address serena.everett@seihealthcaremi.org
9. Date of Recognition or Certification March 13, 2017		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A	
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 those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) October 10, 2018	13c. Election Time(s) 6am to 8am and 2pm to 4pm	13d. Election Location(s) 1st floor conference room at Employer's facility	
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.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No. (b) (6), (b) (7)(C)	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)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 9/20/18

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. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 07-RD-228026	Date Filed 9-25-2018

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: 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 Viron International		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 505 N. Hintz Rd., Owosso, MI 48867	
3a. Employer Representative - Name and Title Gary Gergoricka, CEO		3b. Address (If same as 2b - state same) Same as 2b	
3c. Tel. No. 989-723-8255	3d. Cell No. 989-277-8787	3e. Fax No. 989-723-8417	3f. E-Mail Address gggeroricka@vironintl.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Air Pollution Control Systems	5a. City and State where unit is located: Lansing, MI

5b. Description of Unit Involved

Included: All full-time and regular part-time employees who fabricate, weld, grind, finish, service, repair and/or install air moving or air cleaning equipment or parts

Excluded:

Professional employees, estimators, temporary employees, and guards and supervisors as defined in the Act

6a. No. of Employees in Unit:

8

6b. 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? Yes ☒ No ☐

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

8a. Name of Recognized or Certified Bargaining Agent Local 7, Int'l Ass'n of Sheet Metal, Air, Rail and Transp. Workers		8b. Address 4931 Contec Drive, Lansing, MI 48910	
8c. Tel. No. 517-887-9178	8d. Cell No.	8e. Fax No. 517-887-9186	8f. E-Mail Address efarringtonsmw7@gmail.com
8g. Affiliation, if any		8h. Date of Recognition or Certification 9/15/17	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? 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 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 9 & 10, 2018	11c. Election Time(s): 8 a.m. - 5 p.m.	11d. Election Location(s): Owosso, MI	

12a. Full Name of Petitioner (b) (6), (b) (7)(C)		12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) None			

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Amanda Freeman, Staff Attorney		13b. Address (street and number, city, state, and ZIP code) c/o Nat'l Right to Work Fdn., 8001 Braddock Rd., Springfield, VA 22160	
13c. Tel No. 703-321-8510	13d. Cell No.	13e. Fax No. 703-321-9319	13f. E-Mail Address akf@nrtw.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) (b) (6), (b) (7)(C)	Title Petitioner	Date 9/25/18
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WILLFUL FALSE STATEMENT

IS PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RD-228226

Date Filed

9-27-2018

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

2a. Name of Employer
MidMichigan Medical Center-Midland

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
4000 Wellness Dr
MI Midland 48670-

3a. Employer Representative - Name and Title

Michael Bruzewski Labor Relations Manager

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

4000 Wellness Dr
MI Midland 48670-

3c. Tel. No.

(989) 839-3728

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

michael.bruzewski@midmichigan.org

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

Healthcare

4b. Principal product or service

Patient Care

5a. City and State where unit is located:

Midland, 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:

15

6b. 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? Yes ☒ No ☐

Check One: ☐ **7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).**

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

8a. Name of Recognized or Certified Bargaining Agent

United Steelworkers, AFL-CIO*CLC Local 12075-21 Kent Holsing President

8b. Address

3510 James Savage Rd
MI Midland 48641-

8c. Tel No.

(989) 495-9350

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

kentholsing@gmail.com

8g. Affiliation, if any

United Steelworkers, AFL-CIO*CLC Local 12075-21

8h. Date of Recognition or Certification

03/06/2015

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

01/05/2019

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11b. Election Date(s):

October 19, 2018

11c. Election Time(s):

6:30 am-8:00 am & 4:00 pm-5:00 pm

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

11d. Election Location(s):

Conference Room O1414

12a. Full Name of Petitioner (b) (6), (b) (7)(C)

12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)

ization of which Petitioner is an affiliate or constituent (if none, so state)

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

12d. Tel No.

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

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

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

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)

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

Signature

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

Title

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

Date

09/27/2018 21:42:42

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
RM PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RM-227461

Date Filed

9-17-2018

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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner:
CCLA9, LLC d/b/a Riverview Health and Rehabilitation Center

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
7733 E. Jefferson Avenue, Detroit, Michigan 48214

3a. Employer/Petitioner Representative - Name and Title:
Grant T. Pecor, Attorney for Employer

3b. Address (if same as 2b - state same):
200 Ottawa Ave, NW - Suite 500, Grand Rapids, MI 49503

3c. Tel. No. 616-608-1100

3d. Cell No.

3e. Fax No. 616-608-1192

3f. E-Mail Address gpecor@clarkhill.com

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

4b. Principal Product or Service Long Term Care

5a. Description of Unit Involved: Included: All full time and regular part time certified nursing assistants (CNAs), dietary aides, ward clerks, cooks, transportation drivers, housekeepers, floorcare employees, laundry aides, and restorative aides employed by the Employer at its facility located at 7733 E. Jefferson Avenue, Detroit, Michigan
Excluded: licensed practical nurses (LPNs), registered nurses (RNs), business office employees, office clerical employees, managers, and guards and supervisors as defined in the Act

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

6. Number of Employees in Unit: @108

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

7a A labor organization made a demand for recognition on the Employer/Petitioner on (Date)

7b The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

8a. Name of Recognized or Certified Bargaining Agent - Name SEIU Healthcare Michigan, CTW

8b. Affiliation, if any:

8c. Address: 3031 W Grand Boulevard, Suite 555, Detroit, MI 48201

8d. Tel. No. 866-734-8466

8e. Cell No.

8f. Fax No.

8g. E-Mail Address
serena.everett@seiuhealthcaremi.org

9. Date of Recognition or Certification April 6, 2018

10. Expiration Date of Current or Most Recent Contract, if any
(Month, Day, Year) N/A

11. 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)**

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) NONE

12a. Name and affiliation if any

12b. Address

12c. Tel. No.

12d. Cell No.

12e. Fax No.

12f. E-Mail Address

13. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:
Election is appropriate due to good faith uncertainty of majority Status

13a. Election Type:

Manual

Mail

Mixed Manual/Mail

13b. Election Date(s): October 10, 2018

13c. Election Time(s): 6 am to 8:30 am and 1:30 pm to 4 pm

13d. Election Location(s): Enclosed location on Employer's premises

14. Representative of the Employer/Petitioner who will accept service
14a. Name and Title:
Grant T. Pecor, Attorney for Employer

of all papers for purposes of the representation proceeding.

14b. Address (street and number, city, State and ZIP code):
200 Ottawa Ave, NW - Suite 500, Grand Rapids, MI 49503

14c. Tel. No. 616-608-1100

14d. Cell No.

14e. Fax No.

14f. E-Mail Address gpecor@clarkhill.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) Grant T. Pecor

Signature



Title Attorney for Employer

Date

9/17/18

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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