

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
07-RC-247523

Date Filed
September 3, 2019

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

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

2a. Name of Employer American Medical Response (AMR)		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 517 S Division Ave MI Grand Rapids 49503-	
3a. Employer Representative - Name and Title Dave Skujins		3b. Address (If same as 2b - state same) 517 S Division Ave MI Grand Rapids 49503-	
3c. Tel. No. (616) 776-1654	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dskujins@amr-ems.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Ambulance Transportation	
		5a. City and State where unit is located: Grand Rapids, MI	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 147
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? _____ 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.

11b. Election Date(s): 9/18/19 and 9/19/19	11c. Election Time(s): 6am to 10am and 4pm to 6pm both days	11d. Election Location(s): 517 S Division Ave. Grand Rapids, MI. 49503 and N Park Dr. Holland, M
12a. Full Name of Petitioner (including local name and number) Michael Linville Michael Linville		12b. Address (street and number, city, state, and ZIP code) 159 Burgin Parkway MA Quincy 02169-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of EMT's and Paramedics (IAEP), National Association of Government Employees(NAGE), Service Employees International Union

12d. Tel No. (951) 334-6505	12e. Cell No. (951) 334-6505	12f. Fax No.	12g. E-Mail Address mlinville@nage.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		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) Michael Linville	Signature Mr. Michael Linville	Title National Organizer	Date 09/3/2019 10:00:08
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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 EMT's, Paramedics and Field Training Officers employed by the employer working in and out of its Grand Rapids operations and deployments centers including but not limited to the following locations: 517 S Division Ave. Grand Rapids, MI 49503; N Park Dr, Holland MI. 49424; 117 S Maple, Fennville MI. 49408

Employees Excluded

Office Clerical Employees, all other employees, Confidential Employees, Dispatchers, Mechanics, Fleet Technicians 1 and 2, Couriers, Crew Chiefs, Guards and Supervisors as defined by the act, as amended.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

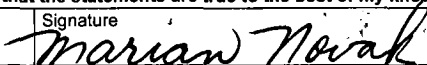
07-RC-247822

Date Filed

9-9-2019

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

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

2a. Name of Employer: Global Rollforming (Dura)		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 15500 Twelve Mile Road, Roseville, MI 48066	
3a. Employer Representative - Name and Title: Kathy Paul, Human Resources		3b. Address (if same as 2b - state same): S/A	
3c. Tel. No. 586-218-5100	3d. Cell No. 586-218-5103	3e. Fax No. 586-218-5151	3f. E-Mail Address Kathy.paul@globalautosys.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturing		4b. Principal Product or Service Automotive parts	5a. City and State where unit is located: Roseville, MI
5b. Description of Unit Involved: Included: All regular full and part time (see attached) Excluded: All office clerical, managerial, administrative employees & guards & supervisors defined in the Act.			6a. Number of Employees in Unit: 94 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) _____ Let petition _____ and Employer declined recognition on or about (Date) _____ serve as request (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) 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)			
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 3 & 4, 2019		11c. Election Time(s): See attached	11d. Election Location(s): Dept 10 Rob Jay's Office
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union 1038		12b. Address (street and number, city, State and ZIP code): 2741 Trumbull Ave., Detroit, MI 48216	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters (IBT)			
12d. Tel. No. 313-965-7450	12e. Cell No. 734-395-2773	12f. Fax No. 313-961-6970	12g. E-Mail Address mlnjc43@gmail.com
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 Ave., Detroit, MI 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 9/9/19

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

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ATTACHMENT

5b. Description of unit involved:

Included: Leaders, line leaders, (machine, rollmill, hi-lo, & press) operators, benders, welders, quality techs, packers, crib attendant and checker.

11c.

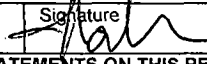
Election Times: Thursday: 4:30am to 5:00am, 1:30pm to 4:00pm.

Friday: 12:30am to 3:00am, 4:30am to 5:00am, 1:30pm to 4:00pm.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 07-RC-248232	Date Filed Sept 16, 2019

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Trinity Homes d/b/a Sanctuary at the Park		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 570 Harvey Street, Muskegon, Michigan 49442	
3a. Employer Representative - Name and Title Carol Peterson, Administrator		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. (231)672-2202	3d. Cell No.	3e. Fax No.	3f. E-Mail Address petecar@trinity-health.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Nursing Home	
5b. Description of Unit Involved Included: All full-time and regular part-time registered nurses and licensed practical nurses Excluded: All other employees.		5a. City and State where unit is located: Muskegon, Michigan	
6a. No. of Employees in Unit: 13		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: <input type="checkbox"/> 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). <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? <u>No</u> If so, approximately how many employees are participating? <u>N/A</u> (Name of labor organization) <u>N/A</u> , has picketed the Employer since (Month, Day, Year) <u>N/A</u>			
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): 9/23/2019		11c. Election Time(s): 6am - 8am and 2pm - 4pm	
11d. Election Location(s): At the Employer's premises		12a. Full Name of Petitioner (including local name and number) SEIU Healthcare Michigan	
12b. Address (street and number, city, state, and ZIP code) 2680 Vulcan Street, Muskegon, MI 49442		12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)	
12d. Tel No.	12e. Cell No. (313)405-2844	12f. Fax No. (231)726-6467	12g. E-Mail Address nanette.homan@seiuhealthcaremi.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Nanette Homan, Regional Coordinator		13b. Address (street and number, city, state, and ZIP code) 2680 Vulcan Street, Muskegon, Michigan 49442	
13c. Tel No.	13d. Cell No. (313)405-2844	13e. Fax No. (231)726-6467	13f. E-Mail Address nanette.homan@seiuhealthcaremi.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) Nanette Homan	Signature 	Title Regional Coordinator	Date 9/12/2019

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

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FORM NLRB-502 (RC)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No **07-RC-248332** Date Filed **9-17-2019**

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

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

2a. Name of Employer MotorCity Casino Hotel		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 2901 Grand River Ave. Detroit, MI 48201	
3a. Employer Representative - Name and Title Debbie Moffatt, VP Human Resources		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 866-782-9822	3d. Cell No. NA	3e. Fax No. NA	3f. E-Mail Address dmoffatt@motorcitycasino.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Casino Hotel		4b. Principal product or service Gaming	
5b. Description of Unit Involved Included: all fulltime and part time armed and unarmed security officers employed by the employer Excluded: clerical, managerial, salaried, and supervisory personnel as defined by the act		6a. City and State where unit is located: Detroit MI	

6a. No. of Employees in Unit: 22	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"/>
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Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) **NA** and Employer declined recognition on or about (Date) (if no reply received, so state). **NA**
☐ 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). NA		8b. Address NA	
8c. Tel. No. NA	8d. Cell No. NA	8e. Fax No. NA	8f. E-Mail Address NA
8g. Affiliation, if any NA		8h. Date of Recognition or Certification NA	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NA

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NA** If so, approximately how many employees are participating? **NA**
 (Name of labor organization) **NA** has picketed the Employer since (Month, Day, Year) **NA**

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)
NA

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

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): first available	11c. Election Time(s): Times to cover all shifts	11d. Election Location(s): Work Site
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12a. Full Name of Petitioner (including local name and number) United Government Security Officers of America and Its Local 285	12b. Address (street and number, city, state, and ZIP code) 2879 Cranberry Highway East Wareham, MA 02538
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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 Government Security Officers of America International Union

12d. Tel. No. 617-820-7225	12e. Cell No. 617-820-7225	12f. Fax No. NA	12g. E-Mail Address Mleblanc@ugsoa.com
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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 Mike LeBlanc DHS Vice President UGSOA International Union		13b. Address (street and number, city, state, and ZIP code) 2879 Cranberry Highway East Wareham, MA 02538	
13c. Tel. No. 617-820-7225	13d. Cell No. 617-820-7225	13e. Fax No. 774-678-4658	13f. E-Mail Address Mleblanc@ugsoa.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) Mike LeBlanc	Signature 	Title DHS Vice President UGSOA International Union	Date 09/17/19
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PRIVACY ACT STATEMENT

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Amended

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 07-RC-248332

Date Filed 9-18-2019

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

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2a. Name of Employer
MotorCity Casino Hotel

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
2901 Grand River Ave. Detroit, MI 48201

3a. Employer Representative - Name and Title
Debbie Moffatt, VP Human Resources

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

3c. Tel. No.
866-782-9622

3d. Cell No.
NA

3e. Fax No.
NA

3f. E-Mail Address
dmoffatt@motorcitycasino.com

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

4b. Principal product or service
Gaming

5a. City and State where unit is located:
Detroit MI

6a. Description of Unit Involved

Included: full and part time surveillance techs and surveillance operators all levels

Excluded: clerical, managerial, salaried, and supervisory personnel as defined by the act

6a. No. of Employees in Unit:
22

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) NA and Employer declined recognition on or about NA (Date) (if no reply received, so state). NA

☐ 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).
NA

8b. Address
NA

8c. Tel No.
NA

8d. Cell No.
NA

8e. Fax No.
NA

8f. E-Mail Address
NA

8g. Affiliation, if any
NA

8h. Date of Recognition or Certification
NA

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NA If so, approximately how many employees are participating? NA (Name of labor organization) NA has picketed the Employer since (Month, Day, Year) NA

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)
NA

10a. Name
NA

10b. Address
NA

10c. Tel. No.
NA

10d. Cell No.
NA

10e. Fax No.
NA

10f. E-Mail Address
NA

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):
first available

11c. Election Time(s):
Times to cover all shifts

11d. Election Location(s):
Work Site

12a. Full Name of Petitioner (including local name and number)
United Government Security Officers of America and its Local 285

12b. Address (street and number, city, state, and ZIP code)
2879 Cranberry Highway East Wareham, MA 02538

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Government Security Officers of America International Union

12d. Tel No.
617-620-7225

12e. Cell No.
617-620-7225

12f. Fax No.
NA

12g. E-Mail Address
Mieblanc@ugsoa.com

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

13a. Name and Title
Mike LeBlanc DHS Vice President UGSOA International Union

13b. Address (street and number, city, state, and ZIP code)
2879 Cranberry Highway East Wareham, MA 02538

13c. Tel No.
617-620-7226

13d. Cell No.
617-620-7225

13e. Fax No.
774-678-4868

13f. E-Mail Address
Mieblanc@ugsoa.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)
Mike LeBlanc

Signature

Title

DHS Vice President UGSOA International Union

Date

09/17/19

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

07-RC-248612

9/20/2019

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 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.

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 **Great Lakes Coca Cola / Reyes Holding** 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) **100 Coca Cola Dr. Van Buren Twp MI 48111**

3a. Employer Representative - Name and Title **Melanie Austin & Rosa Hester (HR)** 3b. Address (if same as 2b - state same) **Same**

3c. Tel. No. **(734) 397-2700** 3d. Cell No. **(734) 288-6549** 3e. Fax No. **Same** 3f. E-Mail Address **Rosa.Hester@glcd.com**

4a. Type of Establishment (Factory, mine, wholesaler, etc.) **Factory** 4b. Principal product or service **Beverage Manufacturer** 5a. City and State where unit is located: **Van Buren, MI**

5b. Description of Unit Involved **Included: All Full / part time retail / retail reps in the Van Buren & Highland Park location.** 6a. No. of Employees in Unit: **5**

Excluded: Any and all managers, supervisors, dispatchers, office personnel 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) **9-18-19** and Employer declined recognition on or about **9-18-19** (Date) (if no reply received, so state).

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) **None** 8b. Address

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

8g. Affidavit, 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): **10-11-19** 11c. Election Time(s): **5 p.m. - 6 p.m.** 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. 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) **2801 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 **[Signature]** Title **Organizer** Date **9-19-19**

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

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-248854

Date Filed

9-25-2019

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

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

2a. Name of Employer: LAUDRY & SONS ELECTRIC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 455 E GRAND RIVER SUITE 106 BRIGHTON MI 48116	
3a. Employer Representative - Name and Title: AARON LAUDRY PRESIDENT		3b. Address (If same as 2b - state same): SAME	
3c. Tel. No. 810 229 8367	3d. Cell No. 810 772 1473	3e. Fax No. N/A	3f. E-Mail Address LAUDRYELECTRIC@YAHOO.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.): ELECTRICAL CONTRACTOR		4b. Principal Product or Service ELECTRICAL SERVICES	
5b. Description of Unit Involved: Included: ELECTRICIANS AND APPRENTICE ELECTRICIANS Excluded: ALL OTHERS		5a. City and State where unit is located: BRIGHTON MI 6a. Number of Employees in Unit: 9 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state): LOCAL 252 INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS AFL-CIO		8b. Address: 7920 JACKSON RD ANN ARBOR MI 48103	
8c. Tel. No. 517 937 8385	8d. Cell No. SAME	8e. Fax No. 734-424-9575	8f. E-Mail Address SBROWN@IBEW252.ORG
8g. Affiliation, if any: IBEW		8h. Date of Recognition or Certification NO 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 and election in this matter, state your position with respect to any such election: **ANY**
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): ANY	11c. Election Time(s): ANY	11d. Election Location(s): ANY
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12a. Full Name of Petitioner (including local name and number): LOCAL 252 INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS AFL-CIO	12b. Address (street and number, city, State and ZIP code): 7920 JACKSON RD ANN ARBOR MI 48103
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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):
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS AFL-CIO

12d. Tel. No. 517 937 8385	12e. Cell No. SAME	12f. Fax No. 734 424 9575	12g. E-Mail Address SBROWN@IBEW252.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 BROWN ORGANIZER		13b. Address (street and number, city, State and ZIP code): SAME	
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) STEVE BROWN	Signature SV B	Title ORGANIZER	Date 9-25-19
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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 may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

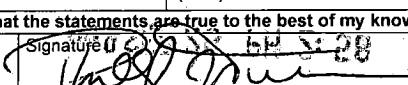
07-RC-248747

Date Filed

9-26-2019

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

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

2a. Name of Employer: Trinity Transportation		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 10205 Mack Ave. Detroit, MI 48214 & 8145 Greenfield, Detroit, MI 48228	
3a. Employer Representative - Name and Title: Sheldon D. Stewart, Area General Manager- Detroit Region		3b. Address (if same as 2b - state same): 10205 Mack Ave. Detroit, MI 48214	
3c. Tel. No. 313-228-4521 ext. 166	3d. Cell No. 646-830-2352	3e. Fax No. 313-483-9978	3f. E-Mail Address Sheldon.stewart@nationalexpresstransit.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School Bus		4b. Principal Product or Service Transport students	5a. City and State where unit is located: Detroit, MI
5b. Description of Unit Involved: Included: All regular full time and part time bus drivers, driver trainers, mechanics and monitors. Excluded: All office clerical, managerial, administrative employees & guards & supervisors defined in the Act			6a. Number of Employees in Unit: 170 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>Let petition</u> and Employer declined recognition on or about (Date) <u>serve as request</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) 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? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name 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, 2019		11c. Election Time(s): 10:00 a.m. until 1:00 p.m.	11d. Election Location(s): Employee break rooms
12a. Full Name of Petitioner (including local name and number): Teamsters Local 243		12b. Address (street and number, city, State and ZIP code): 39420 Schoolcraft Rd. Plymouth Township, MI 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 (IBT)			
12d. Tel. No. (734) 420-6900	12e. Cell No. (734) 244-2929	12f. Fax No. (734) 420-2610	12g. E-Mail Address phil@teamsters243.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Phil Turner, Recording Secretary		13b. Address (street and number, city, State and ZIP code): 39420 Schoolcraft Rd. Plymouth Township, MI 48170	
13c. Tel. No. (734) 420-6900	13d. Cell No. (734) 244-2929	13e. Fax No. (734) 420-2610	13f. E-Mail Address phil@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) Phillip Turner		Signature 	Title Recording Secretary Date 9/26/2019

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

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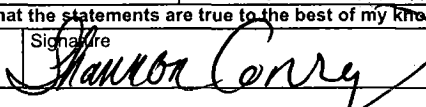
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
07-RC-249107Date Filed
9-30-2019

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

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

2a. Name of Employer: Constellium Automotive		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 6331 Schooner Dr., Belleville, MI 48111	
3a. Employer Representative - Name and Title: Mary Reineke, HR Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 734-879-9700	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mary.reineke@constellium.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal Product or Service Automotive parts	5a. City and State where unit is located: Belleville, MI
5b. Description of Unit Involved: Included: All full time, hourly employees, maintenance, production, team leads, material handlers Excluded: All salary, supervision, management employees			6a. Number of Employees in Unit: 370 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) 9/30/2019 and Employer declined recognition on or about (Date) (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) 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 <input checked="" type="checkbox"/> 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 None	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): October 22 & 23, 2019	11c. Election Time(s): 5am-8am, 2pm-3:30pm, 5pm-7pm		11d. Election Location(s): Employee lunchroom @ company location
12a. Full Name of Petitioner (including local name and number): UAW		12b. Address (street and number, city, State and ZIP code): 8000 E. 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): United Automobile, Aerospace, Agricultural Implement Workers of America			
12d. Tel. No. 734-292-0484	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Shannon Conry, Organizer		13b. Address (street and number, city, State and ZIP code): 9650 S. Telegraph Rd., Taylor, MI 48180	
13c. Tel. No. 734-292-0484	13d. Cell No.	13e. Fax No.	13f. E-Mail Address organizinguaw@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) Shannon Conry	Signature 	Title Organizer	Date 9/30/2019

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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