

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**16-RC-254371**

Date Filed  
**1/9/2020**

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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.**

<b>2a. Name of Employer</b> Austin Tenants Council		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 205 Chicon St. TX Austin 78702-	
<b>3a. Employer Representative - Name and Title</b> Jeannie Nelson		<b>3b. Address (If same as 2b - state same)</b> 205 Chicon St. TX Austin 78702-	
<b>3c. Tel. No.</b> (512) 474-7006	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (512) 474-0197	<b>3f. E-Mail Address</b> jeannie@housing-rights.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Personal Services		<b>4b. Principal product or service</b> Tenant counseling/services	
		<b>5a. City and State where unit is located:</b> Austin, TX	

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

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 12/23/2019 and Employer declined recognition on or about 01/06/2020 (Date) (If no reply received, so state). Yes  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

**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)

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

**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

<b>11b. Election Date(s):</b> 2/7/2020-4/7/2020	<b>11c. Election Time(s):</b> 10am-6:30pm	<b>11d. Election Location(s):</b> 205 Chicon St. (place of employment)
<b>12a. Full Name of Petitioner (including local name and number)</b> Jacob Simon Aronowitz United Professional Organizers		<b>12b. Address (street and number, city, state, and ZIP code)</b> 3607 Greystone Drive Unit Number 2024 TX Austin 78731-

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

<b>12d. Tel No.</b> (508) 333-6457	<b>12e. Cell No.</b> (713) 906-6224	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> info@upounion.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

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

<b>Name (Print)</b> Jacob Simon Aronowitz	<b>Signature</b> Jacob Simon Aronowitz	<b>Title</b> Business Committee Member, United	<b>Date</b> 01/7/2020 16:50:09
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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 16-RC-254371	Date Filed 1/9/2020

Employees Included

counselors, advocates, case workers, support personnel, and all other rank-and-file workers

Employees Excluded

guards, supervisors, and other such workers excluded by the NLRA



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

DO NOT WRITE IN THIS SPACE

Case No.  
16-RC-254904Date Filed  
1/21/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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:** Frito-Lay Inc.  
**2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):** 2200 Hwy. 90 East Del Rio, Tx. 78840 & 4074 Adams Circle Eagle Pass, TX. 78852

**3a. Employer Representative - Name and Title:** Rick Rocha Zone Manager  
**3b. Address (if same as 2b - state same):** 4855 Greatland San Antonio, Tx. 78218

**3c. Tel. No.** 210-662-2008  
**3d. Cell No.** 956-534-3569  
**3e. Fax No.** 210-662-2066  
**3f. E-Mail Address** rick.rocha@pepsico.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Food Products, Processing and Sales  
**4b. Principal Product or Service** Various Potato, Corn Chips and Dips  
**5a. City and State where unit is located:** Eagle Pass & Del Rio, Texas

**5b. Description of Unit involved:** Included: Route Sales Reps, Delivery Drivers and Warehouse employees  
**6a. Number of Employees in Unit:** 16 total

Excluded: Owners, Managers, Supervisors and Guards  
**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?** \_\_\_\_\_ **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** Donald Pick  
**10b. Address** 8214 Roughrider, San Antonio, TX. 78239  
**10c. Tel. No.** 210-590-2013  
**10d. Cell No.** 210-857-3657  
**10e. Fax No.** 210-590-4420  
**10f. E-Mail Address** dpick@teamsters657.com

**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):** Feb. 3rd or 6th, 2020  
**11c. Election Time(s):** afternoon  
**11d. Election Location(s):** Eagle Pass 1:00 to 2:00 pm - Del Rio 4:30 to 5:30 pm.

**12a. Full Name of Petitioner (including local name and number):** Donald Pick Teamsters Local 657  
**12b. Address (street and number, city, State and ZIP code):** 8214 Roughrider, San Antonio, 78239

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

**12d. Tel. No.** 210-590-2013  
**12e. Cell No.** 210-857-3657  
**12f. Fax No.** 210-590-4420  
**12g. E-Mail Address** dpick@teamsters657.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title:** Donald Pick Business Agent  
**13b. Address (street and number, city, State and ZIP code):** 8214 Roughrider, San Antonio, Tx. 78239

**13c. Tel. No.** 210-590-2013  
**13d. Cell No.** 210-857-3657  
**13e. Fax No.** 210-590-4420  
**13f. E-Mail Address** dpick@teamsters657.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)** Donald Pick  
**Signature**   
**Title** Business Agent  
**Date** 01/20/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) OR  
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.  
16-RC-255495Date Filed  
1/30/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Spectrum/Charter Communications		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1565 Chenault St. Dallas, TX 75228	
<b>3a. Employer Representative - Name and Title:</b> Glyn Brock, Sr. Mgr. Engineering		<b>3b. Address (if same as 2b - state same):</b> 750 Canyon Drive #500W Coppell, TX 75019	
<b>3c. Tel. No.</b> 972-409-2006	<b>3d. Cell No.</b> 214-606-0604	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> glyn.v.brock@charter.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Telecommunications network maintenance hub		<b>4b. Principal Product or Service</b> Network maintenance	
<b>5a. City and State where unit is located:</b> Dallas, Texas		<b>5b. Description of Unit Involved:</b> Included: All Maintenance Techs based at the Spectrum facility at 1565 Chenault St. Excluded: Supervisors and all other staff	
<b>6a. Number of Employees in Unit:</b> 35		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>N/A</u> on or about (Date) <u>N/A</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: It should be held on site, before and after shift changes, on a Wednesday			
<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> February 19th, 2020		<b>11c. Election Time(s):</b> 7:00am-9:00am; 11:00am-1:00pm	
<b>11d. Election Location(s):</b> 1565 Chenault St. Dallas, TX 75228			
<b>12a. Full Name of Petitioner (including local name and number):</b> Seth Hutchinson CWA Campaign Lead		<b>12b. Address (street and number, city, State and ZIP code):</b> 4801 SW Pkwy Ste. 115, Bldg. 1, Austin, TX 78735	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Communications Workers of America			
<b>12d. Tel. No.</b> 512-330-0871	<b>12e. Cell No.</b> 713-447-3583	<b>12f. Fax No.</b> 512-330-0892	<b>12g. E-Mail Address</b> shutchinson@cwa-union.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Seth Hutchinson, Campaign Lead		<b>13b. Address (street and number, city, State and ZIP code):</b> 4801 SW Pkwy Ste. 115, Bldg. 1, Austin, TX 78735	
<b>13c. Tel. No.</b> 512-330-0871	<b>13d. Cell No.</b> 713-447-3583	<b>13e. Fax No.</b> 512-330-0892	<b>13f. E-Mail Address</b> shutchinson@cwa-union.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Seth Hutchinson		<b>Signature</b> 	<b>Title</b> CWA Campaign Lead
		<b>Date</b> 1/30/2020	

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.

16-RD-255444

Date Filed

1/30/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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**  
First Student, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
601 E. Purnell St.  
TX Lewisville 75057-

**3a. Employer Representative - Name and Title**

Jessica F. Smith Senior Location Manager

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

601 E. Purnell St.  
TX Lewisville 75057-

**3c. Tel. No.**

(469) 383-8616

**3d. Cell No.**

(512) 878-9711

**3e. Fax No.**

**3f. E-Mail Address**

jessicaf.smi h@firstgroup.com

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

Transportation

**4b. Principal product or service**

School Bus Transportation

**5a. City and State where unit is located:**

Lewisville, TX

**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:**

325

**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**

Teamsters, Local Union 745 Brent Taylor Secretary-Treasurer and Business Manager

**8b. Address**

1007 Jonelle St.  
TX Dallas 75217-

**8c. Tel No.**

(214) 398-0661

**8d. Cell No.**

**8e. Fax No.**

(214) 398-3216

**8f. E-Mail Address**

taylor745@sbcglobal.net

**8g. Affiliation, if any**

International Brotherhood of Teamsters

**8h. Date of Recognition or Certification**

05/31/2016

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

08/01/2021

**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):**

04/07/2020 - 04/09/2020

**11c. Election Time(s):**

09:00am - 02:00pm

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

**11d. Election Location(s):**

601 E. Purnell St., Lewisville, TX 75057; 900 S. Mill St., Lewisville, TX

**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.**

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

**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**

01/29/2020 19:37:15

**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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

All full-time and regular part-time drivers and monitors employed by the Employer at its facilities in The Colony, Texas and Lewisville, Texas

**Employees Excluded**

All other employees, including office clerical employees, dispatchers, mechanics, coaches, supervisors, watchmen, and guards as defined in the Act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RM PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

16-RM-254855

Date Filed

1/21/2020

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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**  
Baikowski Malakoff, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
1631 West Royall Blvd  
TX Malakoff 75148-

**3a. Employer/Petitioner Representative – Name and Title**  
Tom Lassanske Plant Manager

**3b. Address (If same as 2b – state same)**  
1631 West Royall Blvd  
TX Malakoff 75148-

**3c. Tel. No.**  
(903) 489-5323

**3d. Cell No.**  
(903) 570-0435

**3e. Fax No.**  
(903) 489-0849

**3f. E-Mail Address**  
tom.lassanske@baikowski.com

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

**4b. Principal product or service**  
Alumina

**5a. Description of Unit Involved**  
**Included:** See Attached Page 2 for additional details

**5b. City and State where unit is located:**  
Malakoff, TX

**5c. Excluded:** See Attached Page 2 for additional details

**6. No. of Employees in Unit:**  
8

*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. Recognized or Certified Bargaining Agent - Name** Roy Robinson  
USW Local 1157L, Unit 2

**8b. Affiliation, if any**  
National

**8c. Address**  
1300 Rollingbrook Drive Suite #504  
TX Baytown 77521-

**8d. Tel. No.**  
(832) 566-0370

**8e. Cell No.**  
(903) 407-0948

**8f. Fax No.**  
(832) 566-0378

**8g. E-Mail Address**  
robinson@usw.org

**9. Date of Recognition or Certification**  
10/14/1994

**10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
01/15/2020

**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 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 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 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):**  
2/18/2020

**13c. Election Time(s):**  
10:00 a.m. to 3:00 p.m.

**13d. Election Location(s):**  
1631 West Royall Blvd Malakoff, Texas 75148

**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**14a. Name and Title**

**14b. Address (street and number, city, state, and ZIP code)**

**14c. Tel No.**

**14d. Cell No.**

**14e. Fax No.**

**14f. 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)**  
Tom Lassanske

**Signature**  
Tom Lassanske

**Title**  
Plant Manager

**Date**  
01/20/2020 13:01:37

**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 16-RM-254855	Date Filed 1/21/2020

Employees Included

USW Local 1157L, Unit 2 - Production workers, Laboratory Analysts, Maintenance Assistant, Maintenance Mechanic, Maintenance Mechanic A

Employees Excluded

None