

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-247614

Date Filed

September 4, 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: Kansas Central		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 200 Southeast 21st Street	
3a. Employer Representative - Name and Title: Kelly Kimble		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 785-233-2009	3d. Cell No.	3e. Fax No.	3f. E-Mail Address k.kimble@illinois-central.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School Bus		4b. Principal Product or Service Transit	5a. City and State where unit is located: Topeka, Kansas
5b. Description of Unit Involved: Included: Drivers Excluded: Monitors, office, clerical, professional and confidential employees, and supervisors as defined by the act			6a. Number of Employees in Unit: 115
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) 9/3/19 and Employer declined recognition on or about (Date) 9/3/19 (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) 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 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): 9/18/19	11c. Election Time(s): 7:30-10:00 and 12:00-3:00	11d. Election Location(s): employee break room	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 696		12b. Address (street and number, city, State and ZIP code): 3600 Northeast Sardou Ave, Topeka, Kansas 66616	
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. 785-232-3866	12e. Cell No. 714-944-3920	12f. Fax No.	12g. E-Mail Address dcrane@teamsters2010.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Dale Crane, IBT organizer		13b. Address (street and number, city, State and ZIP code): 3600 Northeast Sardou Ave, Topeka, Kansas 66616	
13c. Tel. No. 785-232-3866	13d. Cell No. 714-944-3920	13e. Fax No.	13f. E-Mail Address dcrane@teamsters2010.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) Dale Crane	Signature <i>Dale W. Crane</i>	Title IBT organizer	Date 9/3/19

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 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.

14-RC-247869

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:
JonesLangLaSalle

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
800 Market Street; St. Louis, Missouri 63101

3a. Employer Representative - Name and Title:
Carrie Bird; Employee Relations Specialist

3b. Address (if same as 2b - state same):
200 East Randolph Street; Chicago, Illinois 60601

3c. Tel. No.
312-228-2813

3d. Cell No.
312-307-1380

3e. Fax No.

3f. E-Mail Address
carrie.bird@am.ill.com

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

4b. Principal Product or Service
Financial Services

5a. City and State where unit is located:
St. Louis, Missouri

5b. Description of Unit Involved:
Included:

All Static Engineers on Bank of America account at above address.

Excluded:

All other JonesLangLaSalle employees at the location and those excluded by the Act

6a. Number of Employees in Unit:
Three

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) September 9, 2015 and Employer declined recognition on or about (Date) No reply (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. Affiliation, if any:

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating?

(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

9/27/2019

11c. Election Time(s):

3-330 pm

11d. Election Location(s):

800 Market Street, St. Louis mo, 63101

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

International Union of Operating Engineers, Local 148;

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

11000 Lin Valle Drive; St. Louis, Missouri 63123

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

International Union of Operating Engineers, Local 148; AFL-CIO

12d. Tel. No.

314-865-1300,

12e. Cell No.

314-775-9469

12f. Fax No.

314-865-1423

12g. E-Mail Address

brad@iuoe148.com

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

13a. Name and Title:

Bradley Wooten

13b. Address (street and number, city, State and ZIP code):

11000 Lin Valle Drive; St. Louis, Missouri 63123

13c. Tel. No.

314-865-1300, ext.111

13d. Cell No.

314-775-9469

13e. Fax No.

314-86501423

13f. E-Mail Address

brad@iuoe148.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)

Bradley A. Wooten

Signature



Title

Organizer

Date

9-9-2019

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

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-248122

Date Filed
September 12, 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 Midwest Air Traffic Control Services, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7300 West 129th St. KS Overland Park 66223-	
3a. Employer Representative - Name and Title Shane Cordes		3b. Address (If same as 2b - state same) 7300 West 129th St. KS Overland Park 66223-	
3c. Tel. No. (913) 782-7082	3d. Cell No.	3e. Fax No.	3f. E-Mail Address shanelc@att.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Aerospace & Defense		4b. Principal product or service Air Traffic Control Services	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Overland Park, KS	
		6a. No. of Employees in Unit: 4	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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): As early as possible		11c. Election Time(s): One hour, mid day.		11d. Election Location(s): At the facility.	
12a. Full Name of Petitioner (including local name and number) Erina Hammond National Air Traffic Controllers Association, AFL-CIO (NATCA)				12b. Address (street and number, city, state, and ZIP code) 1325 Massachusetts Ave. NW DC Washington 20005-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)					

12d. Tel No. (202) 266-9850	12e. Cell No.	12f. Fax No.	12g. E-Mail Address ehammond@natcadc.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) Erina Hammond	Signature Erina Hammond	Title	Date 09/12/2019 14:47:05
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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 air traffic control specialists at the Topeka Regional/Forbes Field (FOE) Air Traffic Control Tower in Topeka, Kansas..

Employees Excluded

All other employees, managers, guards, and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
PETITION

FORM EXEMPT UNDER 44 U.S.C.

DO NOT WRITE IN THIS SPACE

Case No. 14-RD-248355 Date Filed September 17, 2019

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1. PURPOSE OF THIS PETITION (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)
- ☐ **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.
- ☐ **RM-REPRESENTATION (EMPLOYER PETITION)** - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
- ☒ **RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
- ☐ **UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES)** - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.
- ☐ **UC-UNIT CLARIFICATION** - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) ☐ In unit not previously certified. ☐ In unit previously certified in Case No. _____
- ☐ **AC-AMENDMENT OF CERTIFICATION** - Petitioner seeks amendment of certification issued in Case No. _____ Attach statement describing the specific amendment sought.

2. Name of Employer SSM Health Saint Louis University		Employer Representative to contact Brian Wiekrykas	Tel. No. 314-268-7795
3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3635 Vista, St. Louis MO 63110		Fax No. 314-577-8574	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital	4b. Identify principal product or service	Cell No.	
		e-Mail brian.wiekrykas@ssmhealth.co	
5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) Registered nurses employed at 3635 Vista Avenue, St. Louis, Missouri 63110 and 1755 South Grand BLVD, St. Louis, Missouri 63104, including all full-time, part-time, and PRNs, including those that serve as relief charge nurses. All other Registered Nurses, including confidential Registered Nurses, office clerical Registered Nurses, all other professional Registered Nurses (including without limitation physicians and residents), registry nurses. (SEE ATTACHED).		6a. Number of Employees in Unit: Present 600 Proposed (By UC/AC)	
(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)		6b. Is this petition supported by 30% or more of the employees in the unit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *Not applicable in RM, UC, and AC	

- 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.

8. Name of Recognized or Certified Bargaining Agent (If none, so state.) NNOC / Jenn Deane		Affiliation	
Address 11628 Old Ballast Road St. Louis MO 63141	Tel. No. 314-492-3930	Date of Recognition or Certification	
	Cell No.	Fax No.	e-Mail

9. Expiration Date of Current Contract. If any (Month, Day, Year)
6/15/2019
10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and 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? 8

- 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 Petitioner (and 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 unit described in item 5 above. (If none, so state)

Name	Address	Tel. No.	Fax No.
		Cell No.	e-Mail

13. Full name of party filing petition (If labor organization, give full name, including local name and number)

14a. Address (street and number, city, state, and ZIP code)	14b. Tel. No. EXT	14c. Fax No.
	14d. Cell No.	14e. e-Mail

15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)

I declare that I have read the above petition and that the statements are true to the (b) (6), (b) (7)(C)			
Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (if any)	
Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		Tel. No.	Fax No.
		Cell No. (b) (6), (b) (7)(C)	e-Mail (b) (6), (b) (7)(C)

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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INCLUDED:

Registered nurses employed at 3635 Vista Avenue, St. Louis, Missouri 63110 and 1755 South Grand BLVD, St. Louis, Missouri 63104, including all full-time, part-time, and PRNs, including those that serve as relief charge nurses.

EXCLUDED

All other Registered Nurses, including confidential Registered Nurses, office clerical Registered Nurses, all other professional Registered Nurses (including without limitation physicians and residents), registry nurses, Registered Nurses of outside registries and other agencies supplying labor to the Employer, traveling nurses, regularly assigned charge nurses, guards, managers, supervisors, as defined the ACT, and already represented Registered Nurses.

RECEIVED
HARRISON 1A
2019 SEP 17 AM 2:26
SAINT LOUIS, MO 63103

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-248358

Date Filed
September 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.

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
Zenetex, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
110 Arnold Avenue, Ste. 203A, Whiteman AFB, MO 65305 Johnson Cty

3a. Employer Representative - Name and Title
Bob Farnsworth, Site Manager

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

3c. Tel. No.
660-687-1189

3d. Cell No.

3e. Fax No.
660-687-1190

3f. E-Mail Address
robert.farnsworth@zenetex.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Hanger (Garage where the aircraft maintenance is done)

4b. Principal product or service
Aircraft Maintenance

5a. City and State where unit is located:
Whiteman AFB, MO

5b. Description of Unit Involved
Included: All full-time and regular part-time Aircraft Mechanics employed in performance of the Company's Contract Task Order number FAB108-17-F-0075 at Whiteman AFB, MO.

6a. No. of Employees in Unit:
31

Excluded: All other employees including maintenance employees, quality control employees, office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act.

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). Petition to serve as request.

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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):
October 8, 2019

11c. Election Time(s):
6:30am-8:30am / 2:30pm-4:30pm

11d. Election Location(s):
Community Center

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

Local Lodge 778, International Association of Machinists & Aerospace Workers AFL-CIO

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

113 Republic Avenue, Ste. 100, Joliet, IL 60435

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

International Association of Machinists & Aerospace Workers AFL-CIO

12d. Tel No.

815-280-6400

12e. Cell No.

219-614-5476

12f. Fax No.

815-280-6345

12g. E-Mail Address

though@iamaw.org

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

13a. Name and Title

Timothy J. Hough, Grand Lodge Representative

13b. Address (street and number, city, state, and ZIP code)

113 Republic Avenue, Ste. 100, Joliet, IL 60435

13c. Tel No.

815-280-6400

13d. Cell No.

219-614-5476

13e. Fax No.

815-280-6345

13f. E-Mail Address

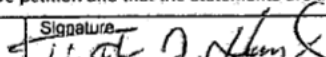
though@iamaw.org

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)

Timothy J. Hough

Signature



Title

Grand Lodge Representative

Date

September 17, 2019

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

PRIVACY ACT STATEMENT

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

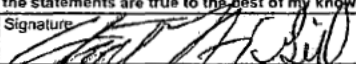
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-248422Date Filed
September 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.

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: Yanfeng Global Automotive Interiors		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4110 NW Helena, Riverside, MO 64150	
3a. Employer Representative - Name and Title: Neal Wachter - Plant Manager		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 816-859-7200	3d. Cell No.	3e. Fax No.	3f. E-Mail Address neal.wachter@yfai.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) factory		4b. Principal Product or Service automotive parts	
5b. Description of Unit Involved: Included: All full-time production and maintenance employees employed by the employer at the Riverside location Excluded: All office, clerical, supervisors & guards as defined in the Act		5a. City and State where unit is located: Riverside, MO 6a. Number of Employees in Unit: 310 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 type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>n/a</u> and Employer declined recognition 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.			
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	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): 10/08/2019	11c. Election Time(s): 6:00-8:00 a.m.; 2:30-5:00 p.m.; 10:30 p.m.-12:00 a.m.	11d. Election Location(s): Front break room next to molding & cockpit break room	
12a. Full Name of Petitioner (including local name and number): International Union, United Automobile, Aerospace & Agricultural Implement Workers of America (UAW)		12b. Address (street and number, city, State and ZIP code): 3841 North Oak Traffic Way, Kansas City, MO 64116	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union, United Automobile, Aerospace & Agricultural Implement Workers of America (UAW)			
12d. Tel. No. 816-453-7007	12e. Cell No.	12f. Fax No. 816-454-5365	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: Clinton McGill, International Representative		13b. Address (street and number, city, State and ZIP code): 3841 North Oak Traffic Way, Kansas City, MO 64116	
13c. Tel. No. 314-680-1417	13d. Cell No. 314-680-1417	13e. Fax No.	13f. E-Mail Address ssy1859@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) Clinton McGill	Signature 	Title International Representative	Date 9/18/2019

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

Case No.

14-RD-248476

Date Filed

9/18/2019

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 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 NGC Industries		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 4189 Hunt St. Pryor OK 74361	
3a. Employer Representative - Name and Title Don Frenette Plant Manager		3b. Address (If same as 2b - state name) Same as Above	
3c. Tel. No. 918-825-0142	3d. Fax No.	3e. Cell No. 1-580-919-9281	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Paper Mill		4b. Principal product or service Wall Board Paper	
5a. Description of Unit Involved Included: Machine Dept., Stock Prep Dept., Receiving Dept., General Dept., Maintenance Dept., Boiler Dept. Excluded: office clerical, guards, professional employees, testers, janitor, and all supervisory employees as defined in the Labor Management Relations Act.			5b. City and State where unit is located: Pryor, OK
6. No. of Employees in Unit 64		7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service workers, USW International Union and Local # 13-1141		8b. Affiliation, if any USW	
8c. Address District 13 P.O. Box 1410 Benton, AR 72018		8d. Tel. No.	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address
9. Date of Recognition or Certification more uncertain, more than a dozen years		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 11-18-2019	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (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) 10-17-14, 10-18-14	13c. Election Time(s) 2:30 PM 8:30 PM	13d. Election Location(s) NGC Pryor Office Above Break Room	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14c. Fax No. (b) (6), (b) (7)(C)	
		14d. 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		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.			
(b) (6), (b) (7)(C)		Title Petitioner	
(b) (6), (b) (7)(C)		Date Filed 9-17-19	

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

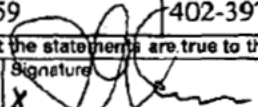
14-RC-248567

Date Filed

September 20, 2019

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

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

2a. Name of Employer: ABM		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4801 Abbott Drive Omaha, NE 68110	
3a. Employer Representative - Name and Title: Michelle Marinella		3b. Address (if same as 2b - state same): 4801 Abbott Drive Omaha, NE 68110	
3c. Tel. No. 402-346-2466	3d. Cell No. 402-689-2320	3e. Fax No. 402-342-4631	3f. E-Mail Address michelle.marinella@abm.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Operator of Parking Facility		4b. Principal Product or Service Parking	5a. City and State where unit is located: Omaha, NE
5b. Description of Unit involved: Included: All full-time and regular part-time drivers, maintenance personnel and cashiers at the Omaha Airport facility. Excluded: Office clerical, guards, watchmen, supervisory employees as defined in the act and all other employees			6a. Number of Employees in Unit: 30
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <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) 09/19/2019 and Employer declined recognition on or about (Date) 09/19/2019 (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): 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? No If so, approximately how many employees are participating? (Name of Labor Organization) NA has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: NLRB Supervised Election			
11b. Election Date(s): As set by NLRB		11c. Election Time(s): As set by NLRB	
		11d. Election Location(s): Omaha Airport Authority	
12a. Full Name of Petitioner (including local name and number): Laborers Local No. 1140		12b. Address (street and number, city, State and ZIP code): 5625 Sorensen Parkway Omaha, NE 68152	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Laborers International Union			
12d. Tel. No. 402-573-7878	12e. Cell No. 402-830-5208	12f. Fax No.	12g. E-Mail Address tami@laborers1140.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: M. H. Weinberg, Attorney		13b. Address (street and number, city, State and ZIP code): 9290 West Dodge Road, Suite 205 Omaha, NE 68114	
13c. Tel. No. 402-397-0999	13d. Cell No. 402-657-7259	13e. Fax No. 402-397-5519	13f. E-Mail Address wmh9642@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) Joel Galvan		Signature 	Title Organizer
			Date 09/20/19

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-248815

Date Filed
September 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
Goodwill Crestwood/Watson
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
10125 Watson Rd St. Louis, MO 63127

3a. Employer Representative - Name and Title
Tammy Brown, Store Manager
3b. Address (If same as 2b - state same)
same

3c. Tel. No.
314-965-0096
3d. Cell No.
3e. Fax No.
3f. E-Mail Address
tbrown@mersgoodwill.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Retail Store
4b. Principal product or service
Retail goods
5a. City and State where unit is located:
St. Louis, MO

6a. Description of Unit Involved
Included: Cashiers, Assistants, Leads and Retail Associate
Excluded: Store Managers/MT, security, Human Resources, administrative/clerical, janitors, interns, temporary employees, confidential employees, professional employees as defined by the act
6a. No. of Employees in Unit:
26
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) 9/24/19 and Employer declined recognition on or about (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
10/18/19
11c. Election Time(s):
11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)
LaKenya Roberson, United Food & Commercial Workers Union Local 655
12b. Address (street and number, city, state, and ZIP code)
300 Weidman Rd Ballwin, MO 63011

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

12d. Tel. No.
636-736-2782
12e. Cell No.
314-277-1163
12f. Fax No.
636-394-5006
12g. E-Mail Address
lrobertson@ufcw655.org

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

13a. Name and Title
LaKenya Roberson, Coordinator
13b. Address (street and number, city, state, and ZIP code)
300 Weidman Rd. Ballwin, MO 63011

13c. Tel. No.
636-736-2782
13d. Cell No.
314-277-1163
13e. Fax No.
636-394-5006
13f. E-Mail Address
lrobertson@ufcw655.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)
LaKenya Roberson
Signature
Coordinator
Date
10/24/19

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
PETITION

FORM EXEMPT UNDER 44 U.S.C.

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

14-RD-248803

9/25/19

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1. PURPOSE OF THIS PETITION (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)
- ☐ 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.
- ☐ RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
- ☒ RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
- ☐ UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.
- ☐ UC-UNIT CLARIFICATION - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) ☐ In unit not previously certified. ☐ In unit previously certified in Case No. _____
- ☐ AC-AMENDMENT OF CERTIFICATION - Petitioner seeks amendment of certification issued in Case No. _____ Attach statement describing the specific amendment sought.

2. Name of Employer SSM Health Saint Louis University		Employer Representative to contact Brian Wiekrykas		Tel. No. 314-268-7795	
3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3635 Vista, St. Louis MO 63110				Fax No. 314-577-8574	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Identify principal product or service		Cell No.	
				e-Mail brian.wiekrykas@ssmhealth.co	
5. Unit involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) Included Registered nurses employed at 3635 Vista Avenue, St. Louis, Missouri 63110 and 1755 South Grand BLVD, St. Louis, Missouri 63104, including all full-time, part-time, and PRNs, including those that serve as relief charge nurses. Excluded All other Registered Nurses, including confidential Registered Nurses, office clerical Registered Nurses, all other professional Registered Nurses (including without limitation physicians and residents), registry nurses, (SEE ATTACHED). (If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)				6a. Number of Employees in Unit: Present 600 Proposed (By UC/AC)	
				6b. Is this petition supported by 30% or more of the employees in the unit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *Not applicable in RM, UC, and AC	
7a. <input type="checkbox"/> 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. <input type="checkbox"/> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.					
8. Name of Recognized or Certified Bargaining Agent (If none, so state.) NNOC - Jenn Dean				Affiliation	
Address 11628 Old Ballas Road, St. Louis, MO 63141		Tel. No. 3144923930		Date of Recognition or Certification	
		Cell No.		Fax No.	
				e-Mail	
9. Expiration Date of Current Contract. If any (Month, Day, Year) 6/15/2019			10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)		
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes <input type="checkbox"/> No <input type="checkbox"/>			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 Petitioner (and 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 unit described in item 5 above. (If none, so state)					
Name		Address		Tel. No.	
				Fax No.	
				Cell No.	
				e-Mail	
13. Full name of party filing petition (If labor organization, give full name, including local name and number)					
14a. Address (street and number, city, state, and ZIP code)				14b. Tel. No. EXT	
				14c. Fax No.	
				14d. Cell No.	
				14e. e-Mail	
15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)					
I declare that I have read the above petition and that the statements are true to the (b) (6), (b) (7)(C)					
Name (Print) (b) (6), (b) (7)(C)		Signature		Title (if any)	
Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)				Tel. No.	
				Fax No.	
				Cell No. (b) (6), (b) (7)(C)	
				e-Mail (b) (6), (b) (7)(C)	

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 unfair labor practice 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.
14-RC-248358

Date Filed
September 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.

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
Zenetex, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
110 Arnold Avenue, Ste. 203A, Whiteman AFB, MO 65305 Johnson Cty

3a. Employer Representative - Name and Title
Bob Farnsworth, Site Manager

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

3c. Tel. No.
660-687-1189

3d. Cell No.

3e. Fax No.
660-687-1190

3f. E-Mail Address
robert.farnsworth@zenetex.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Hanger (Garage where the aircraft maintenance is done)

4b. Principal product or service
Aircraft Maintenance

5a. City and State where unit is located:
Whiteman AFB, MO

5b. Description of Unit Involved
Included: All full-time and regular part-time Aircraft Mechanics employed in performance of the Company's Contract Task Order number FAB108-17-F-0075 at Whiteman AFB, MO.

6a. No. of Employees in Unit:
31

Excluded: All other employees including maintenance employees, quality control employees, office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act.

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). Petition to serve as request.

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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):
October 8, 2019

11c. Election Time(s):
6:30am-8:30am / 2:30pm-4:30pm

11d. Election Location(s):
Community Center

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

Local Lodge 778, International Association of Machinists & Aerospace Workers AFL-CIO

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

113 Republic Avenue, Ste. 100, Joliet, IL 60435

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

International Association of Machinists & Aerospace Workers AFL-CIO

12d. Tel No.

815-280-6400

12e. Cell No.

219-614-5476

12f. Fax No.

815-280-6345

12g. E-Mail Address

though@iamaw.org

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

13a. Name and Title

Timothy J. Hough, Grand Lodge Representative

13b. Address (street and number, city, state, and ZIP code)

113 Republic Avenue, Ste. 100, Joliet, IL 60435

13c. Tel No.

815-280-6400

13d. Cell No.

219-614-5476

13e. Fax No.

815-280-6345

13f. E-Mail Address

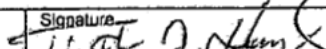
though@iamaw.org

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)

Timothy J. Hough

Signature



Title

Grand Lodge Representative

Date

September 17, 2019

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