

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-249646	Date Filed October 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 Keolis Transit America	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 223 W. Meadowview Road NC Greensboro 27406-
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3a. Employer Representative - Name and Title Omar Oliveros	3b. Address (If same as 2b - state same) 223 W. Meadowview Road NC Greensboro 27406-
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3c. Tel. No. (336) 373-2950	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Omar.Oliveros@keolisna.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service Passenger Transit Service	5a. City and State where unit is located: Greensboro, NC
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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: 13	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): October 21, 2019	11c. Election Time(s): 1:00 to 1:30 p.m.	11d. Election Location(s): Training Room
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12a. Full Name of Petitioner (including local name and number) Percival Patterson Amalgamated Transit Union Local 1493	12b. Address (street and number, city, state, and ZIP code) P.O. Box 1807 NC Durham 27702-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Amalgamated Transit Union			
12d. Tel No. (919) 282-7425	12e. Cell No. (919) 282-7425	12f. Fax No.	12g. E-Mail Address percival.patterson@yahoo.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Daniel B. Smith AMALGAMATED TRANSIT UNION		13b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790	

13c. Tel No. (301) 431-7100	13d. Cell No. (202) 714-4219	13e. Fax No.	13f. E-Mail Address dsmith@atu.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Daniel B. Smith	Signature Daniel B. Smith	Title	Date 10/9/2019 09:13:18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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 dispatchers and road supervisors employed by the Employer at its facility currently located at 223 W. Meadowview Road in Greensboro, North Carolina. The Petitioner seeks an Armour-Globe election.

Employees Excluded

All other employees, and guards, professional employees and supervisors as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-249998	Date Filed October 15, 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
East Lake Arbor

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
304 5th Avenue, Decatur, GA 30030

3a. Employer Representative - Name and Title
Renatta Hamilton, Human Resource

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

3c. Tel. No.
404-473-6231

3d. Cell No.

3e. Fax No.
404-373-6813

3f. E-Mail Address

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

4b. Principal product or service

5a. City and State where unit is located:
Decatur, Georgia

5b. Description of Unit Involved
Included: Any and all regular full-time employees including CNAs, LPNs, Activity, and Maintenance employees.

6a. No. of Employees in Unit:
40

Excluded: All Contractors, Clerks, and Supervisors that is 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) **10/15/2019** 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).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
Thursday, October 24, 2019

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

11d. Election Location(s):
Facility Breakroom

12a. Full Name of Petitioner (including local name and number)
Retail, Wholesale & Department Store Union, Southeast Council

12b. Address (street and number, city, state, and ZIP code)
1838 Metropolitan Pkwy, SW Suite 204, Atlanta, GA 30315

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Retail, Wholesale & Department Store Union/UFCW

12d. Tel No.
404-758-0865

12e. Cell No.
256-227-2785

12f. Fax No.
404-758-5628

12g. E-Mail Address
rwdusec@aol.com

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

13a. Name and Title
James Shackelford, Union Representative

13b. Address (street and number, city, state, and ZIP code)
1838 Metropolitan Pkwy, SW Suite 204, Atlanta, GA 30315

13c. Tel No.
404-758-0865

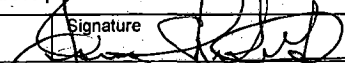
13d. Cell No.
256-227-2785

13e. Fax No.
404-758-5628

13f. E-Mail Address
rwdusec@aol.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)
James Shackelford

Signature


Title
Union Representative

Date
October 15, 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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-250154	Date Filed October 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 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 ARAMARK (FORMERLY D/B/A AMERIPRIDE)	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1325 CENTER PARK DRIVE NC CHARLOTTE 29708-
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3a. Employer Representative - Name and Title MIKE PERKINS	3b. Address (If same as 2b - state same) 1325 CENTER PARK DRIVE NC CHARLOTTE 29708-
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3c. Tel. No. (800) 750-4628	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Apparel/Accessories	4b. Principal product or service UNIFORM RENTALS	5a. City and State where unit is located: Charlotte, NC
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 10
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Excluded: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ 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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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
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11b. Election Date(s): NOVEMBER 14, 2019	11c. Election Time(s): 5:30 - 9:00 AM	11d. Election Location(s): 1325 CENTER PARK DRIVE, CHARLOTTE, NC 29708
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12a. Full Name of Petitioner (including local name and number) ERNEST KEITH WRENN TEAMSTERS LOCAL UNION NO. 71	12b. Address (street and number, city, state, and ZIP code) 2529 BELTWAY BLVD NC CHARLOTTE 28214-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
INTERNATIONAL BROTHERHOOD OF TEAMSTERS

12d. Tel No. (704) 596-2475	12e. Cell No. (704) 363-6493	12f. Fax No. (704) 597-1520	12g. E-Mail Address ctylerspapa@aol.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) ERNEST KEITH WRENN	Signature ERNEST KEITH WRENN	Title SECRETARY-TREASURER	Date 10/17/2019 11:34:31
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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

Employees Included

10

Employees Excluded

MANAGEMENT AND SALES

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

FORM NLRB-502 (RC)
(4-15)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-250391	Date Filed 10/23/2019

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 Four Rivers Nuclear Partnership		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 5600 Hobbs Rd, Kevill, KY42053	
3a. Employer Representative - Name and Title Kent Gordon, Labor Relations Manager		3b. Address (if same as 2b - state same) same	
3c. Tel. No. 270-564-3740	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kent.gordon@pad.pppo.gov

4a. Type of Establishment (Factory, mine, wholesaler, etc.) plant	4b. Principal product or service quality and safety support at nuclear facility	5a. City and State where unit is located: Kevill, KY
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5b. Description of Unit Involved Included: All full-time and regular part-time Industrial Hygienists I, II, and III, Industrial Hygienist Principals, Industrial Hygienist Leads, Health and Safety Specialists I, II, and III and Health and Safety Field Support employed by the Employer at its Kevill, KY facility Excluded: All other employees including all non-professional employees, confidential employees, guards and supervisors as defined in the Act		6a. No. of Employees in Unit: Approximately 20
		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) **by petition** and Employer declined recognition on or about **no reply** (Date) (if no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No**. If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 11-14-18	11c. Election Time(s): 1-2:30 p.m.	11d. Election Location(s): C100 Cafeteria
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12a. Full Name of Petitioner (including local name and number) United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC	12b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC	
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12d. Tel No. (412) 562-2529	12e. Cell No. (412) 418-4333	12f. Fax No. (412) 562-2555	12g. E-Mail Address bmanzoillo@usw.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 Brad Manzolillo, USW Organizing Counsel	13b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222
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13c. Tel No. (412) 562-2529	13d. Cell No. (412) 418-4333	13e. Fax No. (412) 562-2555	13f. E-Mail Address bmanzoillo@usw.org
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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) Brad Manzolillo	Signature <i>Brad Manzolillo</i>	Title Organizing Counsel	Date 10/22/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-250405	Date Filed October 23, 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 Keolis Transit America	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 223 W. Meadowview Road NC Greensboro 27406-
-------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------

3a. Employer Representative - Name and Title Omar Oliveros	3b. Address (If same as 2b - state same) 223 W. Meadowview Road NC Greensboro 27406-
----------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

3c. Tel. No. (336) 373-2950	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Omar.Oliveros@keolisna.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service Passenger Transit Service	5a. City and State where unit is located: Greensboro, NC
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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: 18	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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail

11b. Election Date(s): November 11, 2019	11c. Election Time(s): 1:00 p.m. to 1:30 p.m.	11d. Election Location(s): Training Room
----------------------------------------------------	---------------------------------------------------------	----------------------------------------------------

12a. Full Name of Petitioner (including local name and number) Percival Patterson Amalgamated Transit Union Local 1493	12b. Address (street and number, city, state, and ZIP code) P.O. Box 1807 NC Durham 27702-
-------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------

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

12d. Tel No. (919) 282-7425	12e. Cell No. (919) 282-7425	12f. Fax No.	12g. E-Mail Address percival.patterson@yahoo.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION	13b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790
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13c. Tel No. (301) 431-7100	13d. Cell No. (202) 714-4219	13e. Fax No.	13f. E-Mail Address dsmith@atu.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Daniel B. Smith	Signature Daniel B. Smith	Title Assistant General Counsel	Date 10/22/2019 09:21:28
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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 dispatchers, road supervisors and training supervisors employed by the Employer at its facility currently located at 223 W. Meadowview Road in Greensboro, North Carolina. The Petitioner seeks an Armour-Globe election.

Employees Excluded

All other employees, and guards, professional employees and supervisors as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-250468	Date Filed October 24, 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 Georgia Power Plants Wansley and Bowen	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1371 Liberty Church Rd. GA Carrollton 30116-
-----------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------

3a. Employer Representative - Name and Title Nick Slappy	3b. Address (If same as 2b - state same) 317 Covered Bridge Rd. GA Euhanlee 30149-
--------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

3c. Tel. No. (770) 854-3211	3d. Cell No.	3e. Fax No.	3f. E-Mail Address onslappy@southernco.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Coal	4b. Principal product or service Provide Electricity	5a. City and State where unit is located: Carrollton, GA
----------------------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------------

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: 23 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ 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). International Brotherhood of Electrical Workers Drew Stover	8b. Address 2791 Woodland Terrace GA Smyrna 30080-
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8c. Tel No.	8d Cell No. (404) 661-0787	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any Local Union 84	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 06/30/2021
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail

11b. Election Date(s): 11/13/2019	11c. Election Time(s): 7:30am - 8:00am	11d. Election Location(s): Plants Wansley and Bowen
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12a. Full Name of Petitioner (including local name and number) James Flynn James Flynn	12b. Address (street and number, city, state, and ZIP code) 502 TAYLOR TRL MS Waveland 39576-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Electrical Workers

12d. Tel No. (601) 590-0698	12e. Cell No. (601) 590-0698	12f. Fax No.	12g. E-Mail Address jimmy_flynn@ibew.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)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) James Flynn	Signature James Flynn	Title International Lead Organizer	Date 10/23/2019 16:00:05
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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
Chemical Techs I, II, III and Senior

Employees Excluded
All Clerical, office employees, security guards, janitoria, grounds keeping and supervisory personnel as defined by the NLRA.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-250505	Date Filed October 24, 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 ARAMARK (formerly D/B/A AMERIPRIDE)	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 398 Great Oak Drive NC Canton 28716-
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3a. Employer Representative - Name and Title Doug Johnson	3b. Address (If same as 2b - state same) 398 Great Oak Drive NC Canton 28716-
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3c. Tel. No. (828) 648-2384	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Apparel/Accessories	4b. Principal product or service Uniform Rentals	5a. City and State where unit is located: Canton, NC
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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: 12	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ 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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail

11b. Election Date(s): November 14, 2019	11c. Election Time(s): 5:30-9:00 AM	11d. Election Location(s): 398 Great Oak Drive Canton, NC 28716
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12a. Full Name of Petitioner (including local name and number) Brian Ball Teamsters Local 61	12b. Address (street and number, city, state, and ZIP code) 45 Sardis Road NC Asheville 28806-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. (828) 665-2834	12e. Cell No. (828) 712-3784	12f. Fax No. (828) 665-1889	12g. E-Mail Address brianball@teamsters61.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Jon Axelrod Attorney Beins-Axelrod	13b. Address (street and number, city, state, and ZIP code) 1717 K Street NW STE 1120 DC Washington 20006-
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13c. Tel No. (202) 328-7030	13d. Cell No. (202) 365-1610	13e. Fax No.	13f. E-Mail Address jaxelrod@beinsaxelrod.com
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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) Brian Ball	Signature Brian Ball	Title Secretary-Treasurer	Date 10/17/2019 14:25:01
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

Employees Included
Route Service Drivers, Shuttle Drivers

Employees Excluded
Management, Sales

DO NOT WRITE IN THIS SPACE	
Case	Date Filed