

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-246063	Date Filed 8/6/19

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: TriMark Marlinn		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 6100 W. 73rd Street - Suite 1, Bedford Park, IL 60638	
3a. Employer Representative - Name and Title: Paul Meek, Controller		3b. Address (if same as 2b - state same): Same as above	

3c. Tel. No. 708-496-1700	3d. Cell No.	3e. Fax No.	3f. E-Mail Address pmeek@trimarkusa.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) FOOD SVC. DESIGN EQUIPMENT & SUPPLY	4b. Principal Product or Service RESTAURANT SUPPLIES	5a. City and State where unit is located: BEDFORD PARK, IL
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5b. Description of Unit Involved: Included: Full Time and Part Time Truck Drivers Excluded: Management Clerical and Supervisors		6a. Number of Employees in Unit: 24
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 8-6-2019 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) National Production Workers Union Local 707	8b. Address: 2210 Midwest Road - #310, Oakbrook, IL 60523
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8c. Tel. No. 630-575-0560	8d. Cell No.	8e. Fax No.	8f. E-Mail Address info@npwu.com
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 10-14-2020

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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): ASAP	11c. Election Time(s): Open	11d. Election Location(s): TriMark Marlinn
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12a. Full Name of Petitioner (including local name and number): Chemical & Production Workers Union Local 30	12b. Address (street and number, city, State and ZIP code): 245 Fencil Ln., Hillside, IL 60162-2001
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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 Union of Allied, Novelty & Production Workers

12d. Tel. No. 312-738-0822	12e. Cell No. 847-812-6323	12f. Fax No. 708-236-3404	12g. E-Mail Address cwhaling@csjunion.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: Carl Whaling, Business Representative	13b. Address (street and number, city, State and ZIP code): 245 Fencil Ln., Hillside, IL 60162-2001

13c. Tel. No. 312-738-0822	13d. Cell No. 847-812-6323	13e. Fax No. 708-236-3404	13f. E-Mail Address cwhaling@csjunion.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) Carl Whaling	Signature 	Title Business Representative	Date 8-6-2019
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 13-RC-246375	Date Filed 8/12/19
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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 Stericycle/Shred-It	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3811 Rose Street IL Schiller Park 60176-
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3a. Employer Representative - Name and Title Michael Mactrinder	3b. Address (If same as 2b - state same) 3811 Rose Street IL Schiller Park 60176-
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3c. Tel. No. (847) 386-2700	3d. Cell No. (312) 465-8474	3e. Fax No.	3f. E-Mail Address michael.mactrinder@stericycle.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking	4b. Principal product or service transfer shredded materials	5a. City and State where unit is located: Schiller Park, IL
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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: 41	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): August 22, 2019	11c. Election Time(s): 5:30am-7:00am	11d. Election Location(s): 3811 Rose St., Schiller Park, IL -- Employer's facility, conference room
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12a. Full Name of Petitioner (including local name and number) Alex M Tillet-Saks Teamsters Local 705	12b. Address (street and number, city, state, and ZIP code) 1645 W. Jackson Blvd. IL Chicago 60612-
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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. (312) 738-2800	12e. Cell No.	12f. Fax No. (312) 738-2823	12g. E-Mail Address ats@i705ibt.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) Alex M Tillet-Saks	Signature Alex M Tillet-Saks	Title Legal Counsel	Date 08/9/2019 14:39:17
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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 13-RC-246375	Date Filed 8/12/19

Employees Included

All full-time and regular part-time drivers and customer service representatives.

Employees Excluded

All warehouse workers, clerical employees, managerial employees, guards, professional employees, and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-246375	Date Filed 8/12/19

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2a. Name of Employer Stericycle/Shred-It	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3811 Rose Street IL Schiller Park 60176-
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3a. Employer Representative - Name and Title Michael Macrinder	3b. Address (If same as 2b - state same) 3811 Rose Street IL Schiller Park 60176-
--	--

3c. Tel. No. (847) 386-2700	3d. Cell No. (312) 465-8474	3e. Fax No.	3f. E-Mail Address michael.macrinder@stericycle.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking	4b. Principal product or service transfer shredded materials	5a. City and State where unit is located: Schiller Park, IL
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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: 41 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:** Manual Mail Mixed Manual/Mail

11b. Election Date(s): August 22, 2019	11c. Election Time(s): 5:30am-7:00am	11d. Election Location(s): 3811 Rose St., Schiller Park, IL -- Employer's facility, conference room
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12a. Full Name of Petitioner (Including local name and number) Alex M Tillett-Saks Teamsters Local 705	12b. Address (street and number, city, state, and ZIP code) 1645 W. Jackson Blvd. IL Chicago 60612-
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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. (312) 738-2800	12e. Cell No.	12f. Fax No. (312) 738-2823	12g. E-Mail Address ats@i705ibt.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
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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) Alex M Tillett-Saks	Signature Alex M Tillett-Saks	Title Legal Counsel	Date 08/9/2019 14:39:17
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
13-RC-246375	8/12/19

Employees Included

All full-time and regular part-time drivers and customer service representatives.

Employees Excluded

All warehouse workers, clerical employees, managerial employees, guards, professional employees, and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-246561	Date Filed 8/14/19

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 Arkema Coating Resins		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 12840 South Pulaski Road IL Alsip 60803	
3a. Employer Representative - Name and Title Kevin McNamara		3b. Address (if same as 2b - state same) 12840 South Pulaski Road IL Alsip 60803	
3c. Tel. No. (708) 396-3026	3d. Cell No. (708) 396-3026	3e. Fax No.	3f. E-Mail Address Kevin.McNamara@arkema.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Chemical Manufacturing		4b. Principal product or service Chemical industry	
5a. City and State where unit is located: Alsip, IL			

6b. Description of Unit Involved		6a. No. of Employees in Unit: 23
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

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

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): 08/27/2019- 08/28/2019	11c. Election Time(s): 5:00 pm-6:00 pm -5:00 am-6:00 am	11d. Election Location(s): employee break room

(b) (6), (b) (7)(C) of Petitioner (Including local name and number)
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union AFL-CIO

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

12d. Tel No. (219) 881-6229	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No. (219) 886-8686	12g. E-Mail Address (b) (6), (b) (7)(C) @organizing.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		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 08/14/2019 11:25:44
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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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DO NOT WRITE IN THIS SPACE

Case

Date Filed

13-RC-246561

8/14/19

Attachment

Employees Included

All Full-time and regular part-time production and maintenance and lab employees employed at the employer's facility currently located at 12840 South Pulaski Road. Alsip, IL.

Employees Excluded

All temporary employees, office clerical and professional employees, guards, and supervisors as defined in the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-246598	Date Filed 8/15/19

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
Van Gogh, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
8789 Louisiana Street, Unit C, Merrillville, Indiana 46410

3a. Employer Representative - Name and Title
Thomas Bland, President

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

3c. Tel. No.
219-791-0318 (Ext. 106)

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
thomas@vangoghinc.com

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

4b. Principal product or service
Construction

5a. City and State where unit is located:
Merillville, Indiana

5b. Description of Unit Involved
Included: All part-time and full-time employees (wall-to-wall)

6a. No. of Employees in Unit:
66

Excluded: All clerical, managerial and security employees within the meaning of the National Labor Relations 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) **08/15/19** 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

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):
8/30/2019

11c. Election Time(s):
6am - 8am

11d. Election Location(s):
Home2 Suites by Hilton - 8420 Indiana Street Merrillville, Indiana

12a. Full Name of Petitioner (including local name and number)
Indiana/Kentucky/Ohio Regional Council of Carpenters

12b. Address (street and number, city, state, and ZIP code)
1560 E. 70th Place, Merrillville, Indiana 46410

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

12d. Tel No.
219-942-0518

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
c/o paul@ptblaw.com

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

13a. Name and Title
Paul Berkowitz, Attorney

13b. Address (street and number, city, state, and ZIP code)
123 West Madison Street, Suite 600 Chicago, Illinois 60602

13c. Tel No.
312-419-0001

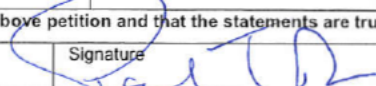
13d. Cell No.

13e. Fax No.
312-419-0002

13f. E-Mail Address
paul@ptblaw.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)
Paul Berkowitz

Signature


Title
Attorney

Date
08/15/2019

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE
Case No. 13-RD-246872
Date Filed 8/20/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition or: (1) the petition; (2) Statement of Position form (Form NLRB-606); 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 WALDHEIM CEMETERY CO.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1400 S. DES PLAINES AVE. FOREST PARK IL 60130.	
3a. Employer Representative - Name and Title SARAH ISAACSON		3b. Address (if same as 2b - state same) SAME AS ABOVE.	
3a. Tel. No. 708-366-4100	3d. Fax No. 708-366-4575	3a. Cell No. 773-615-0905	3f. E-Mail Address SARAH.ISAACSON@WALDHEIMCEMETERY.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) CEMETERY		4b. Principal product or service GRAVE MAINTENANCE.	
5a. Description of Unit Involved Included: All full-time, regular, part-time and seasonal workers in grave maintenance for cemetery employer. Excluded:			5b. City and State where unit is located: Forest Park, IL

6. No. of Employees in Unit: **9 EMPLOYEES FT.** 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes No

8a. Name of Recognized or Certified Bargaining Agent CHARLES JONES SEIU - LOCAL 1		8b. Affiliation, if any	
8c. Address 111 E. WACKER DRIVE STG 1700 CHICAGO IL 60601		8d. Tel. No. (312) 233-8888	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address JONESC@SEIU1.ORG

9. Date of Recognition or Certification: **ABOUT 1985** 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): **12-31-18**

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No 11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (insert Name) a labor organization, of (insert Address) since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11a, 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 6 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
13a. Election Type: Manual Mail Mixed Manual/Mail
13b. Election Date(s): **9/3/19** 13c. Election Time(s): **9AM - 10AM** 13d. Election Location(s): **MAINTENANCE / SERVICE BUILDING.**

14a. Name (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	
14c. Address (b) (6), (b) (7)(C)		14d. Fax No.	
		14e. E-Mail Address	

14f. Affiliation, if any			
16. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address

I declare that I have read the above petition and (b) (6), (b) (7)(C) by knowledge and belief.
Name: (b) (6), (b) (7)(C) Title: Date Filed:


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

Collection 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. 74042-43 (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.	13-RC-247256
Date Filed	8/28/19

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 Student Transportation of America		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2320 W.167th Street, Markham, IL 60428 Cook County	
3a. Employer Representative - Name and Title Stefan Baker/Kristie Guido, Manager		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. (708) 333-8989	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School Bus Mechanics Garage		4b. Principal product or service Service of School Busses	
5a. City and State where unit is located: Markham, IL			5b. Description of Unit Involved Included: All full-time and regular part-time bus technicians, including Journeyman, apprentices, and semi-skilled technicians who are employed by the employer whose facility is currently located at 2320 W. 167th Street Markham, IL 60428. Excluded: All other employees including drivers, monitors, parts employees, office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act.
6a. No. of Employees in Unit: 5			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). Petition to serve as request. <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): September 19, 2019	11c. Election Time(s): 12:00 PM-1:00PM	11d. Election Location(s): Lunch Room	
12a. Full Name of Petitioner (including local name and number) Local Lodge 701, 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. 815-214-4587	12f. Fax No. 815-280-6345	12g. E-Mail Address wlepinske@iamaw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title William J. LePinske, 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. 815-214-4587	13e. Fax No. 815-280-6345	13f. E-Mail Address wlepinske@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) William J. LePinske	Signature 	Title Grand Lodge Representative	Date August 28, 2019

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

PRIVACY ACT STATEMENT

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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: M.N.R. Trucking, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2604 83rd St. Suite A, Darien, IL. 60561-1662
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3a. Employer Representative - Name and Title: Michael Pagonis, Vice President	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 630-985-2900	3d. Cell No. 630-390-0560	3e. Fax No. 630-985-2922	3f. E-Mail Address Mpagonis@mnrtrucking.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.): Transportation	4b. Principal Product or Service Common Carrier	5a. City and State where unit is located: Darien, IL.
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5b. Description of Unit Involved: Included: All Full-Time and Regular Part-Time Drivers Employed by M.N.R Trucking, Inc. Excluded: All other employees, Owner Operators, Supervisors, Guards as defined in the Act	6a. Number of Employees in Unit 15 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
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about (Date) N/A (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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): September 11, 2019	11c. Election Time(s): 5:00PM-8:00PM	11d. Election Location(s): 2604 83rd St. Suite A Darien, IL. 60561
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12a. Full Name of Petitioner (including local name and number): Teamsters Local 710	12b. Address (street and number, city, State and ZIP code): 9000 West 187th St. Mokena, IL. 60448
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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. 773-254-3200	12e. Cell No. 219-771-1784	12f. Fax No. 773-254-4193	12g. E-Mail Address jvaughn@teamsters710.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: Justin Vaughn, Organizer/Agent	13b. Address (street and number, city, State and ZIP code): 9000 West 187th St. Mokena, IL. 60448

13c. Tel. No. 773-254-3200	13d. Cell No. 219-771-1784	13e. Fax No. 773-254-4193	13f. E-Mail Address jvaughn@teamsters710.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) Justin Vaughn	Signature 	Title Organizer/Agent	Date 08/30/19
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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. 13-RC-246324	Date Filed 8/9/19

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
The Ingalls Memorial Hospital

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1 Ingalls Drive, Harvey, IL 60426

3a. Employer Representative - Name and Title
Brian Sinotte, President

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

3c. Tel. No.
708-915-5500

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
Bsinotte@ingalls.org

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

4b. Principal product or service
Healthcare

5a. City and State where unit is located:
Harvey, IL

5b. Description of Unit Involved

Included: See Attachment A

Excluded: See Attachment A

6a. No. of Employees in Unit:
430

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

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

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).
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):
August 21, 2019

11c. Election Time(s):
6-9AM, 11AM-1PM, 6-9PM

11d. Election Location(s):
Lower Level, East Meeting Rooms A,B,C

12a. Full Name of Petitioner (including local name and number)
National Nurses Organizing Committee (NNOC)

12b. Address (street and number, city, state, and ZIP code)
155 Grand Ave., Oakland, CA 94612

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)

12d. Tel No.
510-273-2200

12e. Cell No.

12f. Fax No.
510-663-4822

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 Pawanpreet Dhaliwal

13b. Address (street and number, city, state, and ZIP code)
155 Grand Ave., Oakland, CA 94612

13c. Tel No.
510-273-2272

13d. Cell No.

13e. Fax No.
510-663-4822

13f. E-Mail Address
pdhaliwal@calnurses.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) Pawanpreet Dhaliwal	Signature 	Title Legal Counsel	Date August 9, 2019
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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 A

**RC Petition
The Ingalls Memorial Hospital**

by National Nurses Organizing Committee (NNOC)
August 9, 2019

5. Unit Involved

Included:

All full-time, regular part-time, and per diem Registered Nurses employed by the Employer at its facility located at 1 Ingalls Drive, Harvey, IL 60426.

Excluded:

All other employees, confidential employees, physicians, residents, employees of outside registries and other agencies supplying labor to the Employer, traveling nurses, all other professionals, already represented employees, managerial employees, guards, and supervisors within the meaning of the Act.

Eligibility date is pay period ending Saturday, August 3, 2019.

Per diem nurses are eligible to vote if they have worked a minimum of one hundred and twenty (120) hours in either of the two calendar quarters immediately preceding the eligibility date. *Marquette Gen. Hosp. Inc.*, 218 NLRB 713 (1975).