FORM NLRB-502 (RC)

Carl Whaling

## UNITED STATES OF AMERICA

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

8-6-2019

NATIONAL LABOR RELATIONS BOARD (2-18)**RC PETITION** 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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 6100 W. 73rd Street - Suite 1, Bedford Park, IL 60638 TriMark Marlinn 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Paul Meek, Controller Same as above 3c. Tel. No. 3d Cell No. 3f. E-Mail Address 3e. Fax No. 708-496-1700 pmeek@trimarkusa.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: FOOD SVC. DESIGN EQUIPMENT & SUPPLY RESTAURANT SUPPLIES BEDFORD PARK, IL 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: Full Time and Part Time Truck Drivers Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Management Clerical and Supervisors 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) 8b. Address: National Production Workers Union Local 707 2210 Midwest Road - #310, Oakbrook, IL 60523 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address info@npwu.com 630-575-0560 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 If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): TriMark Marlinn ASAP Open 12b. Address (street and number, city, State and ZIP code): 245 Fencl Ln., Hillside, IL 60162-2001 12a. Full Name of Petitioner (including local name and number): Chemical & Production Workers Union Local 30 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 12e. Cell No. 12d, Tel, No. 12f. Fax No. 12g. E-Mail Address 312-738-0822 847-812-6323 708-236-3404 cwhaling@csjbunion.org 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): 245 Fencl Ln., Hillside, IL 60162-2001 Carl Whaling, Business Representative 13d. Cell No. 13f. E-Mail Address 13c. Tel. No. 13e. Fax No 312-738-0822 847-812-6323 708-236-3404 cwhaling@csjbunion.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) Date Signature

**Business Representative** 

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

#### RC PETITION

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

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 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 representa ive 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3811 Rose Street IL Schiller Park 60176-Stericycle/Shred-It 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3811 Rose Street IL Schiller Park 60176 Michael Mactrinder 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (847) 386-2700 michael.mactrinder@stericycle.com (312) 465-8474 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: transfer shredded materials Schiller Park, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: 41 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V 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 curren ly 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 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): August 22, 2019 5:30am-7:00am 3811 Rose St., Schiller Park, IL -- Employer's facility, conference room 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. 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 12g. E-Mail Address ats@1705ibt.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (312) 738-2823 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. F-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) Signature Title Date Legal Counsel Alex M Tillett-Saks 08/9/2019 14:39:17 Alex M Tillett-Saks

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

### PRIVACY ACT STATEMENT

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

DO NOT WRITE IN THIS SPACE Case No. 13-RC-246375

Date Filed 8/12/19

RC PETITION 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) Desc with the NLRB and should not	•			RB 4812). The s	howing of inte	erest should only be filed		
1. PURPOSE OF THIS PETITION: RO				of employees wish t	n he represented	for numoses of collective		
bargaining by Petitioner and Petition requests that the National Labor	ner desires to be certif	ed as representat	tive of the employees. The	Petitioner alleges ti	nat the following	circumstances exist and		
2a. Name of Employer			ddress(es) of Establishmer	t(s) involved (Street	and number, city,	State, ZIP code)		
Stericycle/Shred-It			8811 Rose Street L Schiller Park 60176-					
3a. Employer Representative - Name	e and Title		3b. Address (If same a					
Michael Mactrinder			3811 Rose Street IL Schiller Park 60	176-				
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ess		
(847) 386-2700	(312) 465-8474	ļ			michael.mactrind	er@stericycle.com		
4a. Type of Establishment (Factory, mi	ine, wholesaler, etc.)	4b. Principal pr	oduct or service		5a. City a	and State where unit is located:		
Trucking			transfer shredded mat	erials		Schiller Park, IL		
5b. Description of Unit Involved					<del>'''</del> 1	6a. No. of Employees in Unit:		
included: See Attached Page 2 for a	dditional dataile				ſ	41		
See Attached Page 2 lbr a	ugitorial details				Ī	6b. Do a substantial number (30%		
		· · · · · · · · · · · · · · · · · · ·				or more) of the employees in the		
Excluded: See Attached Page 2 for a	dditional details					unit wish to be represented by the		
						Petitioner? Yes [ V No [ ]		
Check One: 7a. Request	-			ar	a Employer deci	ned recognition on or about		
<u> </u>		(If no reply receiv	•					
			Representative and desires 8b. Address	certification under the	e Act.			
8a. Name of Recognized or Certified	Bargaining Agent (n	none, so state).	ab. Address					
8c. Tel No.	8d Cell No.		8e, Fax No.		8f. E-Mail Addr	ess		
32.13.110.	00 00110.		30, 1 ax 110.		01. 12 10.0017 1001			
8g. Affiliation, if any			8h. Date of Recognition o	r Certification	8i. Expiration Date of Current or Most Recent			
						ontract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at t	he Employer's establis	hment(s) involved	d? If so, approx	dmately how many er	nployees are par	ticipating?		
(Name of labor organization)		, has pic	keted the Employer since (	Month. Dav. Year)				
10. Organizations or individuals other t	han Detitioner and the		<u> </u>		recentatives and	other organizations and individuals		
known to have a representative interes					i e se i nati ve s a i le	other organizations and managed		
,	• • •		,	,				
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
	<del></del>							
<ol> <li>Election Details: If the NLRB con any such election.</li> </ol>	ducts an election in thi	s matter, state yo	ur position with respect to	11a. Election Type	: 📝 Manual 📗	Mail Mixed Manual/Mail		
11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Loca	tion(s):			
August 22, 2019 `´	5:30am	-7:00am				mployer's facility, conference room		
12a. Full Name of Petitioner ( <i>Includia</i> Alex M Tillett-Saks Teamsters Local 705	ng local name and no	ımber)		12b. Address (stre	et and number, c	ity, state, and ZIP code)		
Alex M Tillett-Saks Teamsters Local 705				1645 W. Jackson B IL Chicago 60612-	lvd			
12c. Full name of national or internation	nal labor organization	of which Petitione	r is an affiliate or constituer	t (if none, so state)				
International Brotherhood of Teamsters			· · · · · · · · · · · · · · · · · · ·					
12d. Tel No.	12e. Celi No.		12f. Fax No.		12g, E-Mail Add ats@l705ibt.org	iress I		
(312) 738-2800	1		(312) 738-2823	4-6 di-		<u></u>		
13. Representative of the Petitioner 13a. Name and Title	wno will accept servi	ce or all papers		•	<del>-</del>			
isa. Raffe and The			13b. Address (street and	u number, city, state,	and zir code)			
40. 7.11			10.5.	<del></del> _	466 = 44 3 4 4			
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	ress		
I declare that I have read the above p	notition and that the	tatamente are te	ue to the heet of my know	viedge and helief	<u> </u>			
		statements are tr		ricuye and belief.				
Name (Print)	Signature		Title		Date	4:20:47		

Alex M Tillett-Saks | Alex M Tillett-Saks | Legal Counsel | Uo/3/2013 19.50.17

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

#### PRIVACY ACT STATEMENT

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							
13-RC-246561	Date Filed 8/14/19						

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 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 12840 South Pulaski Road IL Alsip 60803-Arkema Coating Resins 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 12840 South Pulaski Road IL Alsip 60803-Kevin McNamara 3c. Tel. No. 3d. Cell No. 3e Fax No 3f. E-Mail Address (708) 396-3026 (708) 396-3026 Kevin McNamara@arkema.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Chemical Manufacturing Chemical Industry Alsip, IL 5b. Description of Unit Involved 6a. No: of Employees in Unit: Included: See Attached Page 2 for additional details. 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes 7 No Check One: Requestor recognition as Bargaining Representative was made on (Date) hayand Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 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. Bf. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification Bi. 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 11a. Election Type: Manual Mail Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 08/27/2019- 08/28/2019 11c. Election Time(s): 11d. Election Location(s): 5:00 pm-6:00 pm -5:00 am 6:00 am employee break room (b) (6), (b) (7)(C) of Petitloner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1301 Texas St Room 200 IN Gary 46402nted Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL 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 12f. Fax No. (b) (6), (b) (7)(C) Address @organizing usw org (b) (6), (b) (7)(C) (219) 886-8686 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) Title Date (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 08/14/2019 11:25:44

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

### PRIVACY ACT STATEMENT

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.	Date Filed						
13-RC-246598	8/15/19						

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 6b below) and a certificate

of service showing service on the e (Form NLRB-505); and (3) Descripti	employer and on of Repres	all other	er partie n Case	es named in the petiti Procedures (Form NI	on of: (1) the peti	ition; (2) State	ement of Position form
with the NLRB and should not be s	erved on the	employ	er or an	v other party.			
PURPOSE OF THIS PETITION: RC-CEF     bargaining by Petitioner and Petitioner de     requests that the National Labor Relati	RTIFICATION O	F REPRE	SENTAT	IVE - A substantial number	Petitioner alleges th	hat the following	r circumstances eviet and
Van Gogh, Inc.			2b. Ad	ddress(es) of Establishmer Louisiana Street,	nt(s) involved (Street a	and number, city,	State, ZIP code)
3a. Employer Representative – Name and Thomas Bland, President	Title			3b. Address (If same a Same	s 2b – state same)		
3c. Tel. No. 219-791-0318 (Ext. 106)	3d. Cell No.			3e. Fax No.		3f. E-Mail Addr thomas@va	ess angoghinc.com
4a. Type of Establishment (Factory, mine, w Construction	holesaler, etc.)		ncipal pro ruction	duct or service			and State where unit is located: lle, Indiana
5b. Description of Unit Involved Included: All part-time and fu	ıll-time en	volan	ees (v	vall-to-wall)			6a. No. of Employees in Unit:
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							
No Reply 7b. Petitioner is cu	/(Date)	(If no repl	y receive gaining R	ative was made on (Date)( d, so state). epresentative and desires			ined recognition on or about
8a. Name of Recognized or Certified Barg None	aining Agent (I	f none, so	o state).	8b. Address			
8c, Tel No.	8d Cell No.	No. 8e. Fax No. 8f. E-Mail Address					ess
8g. Affiliation, if any				8h. Date of Recognition or Certification 8i. Expiration Contract, if			ate of Current or Most Recent (Month, Day, Year)
9. Is there now a strike or picketing at the En	nployer's establis	shment(s)	involved	? No If so, approx	kimately how many en	mployees are par	ticipating?
(Name of labor organization)			, has pick	eted the Employer since (	Month, Day, Year)		-
10, Organizations or individuals other than P known to have a representative interest in an None.	etitioner and tho ly employees in	se named the unit de	in items escribed i	8 and 9, which have claim in item 5b above. (If none,	ed recognition as rep , so state)	resentatives and	other organizations and individuals
10a, Name	10b. Ad	dress			10c. Tel, No.		10d. Cell No.
					10e. Fax No.		10f, E-Mail Address
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>				r position with respect to	11a. Election Type:	: 🗸 Manual	Mail Mixed Manual/Mail
11b. Election Date(s): 8/30/2019	6am - 8		ne(s):		11d. Election Locat Home2 Suites by Hilton		et Memiliville, Indiana
12a. Full Name of Petitioner (including loc Indiana/Kentucky/Ohio Regional Co	uncil of Carp	enters			1560 E. 70th Plac		ity, state, and ZIP code) ndiana 46410
12c, Full name of national or international lab United Brotherhood of Carpenters and Jo	or organization or organization of organization	of which F ica	etitioner	is an affiliate or constituen	t (if none, so state)		
12d, Tel No. 219-942-0518	12e. Cell No.			12f. Fax No.		12g. E-Mail Add	
13. Representative of the Petitioner who w	rill accept servi	ce of all p	papers fo	or purposes of the repres			
13a. Name and Title Paul Berkov	vitz, Atto	rney		13b. Address (street and 123 West Madison Street, So			
13c. Tel No. 312-419-0001	13d. Cell No.			13e. Fax No. 312-419-0002		13f. E-Mail Add paul@ptblaw.c	
I declare that I have read the above petitio	n and that the s	tatemen	ts are tru	e to the best of my know			
Name (Print) Sign Paul Berkowitz	Name (Print) Signature Title Date						

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

## PRIVACY ACT STATEMENT

FORM NLRS-502 (RD)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS S	PACE
	Date Filed
13-RD-246872	8/20/19

RD PETITION	o boarra	13-F	<b>CD-246872</b>	8	/20/19
INSTRUCTIONS: Unless o-Fled using the Agency's website, in employer concerned is located. The petition must be accompative employer and all other parties named in the petition of (1) in Case Procedures (Form NLRB 4812). The showing of interest	inied by both a showing of interd the pelition: (2) Statement of Pos	st (age 7 be dion form (	ilow) and a certifica Form NLR8-808); q	rte of service abowi nd (3) Description o	ing service on of Representation
PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMO teographical bargeining representative to no longer their represents Labor Relations Board proceed under its proper authority pur	OVAL OF REPRESENTATIVE) - A tive. The Petitioner alleges that t	substantial i	number of employee	s easert that the cert	lified or currently
WALDHEIM CEMETERY CO.	2b. Address(es) of Establishment	(a) Involved (	Street and number,	city, store, ZIP code)	1.60130
3a. Employer Representative - Name and Title SAKAH ISANCSON	3b. Address (If same as 2b - state 5 AMC AS AGGV	same)	10-10-00	it france	- 00.50.
3a, Tel. No. 3d. Fax No.	3e. Cell No.	34 E-Well A	dorees	7 7.15.41	F 5:46-45-0 4-
708 - 36 6 . 4100   708 - 366 . 4575	773-615.0905		PARE TO JOHN 2 /	EN MYCDHEW	EMETERY COM
CEMETERY		66	LAVE MAINT	ENANCE.	
Se. Description of Unit Involved Included: At Cit to				5b. City and 8	tate where unk
Individed: All full-time, Regular, Dusting IN Share maintenance.	for commitment	anbo.	ARU" IKEDZ	Fores	t Alak,
8. No. of Employees in Unit.  9. EMPLOYEES F.T. 7. Do a substantial number recognized bargatring of	(30% or more) of the employees I	n the unit no	longer wish to be re	presented by the cer	tillied or currently
Be. Name of Recognized or Certified Bargalining Agent CHARLES TONES SEIV - LOCALE			8b. Affiliation, if any		
BC Address III E WACKER DRIVE STE	760 (312) 2	33-00	8e, Cell No.		
CHICAGO IL 60601	Br. Fax No.	, j. QC	8g, E-Mail Address	@ 5EIUI	-280-
3. Date of Recognition or Certification ABOUT 1985	10, Expiration Date of Current or	Most Recent			
ABOUT 19 85  11a. Is there now a strike or picketing at the Employer's establishment		11b. If so	apotóximately how n	nany employees are	perticipating?
11c. The Employer has been picketed by or on behalf of finser! Nam		115, 11 00,	approximately not i		a labor organization, of
(Insert Address)			elne	ca (Month, Day, Yee	,
12. Organizations or individuals other those named to items 8 and 11 and individuals known to have a representative interest in any en				anizations	
12a. Name 12b. Address		12c. Tel. N		12d. Fax No.	
1		12e, Cell N		12f, E-Mail Address	
		(26. Oell )	10.	12(' E-Wall Villes	•
<ol> <li>Pleotion Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.</li> </ol>			on Type: Manus	Mail 🔲	Mixed Manual/Mall
13b. Election Date(s) 9/3/19	9am - 10am	13d. Elect	on Location(s)	/ SERVICE	BULDING
(b) (6), (b) (7)(C)					
(b) (6), (b) (7)(C)			), (b) (7)(C)	14c. Fex No.	
		14d, Cell 1	ND.	14e. E-Mail Addres	
14f. Affiliation, if any	U 6		····		
16. Representative of the Petitioner who will accept service of a	al papers for flurposes of the rep	15b,7ille	proceeding.		<del></del>
(b) (6), (b) (7)(C)					
15c, Address (Street and number, city, state, ZIP code)		18dL Tel.	No.	16s. Fax No.	
(b) (6), (b) (7)(C)		455 0-114	la .	40- 5 Mail Adda	
the state of the s		15f, Gell N	ιο.	15g. E-Mail Addres	69
I declare that I have read the above petition and (b) (6), (b) (7)(C) $(b)$	(b) (7)(C) <sup>yk</sup>	nowledge s		15g. E-Neak Addres	Date Filed

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
R.C. P.F. T.L.T.L.O.N

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

12d. Tel No.

13c. Tel No.

Name (Print)

815-280-6400

815-280-6400

13a. Name and Title

William J. LePinske

International Association of Machinists & Aerospace Workers AFL-CIO

William J. LePinske, Grand Lodge Representative

Case No. 13-RC-247256 Date Filed 8/28/19

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

12g. E-Mail Address wlepinske@iamaw.org

13f. E-Mail Address

Date

wlepinske@iamaw.org

August 28, 2019

KO I L I	a second reserve							
INSTRUCTIONS: Unless e-Filed usi	ng the Agenc	y's website, w	ww.nlrb.	gov, submit a	n original of this I	Petition to an	NLRB office in the Region	
in which the employer concerned is								
of service showing service on the								
(Form NLRB-505); and (3) Descripti	on of Repres	entation Case I	Procedu	res (Form NLF	RB 4812). The sho	owing of inte	erest should only be filed	
with the NLRB and should not be s								
1. PURPOSE OF THIS PETITION: RC-CER	RTIFICATION OF	REPRESENTAT	IVE - A sul	bstantial number				
bargaining by Petitioner and Petitioner de requests that the National Labor Relati								
2a. Name of Employer	iona Board prod				(s) involved (Street an			
Student Transportation of Ame	rica	2320	W.167	th Street, M	larkham, IL 604	28 Cook C	County	
3a. Employer Representative - Name and	Title		3b. Ad	dress (If same as	2b - state same)		-	
Stefan Baker/Kristie Guido, Ma	anager		SAME	Ē				
3c. Tel. No.	3d. Cell No.		3e. Fax	No.		3f. E-Mail Addre	ess	
(708) 333-8989								
4a. Type of Establishment (Factory, mine, w		4b. Principal pro			•		nd State where unit is located:	
School Bus Mechanics Garage		Service of S	School I	Busses		Markha	All the second s	
5b. Description of Unit Involved	rt time bus too	halalana laaludli	na lourn	avman appropri	ions and somi skill	od	6a. No. of Employees in Unit:	
Included: technicians who are emplo							5	
Markham II 60428	by dd by the em	pioyer whose ia	omy io or	arrottiny located	at Edea W. Toruit		6b. Do a substantial number (30% or more) of the employees in the	
All other employees include	ling drivers, mo	nitors, parts em	ployees,	office clerical e	mployees, profession	onal	unit wish to be represented by the	
employees, managerial en							Petitioner? Yes ✓ No	
Check One: 7a. Request for re	cognition as Bar	gaining Representa	ative was r	nade on (Date) _	and	Employer decli	ined recognition on or about	
	(Date)	(If no reply receive	ed, so state	e). Petition to	serve as request			
The state of the s				,	certification under the	Act.		
8a. Name of Recognized or Certified Barg	gaining Agent (I	f none, so state).		8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax	No		8f. E-Mail Addr	ace.	
GC. 101140.	00 001110.		00.14	oe. Fax No.			000	
8g. Affiliation, if any			8h. Date	of Recognition or				
					1	Contract, if any	(Month, Day, Year)	
Is there now a strike or picketing at the E	mplovor's ostabli	abmont(s) involves	12 NO	If an approv	imotoly how many am	playage are par	rticipating?	
(Name of labor organization)								
<ol> <li>Organizations or individuals other than I known to have a representative interest in a</li> </ol>						esentatives and	other organizations and individuals	
known to have a representative interest in a	illy elliployees ill	the unit described	iii iteiii oo	above. (irrione,	30 3(8(8)			
10a. Name	10b. Ad	Idress			10c. Tel. No.		10d. Cell No.	
					10e. Fax No.		10f. E-Mail Address	
11 Floation Dataile: If the NI CD conducts	on election in th	is matter state :::	ur pooltion	with respect to				
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>	an election in th	is mailer, state yo	ur position	with respect to	11a. Election Type: Manual Mail Mixed Manual/Mail			
11b. Election Date(s):	11c. E	lection Time(s):			11d. Election Locati	on(s):		
Contember 10, 2010	1	12:00 DI	A THOODS	4	Lunch Doom			

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

12f. Fax No.

13e. Fax No.

815-280-6345

815-280-6345

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

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

Local Lodge 701, International Association of Machinists & Aerospace Workers AFL-CIO 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)

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

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

12e. Cell No.

13d. Cell No.

815-214-4587

815-214-4587

#### PRIVACY ACT STATEMENT

Grand Lodge Representative

FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE 13-RC-247460 Date 8/3

Date Filed **8/30/19** 

INSTRUCTIONS: Unless e-Filed using the Agency's website, whith powers, 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.

the employer and all other parties Case Procedures (Form NLRB 48										
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioner and Petitioner and Petitional Laboratory	tioner desires t	o be certified as	represe	ntative of th	ne employees. The Pe	etitioner alleges	that the fol	lowing circumstances		
					Establishment(s) invo Suite A, Darie			, State, ZIP code):		
3a. Employer Representative - Nar Michael Pagonis, Vice Pr			3b. Addr Same	ess (if sam	e as 2b - state same)	:				
3c. Tel. No. 630-985-2900	3d. Cell No. 630-390-	0560		3e. Fax No 630-98		3f. E-Mail A		trucking.com		
4a. Type of Establishment (Factory, Transportation	mine, wholesa	ler, etc.)			al Product or Service on Carrier		5a. City ar Darien	nd State where unit is loc , IL.	ated:	
5b. Description of Unit Involved: Included: All Full-Time and Regula	ar Part-Tim	ne Drivers l	Emplo	yed by l	M.N.R Truckin	g, Inc.	6a. Number	er of Employees in Unit		
All other employees,Own							of the e	ubstantial number (30% employees in the unit wis ented by the Petitioner?	h to be	
Check One: 7a. Request for recon or about (Date) 7b. Petitioner is cu	N/A	. (If no	reply re	ceived, so	state).		d Employer	declined recognition		
8a. Name of Recognized or Certifi						-				
8c. Tel. No.	8d. Cell No.	8e. Fax No.			).	8f. E-Mail A	8f. E-Mail Address			
8g. Affiliation, if any:	<u></u>		8h	h. 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 a	at the Employer	r's establishmer	nt(s) invol	ved? No	If so, approx	cimately how man	ny employee	s are participating?		
(Name of Labor Organization)  10. Organizations or individuals other	er than Petitions	er and those na	med in iti	ems 8 and	9 which have claimed	<u>-                                      </u>	<u> </u>	er since (Month, Day, Ye		
individuals known to have a repr									io and	
10a. Name	10	0b. Address				10c. Tel. N	<b>D</b> .	10d. Cell No.		
						10e. Fax N	0.	10f. E-Mail Address		
11. Election Details: If the NLRB co	onducts and ele	ection in this ma	tter, state	your posit	ion with respect to an	y such election:	11a. Electio		Manual/Mail	
11b. Election Date(s): September 11, 2019		1c. Election Tim :00PM-8:0				11d. Election 2604 83	11d. Election Location(s): 2604 83rd St. Suite A Darien, IL. 60561			
12a. Full Name of Petitioner (include Teamsters Local 710	ding local name	and number):			12b. Address (street 9000 West 187					
12c. Full name of national or internal International Brotherhood			ich Petitio	oner is an a	iffiliate or constituent (	if none, so state)	:			
12d. Tel. No. 12e. Cell No. 219-771-1784				12f. Fax No. 773-254			12g. E-Mail Address jvaughn@teamsters710.org			
13. Representative of the Petitioner who will accept service of all pap 13a. Name and Title: Justin Vaughn, Organizer/Agent			i i	lers for purposes of the representation proceeding.  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-			13e. Fax N 773-254	4-4193			ters710.org		
I declare that I have read the abov Name (Print)	e petition and	Signature		e true to th	ne best of my knowle	dge and belief. Title			Date	
Justin Vaughn		1/1/2	4	NW		Organizer/.	Agent		08/30/19	

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-246324	8/9/19

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 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) The Ingalls Memorial Hospital 1 Ingalls Drive, Harvey, IL 60426 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Brian Sinotte, President same 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. 708-915-5500 Bsinotte@ingalls.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Acute Care Hospital Harvey, IL Healthcare 6a. No. of Employees in Unit: 430 5b. Description of Unit Involved Included: See Attachment A 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attachment A Petitioner? Yes No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) \_ and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. (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 10d. Cell No. 10c. Tel. No. 10a, Name 10b. Address 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): August 21, 2019 11c. Election Time(s): 11d. Election Location(s): Lower Level, East Meeting Rooms A,B,C 6-9AM, 11AM-1PM, 6-9PM 12b. Address (street and number, city, state, and ZIP code) 155 Grand Ave., Oakland, CA 94612 12a. Full Name of Petitioner (including local name and number) National Nurses Organizing Committee (NNOC) 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 12f. Fax No. 510-663-4822 12e. Cell No. 12g. E-Mail Address 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Pawanpreet Dhaliwal 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 510-273-2272 510-663-4822 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. Signature Date reet Dhaliwal Jud Sugust 9, 2019
WILLIFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) August 9, 2019 Pawanpreet Dhaliwal

### PRIVACY ACT STATEMENT

## 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).