


UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-257550	Date Filed 3/6/20

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer: <b>Volvo PDC Joliet</b>		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): <b>3900 Rock Creek Blvd. Joliet, IL 60431</b>	
3a. Employer Representative - Name and Title: <b>Stefanig Pires</b>		3b. Address (if same as 2b - state same): <b>Same</b>	
3c. Tel. No. <b>815 207 2000</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Warehouse</b>		4b. Principal Product or Service <b>Auto/Truck parts</b>	5a. City and State where unit is located: <b>Joliet, IL</b>
5b. Description of Unit Involved: Included: <b>All full time / part time warehouse and maintenance</b> Excluded: <b>All office, guards, management as defined in the Act</b>		6a. Number of Employees in Unit: <b>51</b>	
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>2-25-2020</b> and Employer declined recognition on or about (Date) <b>Not Resolved</b> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) <b>NA</b>		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? <b>NO</b> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) <b>NA</b>			
10a. Name <b>NA</b>		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): <b>Earliest Available</b>		11c. Election Time(s): <b>NOON to 5PM</b>	
		11d. Election Location(s): <b>3900 Rock Creek Blvd. Joliet, IL</b>	
12a. Full Name of Petitioner (including local name and number): <b>Fernando Hernandez</b>		12b. Address (street and number, city, State and ZIP code): <b>8000 E Jefferson Ave Detroit, MI 48214</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): <b>United Automobile, Aerospace and Agricultural Implement Workers of America</b>			
12d. Tel. No. <b>313 926 5461</b>	12e. Cell No. <b>773 759 8929</b>	12f. Fax No.	12g. E-Mail Address <b>Fhernandez@UAW.net</b>
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: <b>Fernando Hernandez Organizer</b>		13b. Address (street and number, city, State and ZIP code): <b>8000 E Jefferson Ave Detroit, MI 48214</b>	
13c. Tel. No. <b>313 926 5461</b>	13d. Cell No. <b>773 759 8929</b>	13e. Fax No.	13f. E-Mail Address <b>Fhernandez@UAW.net</b>
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>Fernando Hernandez</b>	Signature 	Title <b>Organizer</b>	Date <b>3-6-2020</b>

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-257636	Date Filed 3/9/20

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

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

<b>2a. Name of Employer</b> Fontanini Foods, LLC Div. of Hormel Foods Corp.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 8751 W 50th Street IL McCook 60525-
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<b>3a. Employer Representative - Name and Title</b> John Kempen	<b>3b. Address (If same as 2b - state same)</b> 8751 W 50th Street IL McCook 60525-
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<b>3c. Tel. No.</b> (708) 485-4800	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (708) 485-9600	<b>3f. E-Mail Address</b> jdkempen@fontanini.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Food Processing	<b>4b. Principal product or service</b> Meats	<b>5a. City and State where unit is located:</b> Lyons, IL
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 347	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
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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.

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

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

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> 4/1/2020	<b>11c. Election Time(s):</b> Open	<b>11d. Election Location(s):</b> Employer site
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<b>12a. Full Name of Petitioner (including local name and number)</b> Gabriel Monarrez Gabriel Monarrez Chemical and Production Workers Union Local 30 AFL-CIO	<b>12b. Address (street and number, city, state, and ZIP code)</b> 245 Fencil Lane IL Hillside 60162-
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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)**  
Chemical and Production Union Local 30, I.U.A.P. and P.W., AFL-CIO

<b>12d. Tel No.</b> (312) 738-0822	<b>12e. Cell No.</b> (773) 716-7896	<b>12f. Fax No.</b> (708) 236-3404	<b>12g. E-Mail Address</b> gmonarrez@csjunion.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Karl Masters Associate Attorney Johnson & Krol, LLC	<b>13b. Address (street and number, city, state, and ZIP code)</b> 311 S. Wacker Drive, Suite 1050 IL Chicago 60606-		

<b>13c. Tel No.</b> (312) 757-5474	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (312) 255-0449	<b>13f. E-Mail Address</b> masters@johnsonkrol.com
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Gabriel Monarrez	<b>Signature</b> Gabriel Monarrez	<b>Title</b> Business Agent	<b>Date</b> 03/6/2020 10:43:54
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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

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	13-RC-257636
Date Filed	3/9/20

Employees Included  
Production Workers

Employees Excluded  
Security, Management, Supervisors, Clerical, Maintenance, Quality Control

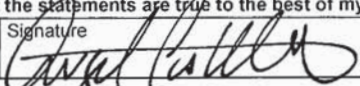


UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-257718	Date Filed 3/10/20

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

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

2a. Name of Employer: Refresh Club, Inc, DBA: The Wing		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 811 W Fulton Market, 2nd Floor, Chicago IL 60607	
3a. Employer Representative - Name and Title: Delilah Amanda Lynn, General Manager		3b. Address (if same as 2b - state same): same	
3c. Tel. No.	3d. Cell No. 650-922-5323	3e. Fax No.	3f. E-Mail Address delilah.al@the-wing.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Private Club		4b. Principal Product or Service Hospitality	5a. City and State where unit is located: Chicago, IL
5b. Description of Unit Involved: Included: [see attached]  Excluded: [see attached]		6a. Number of Employees in Unit: 18  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>3/10/2020</u> on or about (Date) <u>no reply</u> (If no reply received, so state) and Employer declined recognition. <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: none	
8c. Tel. No. none	8d. Cell No. none	8e. Fax No. none	8f. E-Mail Address none
8g. Affiliation, if any: none		8h. Date of Recognition or Certification none	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <u>n/a</u>
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input checked="" type="radio"/> If so, approximately how many employees are participating? <u>n/a</u> (Name of Labor Organization) <u>n/a</u> , has picketed the Employer since (Month, Day, Year) <u>n/a</u>			
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) <u>none</u>			
10a. Name <u>none</u>	10b. Address <u>none</u>	10c. Tel. No. <u>none</u>	10d. Cell No. <u>none</u>
		10e. Fax No. <u>none</u>	10f. E-Mail Address <u>none</u>
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): <u>as soon as possible</u>	11c. Election Time(s): <u>6:30am-10:30am; 1:30-3:30pm</u>	11d. Election Location(s): <u>The Wing, 811 W Fulton Market</u>	
12a. Full Name of Petitioner (including local name and number): <u>UNITE HERE Local 1</u>		12b. Address (street and number, city, State and ZIP code): <u>218 S Wabash Ave, Suite 700, Chicago IL 60604</u>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): <u>UNITE HERE</u>			
12d. Tel. No. <u>312-663-4373</u>	12e. Cell No.	12f. Fax No. <u>312-986-3828</u>	12g. E-Mail Address <u>acastillo@unitehere.org</u>
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: <u>Angel Castillo, Organizing Director</u>		13b. Address (street and number, city, State and ZIP code): <u>218 S Wabash Ave, Suite 700, Chicago IL 60604</u>	
13c. Tel. No. <u>773-469-7131</u>	13d. Cell No. <u>773-469-7131</u>	13e. Fax No. <u>312-986-3828</u>	13f. E-Mail Address <u>acastillo@unitehere.org</u>
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) <u>Angel Castillo</u>	Signature 	Title <u>Organizing Director</u>	Date <u>3/10/20</u>

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

**5b. Description of Unit Involved:**

**Included:** All regular part-time and full-time front desk, event, cooks, baristas, dishwashers, pastry cooks, cashiers, space staff employed by the Employer at its facility at 811 W Fulton Market, 2<sup>nd</sup> Floor, Chicago, IL.

**Excluded:** Other employees, valet employees, engineering employees, office clerical employees, professional employees, guards, managers, and supervisors as defined in the NLRA.

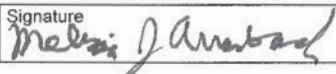


UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-257879	Date Filed 3/12/20

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

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

<b>2a. Name of Employer:</b> EPIC Academy		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 8255 S. Houston Ave., Chicago, IL 60617	
<b>3a. Employer Representative - Name and Title:</b> Andromeda Bellamy, Principal		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 773-535-7930	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 773-535-7934	<b>3f. E-Mail Address</b> abellamy@epicacademy.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> charter school		<b>4b. Principal Product or Service</b> education	<b>5a. City and State where unit is located:</b> Chicago, Illinois
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attached. <b>Excluded:</b> See attached.		<b>6a. Number of Employees in Unit:</b> 44	
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>03/11/20</u> on or about (Date) <u>no reply</u> (If no reply received, so state). and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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) None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 3/30/20 or 4/2/20	<b>11c. Election Time(s):</b> 7:00 am - 10:00 am	<b>11d. Election Location(s):</b> Epic Academy Charter School	
<b>12a. Full Name of Petitioner (including local name and number):</b> Chicago Teachers Union, Local 1, AFT/IFT, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 1901 W. Carroll Ave., Chicago, IL 60612	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> American Federation of Teachers			
<b>12d. Tel. No.</b> 312-329-9100	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 312-329-6200	<b>12g. E-Mail Address</b> terryrudd@ctulocal1.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Melissa Auerbach		<b>13b. Address (street and number, city, State and ZIP code):</b> 8 S. Michigan Ave., 19th Floor, Chicago, IL 60603	
<b>13c. Tel. No.</b> 312-372-1361	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 312-372-6599	<b>13f. E-Mail Address</b> mauerbach@laboradvocates.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Melissa Auerbach	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 3/11/2020

**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 TO RC PETITION

EPIC Academy

5b. Description of Unit Involved:

Included: All full-time and regular part-time employees including all Teachers, Dean of Discipline, Dean of Graduation, Director of Social Work Services, Paraprofessionals, Security Specialists, Social Workers, and Administrative Assistants employed at EPIC Academy Charter School located at 8255 S. Houston Ave. Chicago, IL 60617

Excluded: Principal, Assistant Principal, Senior Director of Finance, Director of Development & Programs, Director of Specialized Services, Accountant, Director of Student Recruitment, Director of Operations, Director of Safety & Culture, Director of College & Career Pathways, Lunchroom Staff, Food Service Manager, Custodians, Building Engineers, Confidential Employees, Managerial Employees, Guards and Supervisors as defined by the Act.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RC-258090</b>	Date Filed <b>3/17/20</b>

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

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

**2a. Name of Employer:** Hyatt Place Chicago O'Hare Airport  
**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** 610 Mannheim Rd, Rosemont, IL 60018

**3a. Employer Representative - Name and Title:** Jonathan Monserrate  
**3b. Address (if same as 2b - state same):** same

**3c. Tel. No.** 224-563-1814  
**3d. Cell No.**  
**3e. Fax No.** 224-563-1801  
**3f. E-Mail Address** jonathan.monserrate@hyatt.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Hotel  
**4b. Principal Product or Service** Hospitality  
**5a. City and State where unit is located:** Rosemont, IL

**5b. Description of Unit Involved:**  
**Included:** All full-time and regular part-time and trainee shuttle drivers employed at this location.  
**Excluded:** O'Hare Airport location - All office, clerical employees, guards, professional employees and supervisors as defined by the Act.

**6a. Number of Employees in Unit:** 7  
**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)** 3/16/20 **and Employer declined recognition** on or about (Date) w/petition (If no reply received, so state).  
 **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

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

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

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

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

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

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

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

**11b. Election Date(s):** March 27, 2020  
**11c. Election Time(s):** 11am-3pm  
**11d. Election Location(s):** Banquet Room in facility

**12a. Full Name of Petitioner (including local name and number):** International Brotherhood of Teamsters Local 727  
**12b. Address (street and number, city, State and ZIP code):** 1300 W. Higgins Rd, Suite 111, Park Ridge, IL 60068

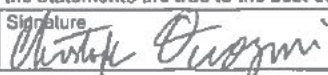
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):** International Brotherhood of Teamsters

**12d. Tel. No.** 847-696-7500  
**12e. Cell No.**  
**12f. Fax No.** 847-720-4984  
**12g. E-Mail Address** chris@teamsterslocal727.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title:** Christopher Owoyemi, Staff Attorney  
**13b. Address (street and number, city, State and ZIP code):** 1300 W. Higgins Rd, Suite 111, Park Ridge, IL 60068

**13c. Tel. No.** 847-696-7500  
**13d. Cell No.**  
**13e. Fax No.** 847-720-4984  
**13f. E-Mail Address** chris@teamsterslocal727.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)** Christopher Owoyemi  
**Signature**   
**Title** Staff Attorney  
**Date** 3/16/20

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