

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-260792	Date Filed 5/22/20

**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> Spring Creek SNF LLC	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 777 Draper Ave IL Joliet 60432-
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<b>3a. Employer Representative - Name and Title</b> K.C. Karanth	<b>3b. Address (If same as 2b - state same)</b> 777 Draper Ave IL Joliet 60432-
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<b>3c. Tel. No.</b> (815) 727-4794	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (815) 665-1106	<b>3f. E-Mail Address</b> administrator@springcreeknursing.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare Facilities	<b>4b. Principal product or service</b> Nursing Home and Rehabilitation	<b>5a. City and State where unit is located:</b> Joliet, 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> 70	<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>

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

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> Tuesday June 16th 2020	<b>11c. Election Time(s):</b> 6am-9am, 1:30pm to 4:30 pm	<b>11d. Election Location(s):</b> 777 Draper Ave Joliet, IL 60432 - Break Room at Spring Creek Facility.
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<b>12a. Full Name of Petitioner (including local name and number)</b> Shane Christian Anderson AFSCME (American Federation of State, County, and Municipal Employees) Council 31, AFL-CIO	<b>12b. Address (street and number, city, state, and ZIP code)</b> 1515 Harlem Ave #203 IL Oak Park 60302-
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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)**  
AFSCME (American Federation of State, County, and Municipal Employees) Council 31, AFL-CIO

<b>12d. Tel No.</b> (708) 524-5336	<b>12e. Cell No.</b> (773) 332-7804	<b>12f. Fax No.</b> (708) 524-5359	<b>12g. E-Mail Address</b> sanderson@afscme31.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Robert A Seltzer Attorney Cornfield and Feldman LLP	<b>13b. Address (street and number, city, state, and ZIP code)</b> 25 East Washington Street Suite 1400 IL Chicago 60602-1803
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<b>13c. Tel No.</b> (312) 236-6640	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (312) 236-6686	<b>13f. E-Mail Address</b> rseltzer@cornfieldandfeldman.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> Shane Christian Anderson	<b>Signature</b> Shane Christian Anderson	<b>Title</b> Organizer	<b>Date</b> 05/22/2020 11:26:05
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

AFSCME requests a Sonotone Election.

Attached:

5a included: All full time and permanent part-time non-professional employees who work for Spring Creek Nursing and Rehabilitation SNF including the following titles: CNA, LPN, Housekeeper, Aide, Cook, Laundry Aide, Activity Aide, Maintenance, Receptionist.

All full time and permanent part-time professional employees who work for Spring Creek Nursing and Rehabilitation SNF including the following titles: RN.

5a excluded: All confidential employees, supervisory employees, and managerial employees as defined in the Act.

11b: Tuesday, June 16th 2020

11c: 6am-9am and 1:30pm-4:30pm

11d: Spring Creek Nursing & Rehabilitation

777 Draper Ave. Joliet, IL 60432

Break Room

Or

11b: Wednesday, June 17<sup>th</sup> 2020

11c: 6am-9am and 1:30pm-4:30pm

11d: Spring Creek Nursing & Rehabilitation

777 Draper Ave. Joliet, IL 60432

Break Room



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-260919	Date Filed 5/28/20

**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> Ingalls Memorial Hospital	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1 Ingalls Drive IL Harvey 60426-
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<b>3a. Employer Representative - Name and Title</b> Brian Sinotte	<b>3b. Address (If same as 2b - state same)</b> 1 Ingalls Drive IL Harvey 60426-
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<b>3c. Tel. No.</b> (708) 915-6101	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (708) 915-2787	<b>3f. E-Mail Address</b> bsinotte@ingalls.org
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare Facilities	<b>4b. Principal product or service</b> Acute Care Hospital	<b>5a. City and State where unit is located:</b> Harvey, 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> 300	<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>

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

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> 6/17/2020	<b>11c. Election Time(s):</b> 2 weeks	<b>11d. Election Location(s):</b> Mail Ballot
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<b>12a. Full Name of Petitioner (including local name and number)</b> Heather McNabola SEIU Healthcare Illinois & Indiana	<b>12b. Address (street and number, city, state, and ZIP code)</b> 2229 South Halsted Avenue IL Chicago 60608-
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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)**  
Service Employees International Union

<b>12d. Tel No.</b> (312) 980-9000	<b>12e. Cell No.</b> (773) 459-3108	<b>12f. Fax No.</b> (312) 784-3189	<b>12g. E-Mail Address</b> heather.mcnabola@seiuhcil.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> George Luscombe Attorney Dowd, Bloch, Bennett, Cervone, Auerbach & Yokich	<b>13b. Address (street and number, city, state, and ZIP code)</b> 8 South Michigan Avenue IL Chicago 60603-
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<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> gluscombe@dbb-law.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> Heather McNabola	<b>Signature</b> Heather McNabola	<b>Title</b> Field Director	<b>Date</b> 05/27/2020 18:56:46
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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 TO RC PETITION

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

**Included:** All full-time and part-time nonprofessional employees, employed at the Employer's hospital located at 1 Ingalls Dr., Harvey, IL 60426, except for technical employees, skilled maintenance employees, business office clerical employees, and guards.

**Excluded:** All technical employees, skilled maintenance employees, business office clericals, confidential employees, managerial employees, guards, and supervisors as defined by the Act or within the meaning of 29 CFR § 103.30.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.	13-RC-261006	Date Filed	5/29/20
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**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> Compass One Healthcare	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1500 Liberty Ridge Dr. Ste. 210, PA Wayne 19087-
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<b>3a. Employer Representative - Name and Title</b> Jim Welsh	<b>3b. Address (If same as 2b - state same)</b>
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<b>3c. Tel. No.</b> (610) 576-5338	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jim.welsh@crothall.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare Facilities	<b>4b. Principal product or service</b> Outsourced housekeeping and transportation at an acute care facility	<b>5a. City and State where unit is located:</b> Harvey, 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> 100	<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>

**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

<b>11b. Election Date(s):</b> 6/17/2020	<b>11c. Election Time(s):</b> 2 weeks	<b>11d. Election Location(s):</b> Mail Ballot
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<b>12a. Full Name of Petitioner (including local name and number)</b> Heather McNabola Heather McNabola	<b>12b. Address (street and number, city, state, and ZIP code)</b> 2229 South Halsted Ave IL Chicago 60608-
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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)**  
SEIU Healthcare Illinois & Indiana

<b>12d. Tel No.</b> (312) 980-9000	<b>12e. Cell No.</b> (773) 459-3108	<b>12f. Fax No.</b> (312) 784-3189	<b>12g. E-Mail Address</b> heather.mcnabola@seiuhcil.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> George Luscombe Attorney Dowd, Bloch, Bennett, Cervone, Auerbach & Yokich	<b>13b. Address (street and number, city, state, and ZIP code)</b> 8 South Michigan Ave IL Chicago 60603-
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<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> gluscombe@dbb-law.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> Heather McNabola	<b>Signature</b> Heather McNabola	<b>Title</b> Field Director	<b>Date</b> 05/28/2020 12:48:27
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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	Date Filed

**Employees Included**

All full-time and part-time nonprofessional employees located at 1 Ingalls Dr., Harvey, IL 60426.

**Employees Excluded**

All 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. 13-RC-261033	Date Filed 5/29/20

**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>Eagle Express Lines, Inc.</b>	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): <b>645 Forestwood, Dr, Romeoville, IL 60446</b>
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3a. Employer Representative - Name and Title: <b>Rico Prestia, Operations Manager</b>	3b. Address (if same as 2b - state same): <b>Same</b>
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3c. Tel. No. <b>630-783-9860</b>	3d. Cell No.	3a. Fax No.	3f. E-Mail Address <b>ricoprestia@eagleexpresslines.com</b>
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Transportation</b>	4b. Principal Product or Service <b>Delivery Services</b>	5a. City and State where unit is located: <b>Romeoville, IL</b>
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5b. Description of Unit Involved: Included: All full time, regular part time, and trainee drivers dispatched from Romeoville, IL. Excluded: All office, clerical employees, guards, professional employees and supervisors as defined by the Act.	6a. Number of Employees in Unit: <b>47</b>
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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) **5/29/20** and Employer declined recognition on or about (Date) **W/Del. 7:00** (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) <b>None</b>	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? \_\_\_\_\_ (Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

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

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

11b. Election Date(s): <b>6/12/20</b>	11c. Election Time(s): <b>8am - 12pm</b>	11d. Election Location(s): <b>Employee Break Room/Training Room</b>
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12a. Full Name of Petitioner (including local name and number): <b>International Brotherhood of Teamsters local 727</b>	12b. Address (street and number, city, State and ZIP code): <b>1300 W. Higgins Rd, Ste 111, Park Ridge, IL 60638</b>
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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. <b>847-696-7500</b>	12e. Cell No.	12f. Fax No. <b>847-720-4984</b>	12g. E-Mail Address <b>Chris@teamsterslocal727.org</b>
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13a. Name and Title: <b>Christopher Owajemi, Staff Attorney</b>	13b. Address (street and number, city, State and ZIP code): <b>1300 W. Higgins Rd, Ste 111, Park Ridge, IL 60638</b>
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13c. Tel. No. <b>847-696-7500</b>	13d. Cell No.	13e. Fax No.	13f. E-Mail Address <b>Chris@teamsterslocal727.org</b>
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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) <b>Christopher Owajemi</b>	Signature <i>Christopher Owajemi</i>	Title <b>Staff Attorney</b>	Date <b>5/29/20</b>
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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.



FORM NLRB-502 (RD)  
(2-19)

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE  
Case No. 13-RD-260439  
Date Filed 5/15/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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 of (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4312). 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 recognized bargaining representative is no longer their representative. The Labor Relations Board proceed under its proper authority pursuant to REPRESENTATIVE) - A substantial number of employees assert that the certified or currently Petitioner alleges that the following circumstances exist and requests that the National Section 9 of the National Labor Relations Act.

2a. Name of Employer: US Ecology - Chicago  
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): 116435 Center Avenue Harvey, IL 60426

3a. Employer Representative Name and Title: Christine Lewis - HR  
3b. Address (if same as 2b - state same): Same

3c. Tel. No.: 708) 596-7040  
3c. Fax No.: 708) 596-7045  
3e. Cell No.: 312) 459-4871  
3f. E-Mail Address: christine.lewis@usecology.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Hazardous Waste Treatment Plant  
4b. Principal product or service: Waste Management

5a. Description of Unit Involved  
Included: Industrial Operators - Maintenance, Chemical operators - Lab Techs  
Excluded: Drivers, Office Clerks - Professional Employees, Managers, Guards - Supervisors  
5b. City and State where unit is located: Harvey, Illinois

6. No. of Employees in Unit: 17  
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: Steve Kramer  
8b. Affiliation, if any:

8c. Address: 8910 S. Harlem Ave. Bridgeview, IL 60455  
8d. Tel. No.: 708) 599-5009  
8e. Cell No.: 219) 384-8080  
8f. Fax No.:  
8g. E-Mail Address: USWSKRAMER@gmail.com

9. Date of Recognition or Certification: NOV 30, 2015  
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): Aug 1, 2020

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 those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name: \_\_\_\_\_ 12b. Address: \_\_\_\_\_ 12c. Tel. No.: \_\_\_\_\_ 12d. Fax No.: \_\_\_\_\_  
12e. Cell No.: \_\_\_\_\_ 12f. E-Mail Address: \_\_\_\_\_

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
13a. Election Type:  Manual  Mail  Mixed Manual/Mail  
13b. Election Date(s): ASAP  
13c. Election Time(s): ASAP  
13d. Election Location(s):

14. Full Name: (b) (6), (b) (7)(C)

14a. Address: (b) (6), (b) (7)(C) 14b. Tel. No.: (b) (6), (b) (7)(C) 14c. Fax No.: (b) (6), (b) (7)(C)

14d. Cell No.: (b) (6), (b) (7)(C) 14e. E-Mail Address: (b) (6), (b) (7)(C)

14f. Affiliation, if any:

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

15a. Name: \_\_\_\_\_ 15b. Title: \_\_\_\_\_

15c. Address (Street and number, city, state, ZIP code): \_\_\_\_\_ 15d. Tel. No.: \_\_\_\_\_ 15e. Fax No.: \_\_\_\_\_

15f. Cell No.: \_\_\_\_\_ 15g. E-Mail Address: \_\_\_\_\_

I declare that I have read the above petition and (b) (6), (b) (7)(C) knowledge and belief.

(b) (6), (b) (7)(C) Signature: \_\_\_\_\_ Title: Petitioner Date Filed: 5-15-20

STATEMENT ON IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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.



**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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Superior Beverage Co.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)</b> 1070 ORCHARD RD Montgomery, IL 60538
<b>3a. Employer Representative - Name and Title</b> Curt Deufel	<b>3b. Address (If same as 2b - state same)</b> Same

<b>3c. Tel. No.</b> 630 896 1951	<b>3d. Fax No.</b> 630 896 1990	<b>3e. Cell No.</b> 630 918 8670	<b>3f. E-Mail Address</b> 3cads@SuperiorBeverage.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> DISTRIBUTOR		<b>4b. Principal product or service</b> Anheuser-Busch Products	

<b>5a. Description of Unit Involved</b> <b>Included:</b> Drivers, Helpers, Warehouse, Pickers <b>Excluded:</b> ALL NON-UNION EMPLOYEES	<b>5b. City and State where unit is located:</b> Montgomery, Illinois
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**6. No. of Employees in Unit** 17 **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

<b>8a. Name of Recognized or Certified Bargaining Agent</b> Teamsters 673	<b>8b. Affiliation, if any</b>
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<b>8c. Address</b> 1050 W. Roosevelt Rd. West Chicago, IL 60185	<b>8d. Tel. No.</b> 630 231 6660	<b>8e. Cell No.</b>
	<b>8f. Fax No.</b> 630 231 6168	<b>8g. E-Mail Address</b>

<b>9. Date of Recognition or Certification</b> 5-19-20	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 6-30-20
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**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 those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)**

<b>12a. Name</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Fax No.</b>
		<b>12e. Cell No.</b>	<b>12f. E-Mail Address</b>

**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

<b>13b. Election Date(s)</b> 6-3-20	<b>13c. Election Time(s)</b>	<b>13d. Election Location(s)</b> MAIL
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**14. Full Name of Petitioner**  
(b) (6), (b) (7)(C)

<b>14a. Address (Street and number, city, state, ZIP code)</b> (b) (6), (b) (7)(C)	<b>14b. Tel. No.</b>	<b>14c. Fax No.</b>
	<b>14d. Cell No.</b> (b) (6), (b) (7)(C)	<b>14e. E-Mail Address</b> (b) (6), (b) (7)(C)

**14f. Affiliation, if any**

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

<b>15a. Name</b>	<b>15b. Title</b>
<b>15c. Address (Street and number, city, state, ZIP code)</b>	<b>15d. Tel. No.</b>
	<b>15e. Fax No.</b>
	<b>15f. Cell No.</b>
	<b>15g. E-Mail Address</b>

**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> (b) (6), (b) (7)(C)	<b>Title</b> (b) (6), (b) (7)(C)	<b>Date Filed</b> 5-19-20
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WILFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RM PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 13-RM-260148	Date Filed 5/8/20

**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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.**

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** – One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner</b> Zeigler N. Riverside Ford	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2100 S. Harlem Avenue IL Riverside 60546-
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<b>3a. Employer/Petitioner Representative – Name and Title</b> Brian Malpeli General Manager	<b>3b. Address (if same as 2b – state same)</b> 2100 S. Harlem Avenue IL Riverside 60546-
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<b>3c. Tel. No.</b> (794) 427-7000	<b>3d. Cell No.</b> (708) 218-3034	<b>3e. Fax No.</b> (708) 526-0540	<b>3f. E-Mail Address</b> brian@zeigler.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Retail (Specialty)	<b>4b. Principal product or service</b> Sales & Service of Automobiles
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<b>5a. 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>5b. City and State where unit is located:</b> Riverside, IL
	<b>6. No. of Employees in Unit:</b> 11

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

7a.  A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_.

7b.  The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

<b>8a. Recognized or Certified Bargaining Agent - Name</b> Teamsters Local 731	<b>8b. Affiliation, if any</b> International Brotherhood of Teamsters
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<b>8c. Address</b> 1000 Burr Ridge Parkway Suite 300 IL Burr Ridge 60523-	<b>8d. Tel. No.</b> (630) 887-4100	<b>8e. Cell No.</b>
	<b>8f. Fax No.</b> (630) 887-4114	<b>8g. E-Mail Address</b> john@teamsters731.org

<b>9. Date of Recognition or Certification</b> 01/01/2018	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 07/31/2020
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11. 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) \_\_\_\_\_.

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

<b>12a. Name and affiliation if any</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Cell No.</b>
		<b>12e. Fax No.</b>	<b>12f. E-Mail Address</b>

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

<b>13a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		
<b>13b. Election Date(s):</b> 05/29/2020	<b>13c. Election Time(s):</b> 10:00 a.m.-10:30 a.m.	<b>13d. Election Location(s):</b> Lunchroom

**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>14a. Name and Title</b> James F. Hendricks Jr. Attorney Leech Tishman Fuscaldo & Lampi LLC	<b>14b. Address (street and number, city, state, and ZIP code)</b> 2215 York Road Suite 310 Oak Brook 60523-
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<b>14c. Tel No.</b> (630) 505-1600	<b>14d. Cell No.</b> (312) 501-1000	<b>14e. Fax No.</b> (630) 505-1608	<b>14f. E-Mail Address</b> jhendricks@leechtishman.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> James F. Hendricks Jr.	<b>Signature</b> James F. Hendricks Jr.	<b>Title</b> Attorney	<b>Date</b> 05/7/2020 14:20:07
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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

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed
13-RM-260148	5/8/20

**Employees Included**

Regular full time and part time utility employees, garage attendants, drivers and stock room attendants

**Employees Excluded**

technicians, guards and supervisors as defined in the Act

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RM PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 13-RM-260779	Date Filed 5/22/20

**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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.**

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** – One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner</b> Direct Trucking Corporation d/b/a Sparcway Transport	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 23264 S. Youngs Rd. Suite 800 IL Channahon 60410-
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<b>3a. Employer/Petitioner Representative – Name and Title</b> Alan M Kaplan Attorney	<b>3b. Address (if same as 2b – state same)</b> 200 N. Martingale Suite 800 Schaumburg 60173-
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<b>3c. Tel. No.</b> (630) 939-5807	<b>3d. Cell No.</b> (630) 939-5807	<b>3e. Fax No.</b> (847) 734-1089	<b>3f. E-Mail Address</b> akaplan@masudafunai.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Trucking	<b>4b. Principal product or service</b> Goods
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<b>5a. 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>5b. City and State where unit is located:</b> Channahon, IL
	<b>6. No. of Employees in Unit:</b> 29

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

7a.  A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_.

7b.  The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

<b>8a. Recognized or Certified Bargaining Agent - Name</b> Michael Moore Teamsters Local No. 705, IBT	<b>8b. Affiliation, if any</b> IBT
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<b>8c. Address</b> 1645 W. Jackson IL Chicago 60612-_____	<b>8d. Tel. No.</b> (312) 738-2800	<b>8e. Cell No.</b>
	<b>8f. Fax No.</b>	<b>8g. E-Mail Address</b>

<b>9. Date of Recognition or Certification</b>	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 07/31/2020
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11. 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) \_\_\_\_\_.

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

<b>12a. Name and affiliation if any</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Cell No.</b>
		<b>12e. Fax No.</b>	<b>12f. E-Mail Address</b>

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

<b>13b. Election Date(s):</b> June 10, 2020	<b>13c. Election Time(s):</b> 4-6 a.m. ad 4-6 p.m.	<b>13d. Election Location(s):</b> Employer's facility; safety room
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**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>14a. Name and Title</b> Alan M Kaplan Attorney Masuda, Funai, Eifert & Mitchell, Ltd.	<b>14b. Address (street and number, city, state, and ZIP code)</b> 200 N. Martingale Suite 800 IL Schaumburg 60173-
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<b>14c. Tel No.</b> (630) 939-5807	<b>14d. Cell No.</b> (603) 939-5807	<b>14e. Fax No.</b> (847) 734-1089	<b>14f. E-Mail Address</b> akaplan@masudafunai.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> Alan M Kaplan	<b>Signature</b> Alan M. Kaplan	<b>Title</b> Attorney	<b>Date</b> 05/22/2020 15:55:52
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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

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed

**Employees Included**

full-time and regular part-time local, city and regional drivers

**Employees Excluded**

owner-operator drivers, independent contractors, managerial employees, confidential employees, office clerical employees and guards, professional employees and supervisors as defined in the Act

DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RM-260971</b>	Date Filed <b>5/29/20</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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner:</b> Direct Trucking Corporation	<b>2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):</b> 23264 S. Youngs Road, Chanahan, IL 60410
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<b>3a. Employer/Petitioner Representative - Name and Title:</b> Alan M. Kaplan, Attorney	<b>3b. Address (if same as 2b - state same):</b> Masuda, Funai, et al., 200 N. Martingale, Suite 800, Schaumburg, IL 60173
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<b>3c. Tel. No.</b> 847.734.8811	<b>3d. Cell No.</b> 630.939.5807	<b>3e. Fax No.</b> 847.734.1089	<b>3f. E-Mail Address</b> akaplan@masudafunai.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Logistics/Trucking	<b>4b. Principal Product or Service</b> trucking and logistics services
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<b>5a. Description of Unit Involved:</b> <b>Included:</b> full-time and regular part-time local, city and regional drivers <b>Excluded:</b> owner-operator drivers, independent contractors, managerial employees, confidential el	<b>5b. City and State where unit is located:</b> Chanahan, IL
<b>6. Number of Employees in Unit:</b> 29	

*Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable*

7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_

7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

<b>8a. Name of Recognized or Certified Bargaining Agent - Name</b> Teamsters Local Union No. 705, IBT	<b>8b. Affiliation, if any:</b> Int'l Brotherhood Teamsters
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<b>8c. Address:</b> 1645 W. Jackson, Chicago, IL 60612	<b>8d. Tel. No.</b> 312.738.2800	<b>8e. Cell No.</b>
<b>8f. Fax No.</b>		<b>8g. E-Mail Address</b>

<b>9. Date of Recognition or Certification</b> June 27, 2013	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 7/31/2020
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**11. 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) \_\_\_\_\_

**12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)**  
none

<b>12a. Name and affiliation if any</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Cell No.</b>
		<b>12e. Fax No.</b>	<b>12f. E-Mail Address</b>

**13. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election: There is a sufficient showing of interest to support the RM Petition.

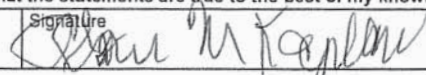
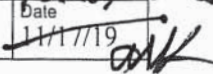
**13a. Election Type:**  Manual  Mail  Mixed Manual/Mail

<b>13b. Election Date(s):</b> June 3, 2020	<b>13c. Election Time(s):</b> Noon	<b>13d. Election Location(s):</b>
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**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>14a. Name and Title:</b> Alan M. Kaplan, Attorney	<b>14b. Address (street and number, city, State and ZIP code):</b> 200 N. Martingale, Suite 800, Schaumburg, IL 60173
<b>14c. Tel. No.</b> 847.734.8811	<b>14d. Cell No.</b> 630.939.5807
<b>14e. Fax No.</b> 847.734.1089	<b>14f. E-Mail Address</b> akaplan@masudafunai.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> Alan M. Kaplan	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 5/28/2020 
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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**



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

DO NOT WRITE IN THIS SPACE

Case No. 13-RM-261032	Date Filed 5/29/20
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**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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner:</b> Lipari Foods Operating Co. LLC	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 3400 West Lake Street, Melrose Park, Illinois.
<b>3a. Employer/Petitioner Representative - Name and Title:</b> Brian A. Zilo, Director of Human Resources	<b>3b. Address (if same as 2b - state same):</b> 26661 Bunert Rd. Warren MI 48089

<b>3c. Tel. No.</b> (586) 563-2888	<b>3d. Cell No.</b> (586) 344-6412	<b>3e. Fax No.</b> (586) 563-2889	<b>3f. E-Mail Address</b> Brian_Zilo@liparifoods.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Wholesale Distribution	<b>4b. Principal Product or Service</b> Food
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<b>5a. Description of Unit Involved:</b> <b>Included:</b> All full time and regular part time shuttle & route driver, helpers and floaters. <b>Excluded:</b> Other employees, clerical employees, guards, professional employees and supervisors	<b>5b. City and State where unit is located:</b> Melrose Park, IL
	<b>6. Number of Employees in Unit:</b> 24

Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable  
 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_  
 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

<b>8a. Name of Recognized or Certified Bargaining Agent - Name</b> International Brotherhood of Teamsters Local 703	<b>8b. Affiliation, if any:</b>
<b>8c. Address:</b> 1333 Butterfield Rd #110, Downers Grove, IL 60515	<b>8d. Tel. No.</b> 312 738-1350
	<b>8e. Cell No.</b>
	<b>8f. Fax No.</b>
	<b>8g. E-Mail Address</b>

<b>9. Date of Recognition or Certification</b> October 1, 2018	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**11. 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) \_\_\_\_\_

**12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)**

<b>12a. Name and affiliation if any</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Cell No.</b>
		<b>12e. Fax No.</b>	<b>12f. E-Mail Address</b>

**13. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election: **June 18, 2020**  
**13a. Election Type:**  Manual  Mail  Mixed Manual/Mail

<b>13b. Election Date(s):</b>	<b>13c. Election Time(s):</b>	<b>13d. Election Location(s):</b>
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**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**14a. Name and Title:**  
Richard O. Brown, Attorney  
**14b. Address (street and number, city, State and ZIP code):**  
2 Chase Corporate Drive, Suite 120, Birmingham AL 35244

<b>14c. Tel. No.</b> 205 226-5461	<b>14d. Cell No.</b> 205 837 9321	<b>14e. Fax No.</b> 205 323 7674	<b>14f. E-Mail Address</b> rbrown@constangy.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Richard O. Brown	Signature R. O. Brown	Title Attorney	Date 5-29-20
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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.