

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

DO NOT WRITE IN THIS SPACE

Case No.  
**13-RC-230151**

Date Filed  
**10/30/2018**

**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>Goodwill Industries Southwestern at</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>530 Farragut Ave B, Great Lakes, IL 60088</b>	
3a. Employer Representative - Name and Title <b>Jackeline E. Hallberg</b>		3b. Address (if same as 2b - state same) <b>5400 S. 60<sup>th</sup> Street, Greendale, WI 53129</b>	
3c. Tel. No. <b>414 847-4200</b>	3d. Cell No.	3e. Fax No. <b>(414) 448-1199</b>	3f. E-Mail Address <b>jackie.hallberg@goodwillsev.</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Food Galley</b>		4b. Principal product or service <b>Food Service</b>	
5a. City and State where unit is located <b>Great Lakes, IL</b>		5b. No. of Employees in Unit <b>300</b>	
5b. Description of Unit involved Included: <b>All full-time &amp; part-time food service workers: Scullery, cooks, servers, veggie prep, pots &amp; pans, and sanitators</b> Excluded: <b>Supervisors/managers &amp; security guards, and other categories excluded under the act.</b>		5c. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) (if no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)	8b. Address
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. **Nov 13, 2018**

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): <b>Nov 13, 2018</b>	11c. Election Time(s): <b>2:30 - 6pm</b>	11d. Election Location(s): <b>Break room in Tri Galley</b>
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12a. Full Name of Petitioner (including local name and number)  
**Local 881 UFCW**

12b. Address (street and number, city, state, and ZIP code) **1350 E Touhy Ave, Des Plaines, IL 60018**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**United Food and Commercial Workers International**

12d. Tel. No. <b>(847) 294-5064</b>	12e. Cell No. <b>630 254-3100</b>	12f. Fax No. <b>(847) 759-7107</b>	12g. E-Mail Address <b>moiseszavala@local881ufcw.org</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Moises Zavala Organizing Director</b>	13b. Address (street and number, city, state, and ZIP code) <b>1350 E Touhy Ave, Ste 300 E, Des Plaines, IL 60018</b>
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13c. Tel. No. <b>(847) 294-5064 x329</b>	13d. Cell No. <b>630 254-3100</b>	13e. Fax No. <b>(847) 759-7107</b>	13f. E-Mail Address <b>moiseszavala@local881ufcw.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>Moises Zavala</b>	Signature <i>Moises Zavala</i>	Title <b>Director of Organizing</b>	Date <b>10/30/18</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 will cause the NLRB to decline to invoke its processes.

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

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-228458	Date Filed 10/2/18

**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> Securitas Critical Infrastructure Services, Inc	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 101 Shiloh Blvd, Zion, IL 60099
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<b>3a. Employer Representative - Name and Title</b> Charles Rival -Area Vice President	<b>3b. Address (If same as 2b - state same)</b> 24 Salem Market Place, Salem, CT 06420
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<b>3c. Tel. No.</b> 860-859-1001	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> SECURITY AGENCY	<b>4b. Principal product or service</b> SECURITY	<b>5a. City and State where unit is located:</b> Salem, CT
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<b>5b. Description of Unit Involved</b> <b>Included:</b> ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY SECURITAS CRITICAL INFRASTRUCTURE, INC @ 101 SHILOH BLVD., ZION, IL 60099 <b>Excluded:</b> ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.	<b>6a. No. of Employees in Unit:</b> 18 <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). NO**  
 **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>
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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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> October 16, 2018	<b>11c. Election Time(s):</b> mail	<b>11d. Election Location(s):</b> mail
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<b>12a. Full Name of Petitioner (Including local name and number)</b> International Union, Security, Police and Fire Professionals of America (SPFPA)	<b>12b. Address (street and number, city, state, and ZIP code)</b> 25510 Kelly Road, Roseville, MI 48066
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union, Security, Police and Fire Professionals of America (SPFPA)

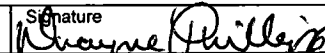
<b>12d. Tel No.</b> 586-772-7250 X111	<b>12e. Cell No.</b> 586-872-5634	<b>12f. Fax No.</b> 586-772-9644	<b>12g. E-Mail Address</b> organize@spfpa.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Gordon Gregory, General Counsel	<b>13b. Address (street and number, city, state, and ZIP code)</b> 65 Cadillac Square, Suite 3727, Detroit, MI 48226
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<b>13c. Tel No.</b> 313-964-5600	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 313-964-2125	<b>13f. E-Mail Address</b> Gordon@UnionLaw.net
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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> Dwayne Phillips	<b>Signature</b> 	<b>Title</b> Organizing Director	<b>Date</b> 9/28/18
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RC-228541</b>	Date Filed <b>10/3/18</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.

<b>2a. Name of Employer</b> CEMEX Materials		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 4226 W. Lawndale Ave IL Lyons 60534-1132	
<b>3a. Employer Representative - Name and Title</b> Brent Pommerening		<b>3b. Address (if same as 2b - state same)</b> 4226 W. Lawndale Ave IL Lyons 60534-1132	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b> (312) 599-0838	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> brentr.pommerening@cemex.com

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Construction - Raw Materials	<b>4b. Principal product or service</b> Production and Delivery of Ready Mix Concrete	<b>5a. City and State where unit is located:</b> Lyons, IL
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<b>5b. Description of Unit Involved</b>	<b>6a. No. of Employees in Unit:</b> 2
<b>Included:</b> See Attached Page 2 for additional details	<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>
<b>Excluded:</b> See Attached Page 2 for additional details	

**Check One:**  **7a. Request for recognition as Bargaining Representative was made on (Date) 10/01/2018 and Employer declined recognition on or about** \_\_\_\_\_ (Date) (If no reply received, so state). Yes  
 **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>	
<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? \_\_\_\_\_ 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> October 12, 2018	<b>11c. Election Time(s):</b> 8:00 a.m.	<b>11d. Election Location(s):</b> 44th Street and First Ave., Lyons, IL., in the quality control trailer of Relia
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<b>12a. Full Name of Petitioner (including local name and number)</b> Richard Blevins Teamsters Local Union No. 786	<b>12b. Address (street and number, city, state, and ZIP code)</b> 300 S Ashland Ave Ste 501 IL Chicago 60607-2712
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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

<b>12d. Tel No.</b> (312) 666-2750	<b>12e. Cell No.</b> (773) 491-2358	<b>12f. Fax No.</b> (312) 666-7943	<b>12g. E-Mail Address</b> rblevins@teamsterslocal786.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> Anthony Pinelli Teamsters Local Union No. 786		<b>13b. Address (street and number, city, state, and ZIP code)</b> 53 W Jackson Blvd Ste 1215 IL Chicago 60604-3574	
<b>13c. Tel No.</b> (312) 583-9270	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (312) 362-9907	<b>13f. E-Mail Address</b> apinelli@pinelli-law.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> Richard Blevins	<b>Signature</b> Richard Blevins	<b>Title</b> Recording Secretary	<b>Date</b> 10/3/2018 09:35:09
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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

DO NOT WRITE IN THIS SPACE	
Case 13-RC-228541	Date Filed 10/3/18

**Employees Included**

All Plant Operators, Drivers, End Loaders and Yard Laborers

**Employees Excluded**

All other employees, office clerical employees and guards, professional employees and supervisors as defined by the act

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

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-228564	Date Filed 10/3/18

**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> NuCO2	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1280 Howard St IL Elk Grove Village 60007-2212
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<b>3a. Employer Representative - Name and Title</b> Chris Bakutis	<b>3b. Address (if same as 2b - state same)</b> 1280 Howard St IL Elk Grove Village 60007-2212
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<b>3c. Tel. No.</b> (847) 593-3564	<b>3d. Cell No.</b> (772) 349-4456	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> cbakutis@nuco2.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation	<b>4b. Principal product or service</b> Beverage grade carbon dioxide	<b>5a. City and State where unit is located:</b> Elk Grove Village, 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> 7	<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? \_\_\_\_\_ 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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> October 17, 2018	<b>11c. Election Time(s):</b> 6:00-7:00am	<b>11d. Election Location(s):</b> 1280 Howard St., Elk Grove Village, IL; employees' breakroom
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<b>12a. Full Name of Petitioner (including local name and number)</b> Alex M Tillet-Saks Teamsters Local 705	<b>12b. Address (street and number, city, state, and ZIP code)</b> 1645 W. Jackson Blvd. 7 h Floor IL Chicago 60653
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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

<b>12d. Tel No.</b> (312) 738-2800	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (312) 738-2823	<b>12g. E-Mail Address</b> ats@i705ibt.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b>
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<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</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.**

<b>Name (Print)</b> Alex M Tillet-Saks	<b>Signature</b> Alex M. Tillet-Saks	<b>Title</b> Legal Counsel	<b>Date</b> 10/3/2018 12:01:23
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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-228564	Date Filed 10/3/18

**Employees Included**

All full-time and regular part-time drivers and technicians.

**Employees Excluded**

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

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

DO NOT WRITE IN THIS SPACE

Case No.	13-RC-228679	Date Filed	10/5/18
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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> University of Chicago Medical Center	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 5841 South Maryland Ave., Chicago, IL 60637
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<b>3a. Employer Representative - Name and Title</b> Mark J. Lubus, Employee and Labor Relations Consultant	<b>3b. Address (If same as 2b - state same)</b> 5841 S. Maryland Ave., Rm B-138, MC 1086, Chicago, IL 60637
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<b>3c. Tel. No.</b> (773) 702-6880	<b>3d. Cell No.</b> (312) 852-1432	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Mark.Lubus@uchospitals.edu
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Acute Care Hospital	<b>4b. Principal product or service</b> Healthcare	<b>5a. City and State where unit is located:</b> Chicago, Illinois
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<b>5b. Description of Unit Involved</b> Included: See Attachment A Excluded: See Attachment A	<b>6a. No. of Employees in Unit:</b> 350	<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> None	<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? \_\_\_\_\_ 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>

**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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> Tuesday, October 16, 2018	<b>11c. Election Time(s):</b> 6:00AM-9:00AM, 11:00AM-2:00PM, 4:30PM-7:30PM	<b>11d. Election Location(s):</b> CCD Conference Room 01-705
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<b>12a. Full Name of Petitioner (including local name and number)</b> National Nurses Organizing Committee (NNOC)	<b>12b. Address (street and number, city, state, and ZIP code)</b> 155 Grand Ave., Oakland, CA 94612
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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)**  
American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)

<b>12d. Tel No.</b> 510-273-2200	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 510-663-4822	<b>12g. E-Mail Address</b>
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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> Marie Walcek, Legal Counsel	<b>13b. Address (street and number, city, state, and ZIP code)</b> 155 Grand Ave., Oakland, CA 94612
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<b>13c. Tel No.</b> 510-433-2742	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-663-4822	<b>13f. E-Mail Address</b> mwalcek@nationalnursesunited.org
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Marie Walcek	<b>Signature</b> 	<b>Title</b> Legal Counsel	<b>Date</b> 10/5/18
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

## **Attachment A**

### **RC Petition University of Chicago Medical Center**

**by National Nurse Organizing Committee (NNOC)**

#### **5b. Unit Involved:**

##### Existing Unit

All non-supervisory registered nurses, in the classifications of Nurse Associate, Staff Nurse, Clinic Nurse I and II (Student Health Services and UCPCG), Flight Nurse, and Operating Room Nurse, performing nursing duties in the Nursing Department of the Hospitals, who are regularly scheduled to work at least forty (40) hours per biweekly period and all non-supervisory registered nurses in the classifications of Nurse Associate, Registered Nurse, Staff Nurse, Clinic Nurse I and II, performing nursing duties in the Electrophysiology Lab and in G.I. Procedures employed by the Employer at its facilities with its administrative offices currently located at 5841 South Maryland Avenue, Chicago, IL; but excluding all other employees, confidential employees, casual employees, office clerical employees, guards, and supervisors as defined in the National Labor Relations Act.

##### Voting Group

Included: All non-supervisory registered nurses (RNs) in the classifications of Care Coordinator, Case Manager RN, Clinic Nurse, Clinical Documentation Specialist, Lactation Consultant, Nurse Associate, Patient Logistics Nurse, Procurement Coordinator, Resource Nurse, Special Procedures Nurse, Transplant Coordinator, Transplant Nurse, and Utilization Review Nurse, performing nursing duties, who are regularly scheduled to work at least 40 hours per bi-weekly period or who are In-House Registry (IHR), employed by the Employer at its facilities at which some RNs are currently represented by National Nurses Organizing Committee (NNOC) with administrative offices at 5841 South Maryland Ave., Chicago, IL, and at the Center for Advanced Care at Orland Park (Orland Park Clinic)(14290 S. La Grange Rd., Orland Park, IL), the Outpatient Senior Health Center at South Shore (South Shore Clinic)(7101 S. Exchange Ave., Chicago, IL), and the Center for Advanced Care at South Loop (South Loop Clinic)(1101 S. Canal St., Suite 201 and 202, Chicago, IL).

Excluded: All RNs already represented by NNOC, all other employees, confidential employees, casual employees, office clerical employees, guards, and supervisors, as defined in the National Labor Relations Act.

##### Resulting Unit

Included: All non-supervisory registered nurses in the classifications of Care Coordinator, Case Manager RN, Clinic Nurse I and II, Clinical Documentation Specialist, Flight Nurse, Lactation



Consultant, Nurse Associate, Nurse Specialist ECMO, Operating Room Nurse, Operating Team Leader, Patient Care Support Nurse, Patient Logistics Nurse, Procurement Coordinator, Registered Nurse, Registered Nurse EP-GI, Resource Nurse, Special Procedures Nurse, Staff Nurse, Transplant Coordinator, Transplant Nurse, and Utilization Review Nurse, performing nursing duties, who are regularly scheduled to work at least 40 hours per bi-weekly period or who are In-House Registry (IHR), employed by the Employer at its facilities with its administrative offices at 5841 South Maryland Ave., Chicago, IL, and at the Center for Advanced Care at Orland Park (Orland Park Clinic)(14290 S. La Grange Rd., Orland Park, IL), the Outpatient Senior Health Center at South Shore (South Shore Clinic)(7101 S. Exchange Ave., Chicago, IL), and the Center for Advanced Care at South Loop (South Loop Clinic)(1101 S. Canal St., Suite 201 and 202, Chicago, IL).

Excluded: All other employees, confidential employees, casual employees, office clerical employees, guards, and supervisors, as defined in the National Labor Relations Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. 13-RC-229123 Date Filed 10/12/18

**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**  
Jet Services, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
7700 Graphic Dr  
IL Tinley Park 60477-6228

**3a. Employer Representative - Name and Title**  
Jim Erickson

**3b. Address (if same as 2b - state same)**  
7700 Graphic Dr  
IL Tinley Park 60477-6228

**3c. Tel. No.**  
(708) 638-3438

**3d. Cell No.**

**3e. Fax No.**  
(708) 570-2743

**3f. E-Mail Address**  
jim.erickson@proshred.com

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

**4b. Principal product or service**  
transport shredded materials

**5a. City and State where unit is located:**  
Tinley Park, IL

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**  
5

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

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

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

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

**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):**  
October 30

**11c. Election Time(s):**  
6:30am-7:30am

**11d. Election Location(s):**  
7700 Graphic Drive, Tinley Park, IL - employees' break room

**12a. Full Name of Petitioner (including local name and number)**  
Alex M Tillet-Saks  
Teamsters Local No. 705

**12b. Address (street and number, city, state, and ZIP code)**  
1645 W. Jackson Blvd. 7th Fl.  
IL Chicago 60612-

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

**12d. Tel No.**  
(312) 738-2800

**12e. Cell No.**

**12f. Fax No.**  
(312) 738-2823

**12g. E-Mail Address**  
ats@i705ibt.org

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

**13a. Name and Title**

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

**13c. Tel No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

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

**Name (Print)**  
Alex M Tillet-Saks

**Signature**  
Alex M. Tillet-Saks

**Title**  
Legal Counsel

**Date**  
10/12/2018 13:36:34

**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 regular part-time drivers, helpers, and warehouse employees.

**Employees Excluded**

All mechanics and sales people, and managerial employees, guards, professional employees, and supervisors as defined by the Act.

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

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-229126	Date Filed 10/12/18

**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: Duqua Services Inc.  
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): 7700 Graphic Dr, IL Tinley Park 60477-6228

3a. Employer Representative - Name and Title: Rodney Quasny  
3b. Address (If same as 2b - state same): 7700 Graphic Dr, IL Tinley Park 60477-6228

3c. Tel. No. (312) 480-8900  
3d. Cell No.  
3e. Fax No. (708) 570-2743  
3f. E-Mail Address: rodney.quasny@proshred.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Trucking  
4b. Principal product or service: transfer shredded materials  
5a. City and State where unit is located: Tinley Park, IL

5b. Description of Unit Involved  
Included: See Attached Page 2 for additional details  
Excluded: See Attached Page 2 for additional details  
6a. No. of Employees in Unit: 9  
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes  No

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
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): October 30, 2018  
11c. Election Time(s): 6:30am-7:30am  
11d. Election Location(s): 7700 Graphic Drive, Tinley Park, IL - employees' break room

12a. Full Name of Petitioner (including local name and number): Alex M Tillett-Saks, Teamsters Local No. 705  
12b. Address (street and number, city, state, and ZIP code): 1645 W. Jackson Blvd. 7th Fl. IL Chicago 60653

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

12d. Tel No. (312) 738-2800  
12e. Cell No.  
12f. Fax No. (312) 738-2823  
12g. E-Mail Address: ats@1705ibt.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  
13a. Name and Title  
13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.  
13d. Cell No.  
13e. Fax No.  
13f. E-Mail Address

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

Name (Print): Alex M Tillett-Saks	Signature: Alex M. Tillett-Saks	Title: Legal Counsel	Date: 10/12/2018 13:19:43
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 13-RC-229126	Date Filed 10/12/18

**Employees Included**

All full-time and regular part-time drivers and helpers, and warehouse employees.

**Employees Excluded**

All mechanics and sales people, and managerial employees, guards, professional employees, 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-229569</b>	Date Filed <b>10/19/18</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 8b 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> Jones Lang La Salle	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 200 E Randolph Chicago, IL 60601
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<b>3a. Employer Representative - Name and Title:</b> Kenneth Wolff, Regional Operations Manager	<b>3b. Address (if same as 2b - state same):</b> Same
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<b>3c. Tel. No.</b> 312-782-5800	<b>3d. Cell No.</b> 269-623-9440	<b>3e. Fax No.</b> 312-938-7039	<b>3f. E-Mail Address</b> kenneth.wolff@amjll.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Grocery Store	<b>4b. Principal Product or Service</b> Maintenance	<b>5a. City and State where unit is located:</b> St. Charles, IL
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> All Full-time and regular part-time skilled maintenance employees working for Jones Lang La Salle on the Meijer account out of the St Charles Office located at 856 South Randall Road, St. Charles, IL 60174 <b>Excluded:</b> Office clerical, professional employees, manager, guards and supervisors as defined by The Act.	<b>6a. Number of Employees in Unit:</b> 9
	<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:  **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? \_\_\_\_\_ 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> 11-05-2018	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>
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<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Operating Engineers Local 399	<b>12b. Address (street and number, city, State and ZIP code):</b> 2260 S. Grove St. Chicago, IL 60618
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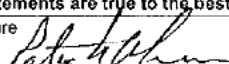
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Union of Operating Engineers, AFL-CIO

<b>12d. Tel. No.</b> 312-372-9870	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 312-842-1565	<b>12g. E-Mail Address</b>
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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> Pat O'Gorman, Organizer	<b>13b. Address (street and number, city, State and ZIP code):</b> 2260 S. Grove St. Chicago, IL 60618

<b>13c. Tel. No.</b> 312-980-8156	<b>13d. Cell No.</b> 773-502-7425	<b>13e. Fax No.</b> 312-842-1565	<b>13f. E-Mail Address</b> pogorman@iuoe399.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) Pat O'Gorman	Signature 	Title Organizer	Date 10-19-2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT**

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-229690	Date Filed 10/22/18

**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: First Transit, Inc	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 22W760 Poss St, Glen Ellyn, IL 60137
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3a. Employer Representative - Name and Title: Patrick O' Brien, General Manager	3b. Address (if same as 2b - state same): same
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3c. Tel. No. 630-299-5007	3d. Cell No. 630-379-1943	3e. Fax No.	3f. E-Mail Address patrick.obrien2@firstgroup.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transit Company	4b. Principal Product or Service Transportation	5a. City and State where unit is located: Glen Ellyn, Illinois
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5b. Description of Unit Involved: Included: All full-time, regular part-time and trainee dispatchers.	6a. Number of Employees in Unit: 4
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Excluded:  
All office clerical employees, guards, professional employees, and persons as defined in the Act.

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 10/11/2018 and Employer declined recognition on or about (Date) (if no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None	8b. Address:
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6c. Tel. No.	6d. Cell No.	6e. Fax No.	6f. 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  Yes. If so, approximately how many employees are participating? \_\_\_\_\_, 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): October 31st, November 7th	11c. Election Time(s): 11 am - 1 pm	11d. Election Location(s): Break Room at facility
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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. Ste. 111, Park Ridge, 60068
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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. 847-696-7500	12e. Cell No.	12f. Fax No. 847-720-4984	12g. E-Mail Address donaldo@teamsterslocal727.org
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13a. Name and Title: Jayna Brown, Assistant General Counsel, Teamsters 727	13b. Address (street and number, city, State and ZIP code): 1300 West Higgins Road, Ste. 111, Park Ridge 60068
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13c. Tel. No. 847-696-7500	13d. Cell No.	13e. Fax No. 847-720-4984	13f. E-Mail Address jayna@teamsterslocal727.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Donaldo Leiva	Signature 	Title Organizer	Date 10/22/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RC-229939</b>	Date Filed <b>10/26/18</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  
Terminal Operations Management

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
405 Max Court, Sutie 241A, Henderson, NV 89011

3a. Employer Representative - Name and Title  
Brian Sowada, Vice-President of Operations

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

3c. Tel. No.  
612/455-8855

3d. Cell No.  
763/443-3062

3e. Fax No.  
N/A

3f. E-Mail Address  
bsowada@terminalops.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Rail Yard Service Provider

4b. Principal product or service  
Service, Repair, Maintenance

5a. City and State where unit is located:  
Franklin Park, IL/Schiller Park, IL

5b. Description of Unit Involved  
Included: SEE ATTACHED RIDER.  
Excluded: SEE ATTACHED RIDER.

6a. No. of Employees in Unit:  
6

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) N/A and Employer declined recognition on or about N/A (Date) (If no reply received, so state). N/A

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).  
N/A

8b. Address  
N/A

8c. Tel. No.  
N/A

8d. Cell No.  
N/A

8e. Fax No.  
N/A

8f. E-Mail Address  
N/A

8g. Affiliation, if any  
N/A

8h. Date of Recognition or Certification  
N/A

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

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

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  
N/A

10b. Address  
N/A

10c. Tel. No.  
N/A

10d. Cell No.  
N/A

10e. Fax No.  
N/A

10f. E-Mail Address  
N/A

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):  
11/08/18

11c. Election Time(s):  
10:00 a.m.

11d. Election Location(s):  
Gate 4 Building Conference Room

12a. Full Name of Petitioner (including local name and number)  
International Union of Operating Engineers, Local 150, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)  
6200 Joliet Road, Countryside, IL 60525

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

12d. Tel No.  
708/482-8800

12e. Cell No.  
N/A

12f. Fax No.  
708/588-1629

12g. E-Mail Address  
N/A

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

13a. Name and Title  
Charles R. Kiser, Attorney

13b. Address (street and number, city, state, and ZIP code)  
6140 Joliet Road, Countryside, IL 60525

13c. Tel No.  
708/579-6663


13d. Cell No.  
N/A

13e. Fax No.  
708/588-1647

13f. E-Mail Address  
ckiser@local150.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)  
Charles R. Kiser

Signature  


Title  
Attorney

Date  
10/26/18

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.



### **Rider**

Included: All full- and regular part-time lead mechanics and mechanics at the Employer's Bensenville/Franklin Park, and Schiller Park, Illinois, locations.

Excluded: All terminal operators, lead terminal operators, trailer mechanics, lead trailer mechanics, temp seasonals, coordinators, lead coordinators, managers, supervisors, clericals, and guards, as defined by the Act.