

Self-Determination Election

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-246322	Date Filed 8/9/2019

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

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

2a. Name of Employer: UC Health, LLC	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3200 Burnet Avenue, Cincinnati, Ohio. 45229
3a. Employer Representative - Name and Title: Clarence Pauley, III, SVP, Chief HR Officer	3b. Address (if same as 2b - state same): UC Health, Executive Suite, 3200 Burnet Avenue, Cincinnati, Ohio. 45229

3c. Tel. No. 513.585.6000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Clarence.Pauley_III@UCHealth.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital	4b. Principal Product or Service Health Care		5a. City and State where unit is located: Cincinnati, Ohio
5b. Description of Unit Involved: Included: Please see attachment. Excluded:			5a. Number of Employees in Unit: Please see attachment.
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) Int'l Union of Operating Engineers, AFL-CIO-CLC, Local 20	8b. Address: 1150 West Eighth Street, Suite 205, Cincinnati, OH 45203
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8c. Tel. No. 513.751.1671	8d. Cell No. 859.415.7703	8e. Fax No.	8f. E-Mail Address iuoe20@iuoe20.org
8g. Affiliation, if any: Int'l Union of Operating Engineers, AFL-CIO-CLC		8h. Date of Recognition or Certification 11/28/16	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) None

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No 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)

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

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

11b. Election Date(s): Any of 8/19-21, 26, 28, 30; 9/3, 5-6	11c. Election Time(s): 1/2 hr. before & after scheduled work hrs.	11d. Election Location(s): UC Health Business Center
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12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, AFL-CIO-CLC, Local 20	12b. Address (street and number, city, State and ZIP code): 1150 West Eighth Street, Suite 205, Cincinnati, Ohio. 45203
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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-CLC

12d. Tel. No. 513.751.1671	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No. 513.751.2551	12g. E-Mail Address iuoe20@iuoe20.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Robert Mitchell	13b. Address (street and number, city, State and ZIP code): 250 East Fifth Street, Fifteenth Floor, Cincinnati, Ohio. 45202

13c. Tel. No. 513.562.1553	13d. Cell No. 513.476.6330	13e. Fax No. 513.766.7426	13f. E-Mail Address robertmitchell@robertmitchell-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.

Name (Print) Robert Mitchell	Signature 	Title Attorney	Date 08.09.19
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

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.

**Attachment to RC Petition
(Petition for Self-Determination Election)**

Since in or about 1997, IUOE Local 20 has been the voluntarily recognized exclusive bargaining representative for a unit of employees at the University of Cincinnati Medical Center, LLC (or its legal predecessors). The unit consists of employees in the following job classifications:

Included:

Team Leader	Plumber-Pipefitter – Team Leader
Carpenter	Plumber-Pipefitter
Controls Technician – Team Leader	HVAC Technician – Team Leader
Controls Technician	HVAC Technician
Electrician – Team Leader	Building Maintenance Technician – Team
Leader	
Electrician	Building Maintenance Technician
Electronics Specialist – Team Leader	Building Trades Helper
Electronics Specialist	
Emergency Building Maintenance Technician – Team Leader	
Emergency Building Maintenance Technician	
Painter-Plasterer – Team Leader	
Painter-Plasterer	

Excluded:

Those employees within their first six months of employment
Management employees
All other employees

There are approximately 35 employees in the bargaining unit. The current labor agreement has a duration of January 1, 2018 through December 31, 2020.

On November 28, 2016, Petitioner IUOE Local 20 also was certified as the exclusive bargaining representative for a unit of employees of UC Health, LLC employed at its Business Center. That unit consists of employees in the following job classifications:

Included:

Mechanic – HVAC
Electrician
Mechanic I
Mechanic II

Excluded:

All other employees
Professional Employees
Guards and Supervisors (as defined in the Act)

There are approximately 8 employees in the bargaining unit. To date, the parties have not reached agreement upon a labor agreement.

Petitioner IUOE Local 20 has since determined that UC Health, LLC and the University of Cincinnati Medical Center, LLC in fact constitute a single employer. *See, e.g.,* 09-CC-240137 and 09-CA-240791.

Accordingly, Petitioner IUOE Local now petitions for a RC self-determination election in which the approximately 8 employees in the "UC Health, LLC" bargaining unit may elect to join the larger "University of Cincinnati Medical Center, LLC" bargaining unit, and for the resultant certification accurately to reflect UC Health, LLC as the employer of all bargaining unit employees.

Petitioner IUOE Local 20 has separately and concurrently filed an UC Petition to clarify the bargaining unit to include the approximately 3 employees in the job classifications of Electrician, Mechanic II, and Engineer – Utility Plant, and who work in the UC Health Utility Plant located at 3200 Burnet Avenue, Cincinnati, Ohio 45229 – the same location as the UC Health Business Center.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-246425	Date Filed 8/9/19

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

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

2a. Name of Employer: Patronus Systems, Inc.
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3000 N Wickham Rd, Melbourne, FL 32935

3a. Employer Representative - Name and Title: MABEL R. O'QUINN, Pres.
3b. Address (if same as 2b - state same): same

3c. Tel. No.: (321) 794-3783
3d. Cell No.:
3e. Fax No.: (321) 622-4729
3f. E-Mail Address: moquinn@patronususa.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Security company
4b. Principal Product or Service: Guard Services
5a. City and State where unit is located: Huntington WV

5b. Description of Unit Involved:
Included: All full/part time armed and unarmed security guards working at various federal sites in and surrounding Huntington WV
Excluded: Supervisors, managerial and clerical personnel
6a. Number of Employees in Unit: 19
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): The Protection and Response Officers of America Inc., & Local 692
8b. Address: 4628 Montevallo Rd, Suite 203, Birmingham, AL 35210

8c. Tel No: (888)889-7762
8d. Cell No.:
8e. Fax No.:
8f. E-Mail Address: admin@proaunion.org

8g. Affiliation, if any: Unknown
8h. Date of Recognition or Certification: Oct. 2016
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): 10/31/2019

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: N/A
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): As soon as possible
11c. Election Time(s): N/A
11d. Election Location(s): N/A

12a. Full Name of Petitioner (including local name and number): United Security Officers of America Intl. Union and its Local 304
12b. Address (street and number, city, State and ZIP code): 11367 Lair Road NE, Alliance, OH. 44601

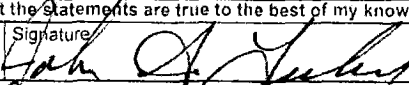
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Security Officers of America, International Union

12d. Tel. No.: 330-935-2530
12e. Cell No.: 330-603-3274
12f. Fax No.: 330-935-2540
12g. E-Mail Address: jatucker@jatuckerlaw.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: John A. Tucker, President
13b. Address (street and number, city, State and ZIP code): 11367 Lair Road NE, Alliance, OH 44601

13c. Tel. No.: 330-935-2530
13d. Cell No.: 330-603-3274
13e. Fax No.: 330-935-2540
13f. E-Mail Address: jatucker@jatuckerlaw.com

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

Name (Print): John A. Tucker
Signature: 
Title: President
Date: 8/9/19

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. 09-RC-246590	Date Filed 8-15-2019

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

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

2a. Name of Employer: Ohio Environmental Council		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1145 Chesapeake Avenue, Suite I, Columbus, OH 43212	
3a. Employer Representative - Name and Title: Heather Taylor-Miesle, Executive Director		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (614) 487-7506	3d. Cell No.	3e. Fax No. (614) 487-7510	3f. E-Mail Address OEC@theOEC.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Advocacy Organization		4b. Principal Product or Service Advocacy	
5b. Description of Unit Involved: Included: See attached. Excluded:		5a. City and State where unit is located: Ohio	
		6a. Number of Employees in Unit: 16	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 8/12/2019 and Employer declined recognition on or about (Date) no reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 8/28/2019	11c. Election Time(s): N/A		11d. Election Location(s): N/A
12a. Full Name of Petitioner (including local name and number): Chicago & Midwest Regional Joint Board, Workers United/SEIU		12b. Address (street and number, city, State and ZIP code): 333 S. Ashland Ave., Chicago, IL 60607	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Workers United, SEIU			
12d. Tel. No. 312-738-6100	12e. Cell No.	12f. Fax No.	12g. E-Mail Address cmrjbmedia@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Robert S. Cervone		13b. Address (street and number, city, State and ZIP code): 8 S. Michigan Ave., 1900, Chicago, IL 60603	
13c. Tel. No. 312-372-1361	13d. Cell No.	13e. Fax No. 312-372-6599	13f. E-Mail Address rcervone@laboradvocates.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Robert S. Cervone	Signature 		Title Attorney
			Date 8/14/2019

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

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**Ohio Environmental Council
Unit Description**

Included: All full-time and regular part-time employees employed by the Employer in the State of Ohio;

Excluded: Executive Director, Deputy Executive Director, Vice Presidents, confidential employees, guards, and supervisors as defined by the Act.