

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
09-RC-255716

Date Filed
2-4-2020

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: Leslie County Telephone Co. d/b/a TDS
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 24014 Hwy 421, Hyden KY 41749

3a. Employer Representative - Name and Title: James Whitaker
3b. Address (if same as 2b - state same): same

3c. Tel. No. 606-672-1333
3d. Cell No.
3e. Fax No.
3f. E-Mail Address james.whitaker@tdstelecom.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
4b. Principal Product or Service Telecommunication services
5a. City and State where unit is located: Hyden, KY

5b. Description of Unit Involved:
Included: See Attachment
Excluded: See Attachment
6a. Number 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? 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): March 3, 2020
11c. Election Time(s): 7:00 a.m. - 9:00 a.m.
11d. Election Location(s): 22076 Main St, Hyden, KY 41749

12a. Full Name of Petitioner (including local name and number): Communication Workers of America, AFL-CIO
12b. Address (street and number, city, State and ZIP code): 3516 Covington Highway, Decatur GA 30032

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

12d. Tel. No. 404-296-5553
12e. Cell No.
12f. Fax No.
12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Richard Rouco Attorney
13b. Address (street and number, city, State and ZIP code): 2 -20th Street North, Ste. 930 Birmingham AL 35203

13c. Tel. No. 205-918-7430
13d. Cell No. 205-533-2009
13e. Fax No. 205-803-4143
13f. E-Mail Address rrouco@qcwdr.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) RICHARD ROUCO
Signature Richard Rouco
Title ATTORNEY
Date 2/4/20

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

8b. Description of Unit:

Included: All Field Service Technicians (FST), FST-Network, FST-Network Specialist, and Assistant Field Servicer.

Excluded: All supervisors, professional employees, confidential employees, temporary employees, leased employees, and guards as defined under the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------|--|
| Case No. 09-RC-256424 | Date Filed February 18, 2020 |
|---------------------------------|--|

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 Airgas | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 5133 Maritime IN Jeffersonville 47130 | |
| 3a. Employer Representative - Name and Title Jason Joslin | | 3b. Address (If same as 2b - state same) 1200 West 138th st. IL Riverdale 60827 | |
| 3c. Tel. No. (708) 849-1200 | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address jason.joslin@airgas.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Oil & Gas Operations | | 4b. Principal product or service delivery of gas | |
| | | 5a. City and State where unit is located: Jeffersonville, IN | |

| | | |
|---|--|---|
| 5b. Description of Unit Involved | | 6a. No. of Employees in Unit: 5 |
| Included: See Attached Page 2 for additional details | | 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"/> |
| Excluded: See Attached Page 2 for additional details | | |

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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | |
| 11b. Election Date(s): march 2, 2020 | 11c. Election Time(s): 8am-9am | 11d. Election Location(s): airgas 5133 maritime Jeffersonville, In 47130 | |

| | | | |
|--|--|---|--|
| 12a. Full Name of Petitioner (including local name and number) Bryan Trafford General Drivers, Warehousemen & Helpers Local Union 89 | | 12b. Address (street and number, city, state, and ZIP code) 3813 Taylor Blvd KY Louisville 40215 | |
| 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. (502) 368-5885 | 12e. Cell No. (706) 564-7002 | 12f. Fax No. (502) 366-2009 | 12g. E-Mail Address btrafford@teamsters89.com |
|---------------------------------------|--|---------------------------------------|---|

| | | | |
|--|----------------------|--|----------------------------|
| 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) Bryan Trafford | Signature Bryan Trafford | Title Organizer/Assistant to the President | Date 02/14/2020 11:02:25 |
|---------------------------------------|------------------------------------|--|------------------------------------|

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.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

09-RC-256424

February 18, 2020

Attachment

Employees Included
all fulltime and part time drivers

Employees Excluded
supervisors, clerical, plant technicians and all other employees

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|----------------------------|---------------------------------|
| Case No. 09-RC-256883 | Date Filed February 25, 2020 |

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 Appalachian Power Company | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 404 29th St W WV Charleston 25387- | |
| 3a. Employer Representative - Name and Title Jaime Beckelhimer | | 3b. Address (If same as 2b - state same) 500 Lee St East WV Charleston 25301- | |
| 3c. Tel. No. (304) 348-4163 | 3d. Cell No. (304) 552-7517 | 3e. Fax No. (304) 348-4159 | 3f. E-Mail Address jbeckelhimer@aep.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electric Utilities | | 4b. Principal product or service Electricity distribution and service. | 5a. City and State where unit is located: Charleston, WV |

| | | |
|---|--|--|
| 5b. Description of Unit Involved Included: See Attached Page 2 for additional details | | 6a. No. of Employees in Unit: 7 |
| Excluded: See Attached Page 2 for additional details | | 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"/> |

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). LOCAL UNION 978, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, | | 8b. Address PO Box 7361 WV Cross Lanes 25356- | |
| 8c. Tel No. (304) 542-3723 | 8d Cell No. | 8e. Fax No. | 8f. E-Mail Address lu978ibew@aol.com |
| 8g. Affiliation, if any INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL- | | 8h. Date of Recognition or Certification 03/31/2021 | |

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.

| | | |
|--------------------------------------|--|---|
| 11b. Election Date(s): 03/18/2020 | 11c. Election Time(s): 7:00 AM to 7:30 AM | 11d. Election Location(s): Appalachian Power 404 29th St W Charleston, WV 25387 at an appropriate location |
|--------------------------------------|--|---|

| | |
|--|---|
| 12a. Full Name of Petitioner (including local name and number) DALE MCCRAY LOCAL UNION 978, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO | 12b. Address (street and number, city, state, and ZIP code) 25049 VETERANS MEM HWY WV TERRA ALTA 26764- |
|--|---|

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Electrical Workers, AFL-CIO

| | | | |
|--------------------------------|---------------------------------|--------------|---|
| 12d. Tel No. (304) 841-2140 | 12e. Cell No. (304) 841-2140 | 12f. Fax No. | 12g. E-Mail Address dale_mccray@ibew.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) DALE MCCRAY | Signature Dale McCray | Title Lead Organizer | Date 02/25/2020 09:19:38 |
|-----------------------------|--------------------------|-------------------------|-----------------------------|

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 | Date Filed |
| 09-RC-256883 | February 25, 2020 |

Employees Included

All Distribution Customer Design Technicians who work at the Appalachian Power Charleston Unit location at 404 29th St W Charleston, WV 25387.

Employees Excluded

All other employees, confidential employees, guards, and supervisors as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|----------------------------|-------------------------|
| Case No. 09-RC-257061 | Date Filed 2-27-2020 |

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: Seemless Printing | | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 717 Linn Street, Cincinnati, Ohio 45203 | |
| 3a. Employer Representative - Name and Title: Alicia Wilhelm President | | 3b. Address (if same as 2b - state same): Same | |

| | | | |
|---|------------------------------|--|--|
| 3c. Tel. No. 513-871-2366 | 3d. Cell No. 513-470-4942 | 3e. Fax No. | 3f. E-Mail Address alicia@seemlessprinting.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Paper printing company | | 4b. Principal Product or Service Paper printing company | 5a. City and State where unit is located: Cincinnati Ohio |

| | | | |
|--|--|---------------------------------------|--|
| 5b. Description of Unit Involved: Included: All workers involved in the designing and printing of work Excluded: Owners of the company | | 6a. Number of Employees in Unit: 4 | 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) 2/27/20 and Employer declined recognition on or about (Date) 2/27/20 (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) Communications Workers of America Local 4400 | 8b. Address: 2300 Montana Ave, Cincinnati, Ohio 45211 |
|--|--|

| | | | |
|---|------------------------------|---|--|
| 8c. Tel. No. 513-681-4400 | 8d. Cell No. 513-484-4212 | 8e. Fax No. 513-681-8976 | 8f. E-Mail Address president@cwa4400.org |
| 8g. Affiliation, if any: Communications Workers of America | | 8h. Date of Recognition or Certification 2/27/20 | 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? _____ (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: Manual Mail Mixed Manual/Mail

| | | |
|-----------------------------------|-------------------------------|---|
| 11b. Election Date(s): 3/13/20 | 11c. Election Time(s): 9am | 11d. Election Location(s): EMPLOYER FACILITY |
|-----------------------------------|-------------------------------|---|

| | |
|---|---|
| 12a. Full Name of Petitioner (including local name and number): Communications Workers of America Local 4400 | 12b. Address (street and number, city, State and ZIP code): 2300 Montana Ave, Cincinnati, Ohio 45211 |
|---|---|


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

| | | | |
|---------------|---------------|--------------|---------------------|
| 12d. Tel. No. | 12e. Cell No. | 12f. Fax No. | 12g. E-Mail Address |
|---------------|---------------|--------------|---------------------|

| | |
|---|---|
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | |
| 13a. Name and Title: Jason Ballman, President | 13b. Address (street and number, city, State and ZIP code): 2300 Montana Ave, Cincinnati, Ohio 45211 |

| | | | |
|-------------------------------|-------------------------------|------------------------------|--|
| 13c. Tel. No. 513-681-4400 | 13d. Cell No. 513-484-4212 | 13e. Fax No. 513-681-8976 | 13f. E-Mail Address president@cwa4400.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) Jason Ballman | Signature  | Title President CWA 4400 | Date 2/27/20 |
|-------------------------------|--|-----------------------------|-----------------|

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

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 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.

2a. Name of Employer: **Hard Rock Casino Cinti**
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): **1000 Broadway Cinti, OH 45202**
3a. Employer Representative - Name and Title: **Deborah Davis**
3b. Address (If same as 2b - state same):
3c. Tel. No.: **(513) 250-3112**
3d. Fax No.:
3e. Cell No.:
3f. E-Mail Address: **deborah.davis@hrcincinnati.com**
4a. Type of Establishment (Factory, mine, wholesaler, etc.): **Casino**
4b. Principal product or service: **Entertainment**

5a. Description of Unit Involved
Included: **Security Officers, EMT's, Hospitality Hosts**
Excluded: **Supervisors, Managers, Directors**
5b. City and State where unit is located: **Cincinnati, OHIO**

6. No. of Employees in Unit: **45**
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: **INTL Union, Security, Police & Fire (SPFPA)**
8b. Affiliation, if any:
8c. Address: **25510 Kelly Road, Roseville, MI 48066**
8d. Tel. No.: **937-643-2628**
8e. Cell No.:
8f. Fax No.:
8g. E-Mail Address: **htrigg@spfpa.org**

9. Date of Recognition or Certification: **5-2-2017**
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): **5-1-2022**

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 than 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: **Harold Trigg**
12b. Address: **25510 Kelly Road, Roseville, MI 48066**
12c. Tel. No.: **937-298-6108**
12d. Fax No.:
12e. Cell No.: **937-298-9377**
12f. E-Mail Address: **937-469-0809**

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): **TBD**
13d. Election Location(s): **Casino (Conference Room)**

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 its contents with knowledge and belief.
(b) (6), (b) (7)(C)
Date Filed: **2-3-20**

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.