

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 09-RC-254610	Date Filed 01-14-2020
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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 Teays Valley Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1390 Poplar Fork Rd. WV Hurricane 25526-	
3a. Employer Representative - Name and Title Aaron Snodgrass		3b. Address (If same as 2b - state same) 1390 Poplar Fork Rd. WV Hurricane 25526-	
3c. Tel. No. (304) 757-7826	3d. Cell No.	3e. Fax No.	3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal product or service long term care/ nursing home	5a. City and State where unit is located: Hurricane, WV
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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: 50 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"/>
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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.

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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): February 14, 2020	11c. Election Time(s): 6:30a-8:30a, 10:30a-12:30p, 2:30p-4:30p, 6:30p-8p	11d. Election Location(s): conference room in the center
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12a. Full Name of Petitioner (including local name and number) Sherri R McKinney Sherri McKinney, Organizing Director Service Employees International Union District 1199 WKO	12b. Address (street and number, city, state, and ZIP code) 1395 Dublin Rd. OH Columbus 43215-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union

12d. Tel No. (304) 840-5993	12e. Cell No. (304) 840-5993	12f. Fax No.	12g. E-Mail Address smckinney@seiu1199.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	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Sherri R McKinney	Signature Sherri McKinney, Organizing Director	Title Organizing Director	Date 01/14/2020 15:30:16
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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 09-RC-254610	Date Filed 01-14-2020

Employees Included

All full time, part time and prn certified nursing assistants, restorative aides, activity aides and maintenance workers

Employees Excluded

all other employees, office and clerical employees, managers, guards and supervisors as defined under the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 09-RC-254679	Date Filed January 16, 2020
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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 Legal Aid of the Blue Grass		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 104 East Seventh Street, Covington, KY 41011	
3a. Employer Representative - Name and Title Joshua Crabtree, Executive Director		3b. Address (if same as 2b - state same)	
3c. Tel. No. 859-957-1230	3d. Cell No.	3e. Fax No. 859-431-3009	3f. E-Mail Address jcrabtree@lablaw.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Legal Services	4b. Principal product or service Legal Services		5a. City and State where unit is located: Covington, Lexington, Morehead, Ashland, KY

6b. Description of Unit Involved Included: Please see attached Excluded: Please see attached	6a. No. of Employees in Unit 11
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) 1/8/2020 and Employer declined recognition on or about 1/8/2020 (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.

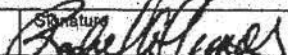
11b. Election Date(s): January 24, 2020	11c. Election Time(s): 12:00 p.m. to 2:00 p.m.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11d. Election Location(s): 104 East Seventh Street, Covington, KY 41011
12a. Full Name of Petitioner (including local name and number) Rachel A. Thomas, Regional Organizer		12b. Address (street and number, city, state, and ZIP code) 5102 Carmona Lane, Pearland, Texas 77584	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) NOLSW/UAW Local 2320. This is an Amore			

12d. Tel No. 346-307-1526	12e. Cell No.	12f. Fax No.	12g. E-Mail Address raheast2320@gmail.com
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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 Rachel A. Thomas, Regional Organizer	13b. Address (street and number, city, state, and ZIP code) 5102 Carmona Lane, Pearland, Texas 77584		
13c. Tel No. 346-307-1526	13d. Cell No.	13e. Fax No.	13f. E-Mail Address raheast2320@gmail.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) Rachel A. Thomas	Signature 	Title Regional Organizer	Date 1/15/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

5b. Description of Unit Involved

Included: attorneys, paralegals, support staff, law clerks, and all other permanent and temporary employees whose terms of employment exceed three months.

Excluded: supervising attorneys, program administrators, and all other supervisors as defined by the National Labor Relations Board.

11a. Election Type: This is an "Amour Globe" Petition, and we are seeking a manual "Amour Globe" election as the employees in the Covington office have a community of interest with the already represented unit if employees in the Morehead/Ashland offices of Legal Aid of the Blue Grass.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 09-RC-255001	Date Filed January 23, 2020
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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 Diversified Gas and Oil		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 100 Diversified Way, Pikeville, KY, 41501	
3a. Employer Representative - Name and Title Laurie Knox		3b. Address (If same as 2b - state same) 414 Summers Street Charleston, WV 25301	
3c. Tel. No. (304)-353-5090	3d. Cell No. (304)-993-0657	3e. Fax No.	3f. E-Mail Address Lknox@dgc.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Oil and Gas production facility	4b. Principal product or service Produce and maintain Oil and Natural Gas lines	5a. City and State where unit is located: Pikeville, KY
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5b. Description of Unit Involved Included: See Attached Excluded:		6a. No. of Employees in Unit: Approximately 8
		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) **by petition** and Employer declined recognition on or about **no reply** (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). <small>United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC and its Local 372</small>	8b. Address 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222
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8c. Tel No. (412) 562-2529	8d Cell No. (412) 418-4333	8e. Fax No. (412) 562-2555	8f. E-Mail Address bmanzolino@usw.org
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: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): 2/14/20 - 2/28/20	11c. Election Time(s): by mail	11d. Election Location(s): by mail
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12a. Full Name of Petitioner (including local name and number) United Steelworkers	12b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222
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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)
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC

12d. Tel No. (412) 562-2529	12e. Cell No.	12f. Fax No. (412) 562-2555	12g. E-Mail Address bmanzolino@usw.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 Bryan Smith, USW District 8 Staff Rep	13b. Address (street and number, city, state, and ZIP code) 63 Hospitality Lane, Mineral Wells, WV 26150
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13c. Tel No. (606) 465-9365	13d. Cell No. (606) 465-9365	13e. Fax No. (304) 489-2717	13f. E-Mail Address brsmith@usw.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) Bryan Smith	Signature Bryan Smith	Title USW District 8 Staff Rep	Date 1/22/20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Unit description for Diversified Globe Petition

Eight (8) production and maintenance employees employed by Diversified Gas and Oil who perform work in TN, but report to and are assigned to the Employer's Pikeville, KY location, seek to be included in the existing bargaining unit of "All full-time and regular part-time Production Specialists, Senior Production Specialists, Production Operators, Lead Production Operators, Pipeline & Corrosion Technicians, Lead Well Operators, Welders, Senior Welders, Measurement Techs I,II, and III, Lead and Senior Measurement Techs, Senior Engine and Compression Analysts, Equipment Operators, Lead Equipment Operators, Senior Equipment Operators, Compressor Techs, Senior and Lead Compressor Techs, Instrumentation Techs, Senior Instrumentation Techs, Lead Instrumentation Specialists, Engineering Techs and Warehouse employees, employed by the Employer at its Pikeville, KY operations, excluding all office clerical and professional employees, managerial 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-255121	Date Filed 01-24-2020
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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: Univar Solutions	2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 2788 Glendale Milford Rd., Cincinnati, OH 45241
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3a. Employer Representative - Name and Title: Tony Behrman, Sr. Dir.-Labor Relations	3b. Address (if same as 2b - state same): 3075 Highland Parkway, Ste. 200, Downers Grove, IL 60615
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3c. Tel. No. (513) 714-5264	3d. Cell No.	3e. Fax No.	3f. E-Mail Address tony.behrman@univarsolutions.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Warehouse & Distribution Center	4b. Principal Product or Service Industrial Chemicals	5a. City and State where unit is located: Cincinnati, OH
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5b. Description of Unit Involved: Included: See attached Excluded: See attached	6a. Number of Employees in Unit: 26	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 01/10/20 and Employer declined recognition on or about (Date) 01/21/20 (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) None	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ 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 None	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): Mon. Feb. 17, 2020	11c. Election Time(s): 5:00-7:30 a.m., 3:00-3:15 p.m.	11d. Election Location(s): Upstairs meeting room
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12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 100	12b. Address (street and number, city, State and ZIP code): 2100 Oak Rd., Cincinnati, OH 45241
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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. (5153) 769-5100	12e. Cell No.	12f. Fax No. (513) 769-4420	12g. E-Mail Address sarahm@teamsters100.com
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13a. Name and Title: Julie C. Ford	13b. Address (street and number, city, State and ZIP code): 111 W. First St., Ste. 1100, Dayton, OH 45402-1156
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13c. Tel. No. (937) 461-5310	13d. Cell No.	13e. Fax No. (937) 461-7219	13f. E-Mail Address jford@dflawfirm.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) Julie C. Ford	Signature 	Title Attorney	Date 01/24/20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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5b. Description of Unit Involved:

Included: All warehouse and transportation employees including material handlers and driver/material handlers.

Excluded: All office clericals, guards, leads and other supervisors as defined by the Act and all other employees.

FORM NLRB-502 (RC)
(2-18)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
09-RC-255178	1/24/2020

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.

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2a. Name of Employer: Cabell Huntington Hospital	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1340 Mal Greer Blvd. Huntington, WV 25701
3a. Employer Representative - Name and Title: Kevin Fowler- CEO	3b. Address (if same as 2b - state name): same

3c. Tel. No. 304-526-2000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kevin.fowler@chh.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital	4b. Principal Product or Service Healthcare	4c. City and State where unit is located: Huntington, WV
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5a. Description of Unit Involved: Included: Respiratory Therapist, Sleep Lab, OT Tech, MNTech, Social, ECG Sonographers, MLTS, Ultra Sound, Certified ECG Tech. Excluded: All other employees, office clerical employees, managers, guards and supervisors as defined in the act	5b. Number of Employees in Unit 145	5c. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) 1/22/2020 (If no reply received, so state) and Employer declining recognition	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
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8a. Name of Recognized or Certified Bargaining Agent (if none, so state) none	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affirmation, 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 of the Employer's establishment(s) involved? <input type="checkbox"/> No <input type="checkbox"/> Yes, 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
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11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Election held on the premises of the hospital in a 1 day election	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 1/16/2020	11c. Election Time(s): 6:30a-8:30a, 10:30a-12:30p, 2:30p-4:30p, 6:30p-8p	11d. Election Location(s): conference room on site G99
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12a. Full Name of Petitioner (including local union and number): Service Employees International Union District 1199 WKO	12b. Address (street and number, city, State and ZIP code): 1395 Dublin Rd. Columbus, Ohio 43215
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Service Employees International Union

12d. Tel. No. 614-461-1199	12e. Cell No. 304-840-5993	12f. Fax No. 614-461-1549	12g. E-Mail Address smckinney@seiu1199.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of this representation proceeding. 13a. Name and Title: Sherri McKinney, Organizing Director	13b. Address (street and number, city, State and ZIP code): 1395 Dublin Rd. Columbus, Ohio 43215
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13c. Tel. No. 614-461-1199	13d. Cell No. 304-840-5993	13e. Fax No. 614-461-1549	13f. E-Mail Address smckinney@seiu1199.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) Sherri McKinney	Signature 	Title Organizing Director	Date 1/22/2020

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 09-RC-255545	Date Filed January 31, 2020
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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) 3610 Harlock Road FL Melbourne 32934-
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3a. Employer Representative - Name and Title Mabel O'Quinn	3b. Address (If same as 2b - state same) 3610 Harlock Road FL Melbourne 32934-
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3c. Tel. No. (321) 794-3783	3d. Cell No.	3e. Fax No. (321) 622-4729	3f. E-Mail Address moquinn@patronususa.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Systems & Services	4b. Principal product or service Security	5a. City and State where unit is located: Louisville, KY
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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: 50 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"/>
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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.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ 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): 2/16/2020	11c. Election Time(s): Mail Ballot Election	11d. Election Location(s): Mail Ballot Election
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12a. Full Name of Petitioner (Including local name and number) STEVE MARITAS Law Enforcement Officers Security Unions LEOSU, LEOS-PBA	12b. Address (street and number, city, state, and ZIP code) 1155 F STREET NW #1050 DC Washington DC 20004-
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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)
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA

12d. Tel No. (800) 516-0094	12e. Cell No. (202) 486-8558	12f. Fax No. (202) 595-3510	12g. E-Mail Address Leosunions@gmail.com
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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	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) STEVE MARITAS	Signature Steve Maritas	Title Organizing Director	Date 01/31/2020 13:31:43
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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	Date Filed
09-RC-255545	January 31, 2020

Employees Included

All full time and regular part-time armed and unarmed security officers performing guard duties as defined in Section 9(b)(3) of the Act employed by the Employer @ assigned to federal facilities in the Commonwealth of Kentucky

Employees Excluded

all other employees, office clerical employees, professional employees and supervisors as defined by the Act.