

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-244587	Date Filed JULY 10, 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 Pleasant Valley Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2520 Valley Drive WV Point Pleasant 25550-	
3a. Employer Representative - Name and Title Emily Gaskins		3b. Address (If same as 2b - state same) 2520 Valley Drive WV Point Pleasant 25550-	
3c. Tel. No. (304) 675-1708	3d. Cell No.	3e. Fax No. (304) 675-6975	3f. E-Mail Address egaskins@pvalley.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities		4b. Principal product or service Patient Care	5a. City and State where unit is located: Point Pleasant WV

5b. Description of Unit Involved		6a. No. of Employees in Unit: 70
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). No reply received

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): July 24, 2019	11c. Election Time(s): 6am-8am, 11am-2pm, 6-8pm	11d. Election Location(s): McNeil Conference Room
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12a. Full Name of Petitioner (including local name and number) Amber Stenman United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union,		12b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913 PA Pittsburgh 15222-	
*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. (724) 840-4398	12f. Fax No. (412) 562-2555	12g. E-Mail Address astenman@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 Bennett P. Allen USW Local Counsel Cook & Logothetis, LLC		13b. Address (street and number, city, state, and ZIP code) 30 Garfield Place, Suite 540 OH Cincinnati 45202-	
13c. Tel No. (513) 287-6992	13d. Cell No.	13e. Fax No. (513) 721-1178	13f. E-Mail Address ballen@econjustice.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) Bennett P. Allen	Signature Bennett P. Allen	Title USW Local Counsel	Date 07/9/2019 16:26:56
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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-244587	JULY 10, 2019

Employees Included

All full-time and regular part-time and per diem Registered Nurses employed by Pleasant Valley Hospital at its acute care hospital located in Point Pleasant, WV

Employees Excluded

All other employees including temporary employees, office clerical and professional employees, technical and skilled maintenance unit employees, guards, and supervisors as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-244800	Date Filed JULY 15 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 Sodexo		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1001 St. Josephs Ln. KY London 40741-	
3a. Employer Representative - Name and Title Shannon Stevens		3b. Address (if same as 2b - state same) 1001 St. Josephs Ln. KY London 40741-	
3c. Tel. No.	3d. Cell No. (859) 353-1730	3e. Fax No.	3f. E-Mail Address shannon.stevens@sodexo.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others	4b. Principal product or service Food preparation and service	5a. City and State where unit is located: London, 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: 26
		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).		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): July 31, 2019	11c. Election Time(s): 9am-10am; 1:30pm-2:30pm	11d. Election Location(s): Inside the facility's training room
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12a. Full Name of Petitioner (Including local name and number) Dave Villegas United Food and Commercial Workers International Union Local 227	12b. Address (street and number, city, state, and ZIP code) 3330 PINECROFT DR KY Louisville 40219-
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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 Food and Commercial Workers International Union

12d. Tel No. (502) 582-3508	12e. Cell No. (502) 689-1652	12f. Fax No. (502) 582-9152	12g. E-Mail Address dvillegas@ufcw227.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 Jon Karmel Attorney Karmel Law Firm		13b. Address (street and number, city, state, and ZIP code) 221 N. LaSalle Blvd. #1550 IL Chicago 60601-	
13c. Tel No. (800) 459-6264	13d. Cell No.	13e. Fax No. (312) 641-0781	13f. E-Mail Address jon@karmellawfirm.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) Dave Villegas	Signature Dave Villegas	Title Organizer	Date 07/12/2019 16:02:30
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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.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

All hourly full time and part time food service workers including cooks, dishwashers, ambassadors, expeditors, call center and salad person

Employees Excluded

Management, supervisory, clerical, temporaries and guards as defined by the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
09-RC-245071

Date Filed
JULY 18, 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 Yanfeng Interior Systems		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7111 Tradeport Drive KY Louisville 40258-	
3a. Employer Representative - Name and Title Devona Winkfield		3b. Address (If same as 2b - state same) 7111 Tradeport Drive KY Louisville 40258-	
3c. Tel. No. (502) 995-2349	3d. Cell No. (502) 297-1334	3e. Fax No.	3f. E-Mail Address devona.winkfield@yfai.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Auto & Truck Parts	4b. Principal product or service Auto parts		5a. City and State where unit is located: Louisville, KY
5b. Description of Unit Involved			6a. No. of Employees in Unit: 11
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) 07/10/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received
 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): August 2, 2019	11c. Election Time(s): 6am-7am and 2pm-3pm	11d. Election Location(s): Training room at the plant
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12a. Full Name of Petitioner (including local name and number) Dave Villegas United Food & Commercial Workers International Union Local 227	12b. Address (street and number, city, state, and ZIP code) 3330 Pinecroft Drive KY Louisville 40219-
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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 Food & Commercial Workers International Union

12d. Tel No. (502) 582-3508	12e. Cell No. (502) 689-1652	12f. Fax No. (502) 582-9152	12g. E-Mail Address dvillegas@ufcw227.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 Jonathan Karmel Attorney Karmel Law Firm		13b. Address (street and number, city, state, and ZIP code) 221 N. LaSalle Street Suite 1550 IL Chicago 60601-	

13c. Tel No. (312) 641-2910	13d. Cell No. (708) 204-1574	13e. Fax No.	13f. E-Mail Address jon@karmellawfirm.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) Dave Villegas	Signature Dave Villegas	Title Organizer	Date 07/17/2019 15:32:17
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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.

2

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
09-RC-245071	JULY 18, 2019

Employees Included
Process Techs

Employees Excluded

All management, supervisors, clerical, office, and temporary employees; represented employees of other bargaining units; guards as defined by the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-245599	Date Filed JULY 29, 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 Loomis Armored US, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1720 Bluegrass Ct, Louisville, KY 40299
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3a. Employer Representative - Name and Title Sandra Strong - VP HR+LR	3b. Address (if same as 2b - state same) 2500 City West Blvd., Suite 900, Houston, TX 77042
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3c. Tel. No. 713-435-6945	3d. Cell No.	3e. Fax No. 713-435-6928	3f. E-Mail Address sandra.strong@us.loomis.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) SECURITY AGENCY	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: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED DRIVERS, MESSENGERS, ATM TECHS AND LEAD OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY LOOMIS ARMORED US, INC @ 11720 BLUEGRASS CT., LOUISVILLE, KY 40299 Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.	6a. No. of Employees in Unit: 31 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). **NO**
 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? **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.

11b. Election Date(s): 8/15/19	11c. Election Time(s): 5:15 am - 8:30 am & 4:00 pm - 8:00 pm	11d. Election Location(s): Mechanic Conference Room
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12a. Full Name of Petitioner (including local name and number) International Union, Security, Police and Fire Professionals of America (SPFPA)	12b. Address (street and number, city, state, and ZIP code) 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)

12d. Tel No. 586-772-7250 X111	12e. Cell No. 586-872-5634	12f. Fax No. 586-772-9644	12g. E-Mail Address 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.

13a. Name and Title Gordon Gregory, General Counsel	13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226
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13c. Tel No. 313-964-5600	13d. Cell No.	13e. Fax No. 313-964-2125	13f. E-Mail Address 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.

Name (Print) David L. Hickey	Signature 	Title International President	Date 7/26/19
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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

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