

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-257491	Date Filed March 5, 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 Quickway Carriers		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 2827 S. English Station Rd. KY Louisville 40299	
3a. Employer Representative - Name and Title Kerrie Evola		3b. Address (if same as 2b - state same) 2827 S. English Station Rd. KY Louisville 40299	
3c. Tel. No. (502) 708-1300	3d. Cell No.	3e. Fax No. (502) 708-1320	3f. E-Mail Address kernye@quickwaycarriers.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking		4b. Principal product or service grocery	
		5a. City and State where unit is located: Louisville, KY	
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: 77 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: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 01/22/2020 and Employer declined recognition on or about 01/23/2020 (Date) (if no reply received, so state). Yes <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input type="checkbox"/> 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): March 27, 2020		11c. Election Time(s): 4am to 8pm	
		11d. Election Location(s): Quickway utility room	
12a. Full Name of Petitioner (including local name and number) Bryan Trafford Teamsters Local 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. (706) 564-7002	12e. Cell No.	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	Date 03/5/2020 09:55:10

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-257491	March 5, 2020

Employees Included

all full time drivers, part time drivers, and dispatchers

Employees Excluded

all office clerical employees, temporary employees, professional 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-258309	Date Filed 3-23-2020

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 LDRM, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2553 Dulles View Drive Suite 700 VA Herndon 20171-	
3a. Employer Representative - Name and Title Ladonna Lainhart		3b. Address (If same as 2b - state same) 2553 Dulles View Drive Suite 700 VA Herndon 20171-	
3c. Tel. No. (606) 524-2303	3d. Cell No.	3e. Fax No.	3f. E-Mail Address ladonna.lainhart@ldrmlc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services		4b. Principal product or service Consular Center Support Services	
		5a. City and State where unit is located: Williamsburg, KY	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 388
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) 03/23/2020 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: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		
11b. Election Date(s): April 6, 2020	11c. Election Time(s): n/a	11d. Election Location(s): n/a

12a. Full Name of Petitioner (including local name and number) Mark Meinster United Electrical, Radio and Machine Workers of America (UE)	12b. Address (street and number, city, state, and ZIP code) 37 S. Ashland Ave IL Chicago 60607-
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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 Electrical, Radio and Machine Workers of America (UE)

12d. Tel No. (773) 405-3022	12e. Cell No. (773) 405-3022	12f. Fax No.	12g. E-Mail Address mark.meinster@ueunion.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)	
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) Mark Meinster	Signature Mark Meinster	Title International Representative	Date 03/23/2020 10:49:33
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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-258309	3-23-2020

Employees Included

All full-time and regular part-time hourly employees of the employer working at the Kentucky Consular Center, 3505 Highway 25, Williamsburg, KY.

Employees Excluded

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RM-258504	Date Filed 3-27-2020

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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE – One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner
New Lebanon SNF, LLC d/b/a SKLD New Lebanon

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
101 Mills Place
OH New Lebanon 45345-

3a. Employer/Petitioner Representative – Name and Title
Janice Ferris Administrator

3b. Address (if same as 2b – state same)
101 Mills Place
OH New Lebanon 45345-

3c. Tel. No.
(937) 687-1311

3d. Cell No.
(937) 389-9358

3e. Fax No.
(937) 687-3991

3f. E-Mail Address
JFerris@illuminate-hc.com

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

4b. Principal product or service
Nursing Home/Long Term Care

5a. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

5b. City and State where unit is located:
New Lebanon, OH

6. No. of Employees in Unit:
58

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____.

7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

8a. Recognized or Certified Bargaining Agent - Name Carol Walters
SEIU/District 1199 WV/KY/OH The Health Care and Social Service Union CTW CLC

8b. Affiliation, if any
Service Employees International Union (SEIU)

8c. Address
1395 Dublin Road
OH Columbus 43215-____

8d. Tel. No.
(614) 461-1198

8e. Cell No.
(740) 709-9004

8f. Fax No.
(614) 461-1549

8g. E-Mail Address
cwalters@seiu1199.org

9. Date of Recognition or Certification

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
06/30/2020

11. 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) _____.

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded 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 and affiliation if any	12b. Address	12c. Tel. No.	12d. Cell No.
		12e. Fax No.	12f. E-Mail Address

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):
May 1, 2020

13c. Election Time(s):
1:00 p.m. - 2:30 p.m. and 6:30 p.m. - 8:30 p.m.

13d. Election Location(s):
Employee Break Room

14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title Robert C Pivonka Counsel
Rolf Goffman Martin Lang LLP

14b. Address (street and number, city, state, and ZIP code)
30100 Chagrin Boulevard Suite 350
OH Cleveland 44124-

14c. Tel No.
(216) 682-2109

14d. Cell No.
(216) 401-2827

14e. Fax No.
(216) 682-2109

14f. E-Mail Address
Pivonka@RolfLaw.com

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

Name (Print) Robert C Pivonka	Signature Robert C Pivonka	Title Counsel	Date 03/27/2020 12:44:18
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PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
09-RM-258504	3-27-2020

Employees Included

STNAs, Nursing Assistants, Rehabilitation Aides, Restorative Aides, Central Supply Clerks, Dietary Aides, Cooks, Housekeeping, Floor Care, Laundry, Activities Assistants, Maintenance Assistant and specified named Receptionist

Employees Excluded

RNs, LPNs, Confidential Employees, Business and Office Clerical, Receptionists, Beauticians, Schedulers, Guards and Supervisors