

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-249228	Date Filed 10-2-2019

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: Sofidel America	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 25910 US 23, Circleville, Ohio 43113
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3a. Employer Representative - Name and Title: Marco Lombardi, Sofidel America Site Operations Manager	3b. Address (if same as 2b - state same): Same as 2b
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3c. Tel. No. 740-601-6748	3d. Cell No.	3e. Fax No.	3f. E-Mail Address marco.lombardi@sofidelamerica.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory	4b. Principal Product or Service Paper	5a. City and State where unit is located: Circleville, Ohio
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5b. Description of Unit Involved: Included: All Stock Prep CHP/Boiler Operators employed at the Circleville Plant	6a. Number of Employees in Unit: 8
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Excluded: All other employees including secretaries, guards, and statutory supervisors.	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) October 1, 2019 and Employer declined recognition on or about (Date) October 1, 2019 (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? No If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
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 and election in this matter, state your position with respect to any such election: **Petitioner requests Board monitored mail election.** **11a. Election Type:** Manual Mail Mixed Manual/Mail

11b. Election Date(s): October 31, 2019	11c. Election Time(s): TBD	11d. Election Location(s): MAIL
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12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, Local 18	12b. Address (street and number, city, State and ZIP code): 3515 Prospect Avenue, Cleveland, Ohio 44115
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union of Operating Engineers

12d. Tel. No. 216-432-3138	12e. Cell No. NA	12f. Fax No. 216-486-7258	12g. E-Mail Address NA
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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: Timothy R. Fadel, Attorney	13b. Address (street and number, city, State and ZIP code): 18500 Lake Road, Suite 120, Rocky River, Ohio 44116

13c. Tel. No. 440-333-2050	13d. Cell No. 216-308-1348	13e. Fax No. 440-333-1695	13f. E-Mail Address tfadel@fadelbeyer.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) Timothy Fadel	Signature 	Title Attorney	Date 10/1/19
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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**

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-249432	Date Filed 10-4-2019

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

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

2a. Name of Employer: Kentuckians for the Commonwealth	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): P.O. Box 1450 London, Ky 40743
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3a. Employer Representative - Name and Title: Burt Lauderdale, Executive Director	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 608-878-2161	3d. Cell No.	3e. Fax No.	3f. E-Mail Address burt@kftc.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Advocacy Organization	4b. Principal Product or Service Social Justice	5a. City and State where unit is located: Statewide
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5b. Description of Unit Involved: Included: All permanent full-time and part-time employees, apprentices, and fellows; Excluded: All managers, supervisors, and guards as defined in the Act.	6a. Number of Employees in Unit: 15	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) _____ on or about (Date) _____ (If no reply received, so state). and Employer declined recognition
 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? 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): October 16, 2019	11c. Election Time(s): N/A	11d. Election Location(s): N/A
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12a. Full Name of Petitioner (including local name and number): Chicago & Midwest Regional Joint Board, Workers United/SEIU	12b. Address (street and number, city, State and ZIP code): 333 S. Ashland Ave., Chicago, IL 60607
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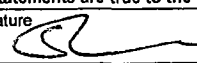
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Workers United/SEIU

12d. Tel. No. 312-738-6100	12e. Cell No.	12f. Fax No.	12g. E-Mail Address cmrjbmedia@gmail.com
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13a. Name and Title: Robert S. Cervone	13b. Address (street and number, city, State and ZIP code): 8 S. Michigan Ave., 1900, Chicago, IL 60603
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13c. Tel. No. 312-372-1361	13d. Cell No.	13e. Fax No. 312-372-6599	13f. E-Mail Address rcervone@dbb-law.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Robert S. Cervone	Signature 	Title Attorney	Date 10/4/2019
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-249780	Date Filed 10-11-19

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

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

2a. Name of Employer: Cabell Huntington Hospital	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1340 Hal Greer Blvd. Huntington, WV 25701
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3a. Employer Representative - Name and Title: Kevin Fowler- CEO	3b. Address (if same as 2b - state same): same
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3c. Tel. No. 304-526-2000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kevin.fowler@chhi.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital	4b. Principal Product or Service Healthcare	5a. City and State where unit is located: Huntington, WV
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5b. Description of Unit Involved: Included: All full time, part time and casual Registered Nurses and Nurse Practitioners Excluded: All other employees, including supervisors as defined by the act	6a. Number of Employees in Unit: 900
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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: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>10/9/19</u> and Employer declined recognition on or about (Date) <u>10/9/19</u> (if no reply received, so state).	<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)	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? <u>NO</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____
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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: election held on the premises in one day	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): 11/13/19	11c. Election Time(s): 5:30a-7:30a, 10:30a-12:30p, 2:30p-4:30p, 6:30p-8:30p	11d. Election Location(s): conference room
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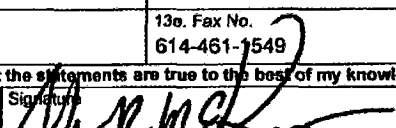
12a. Full Name of Petitioner (including local name and number): Service Employees International Union District 1199 WKO	12b. Address (street and number, city, State and ZIP code): 1395 Dublin Rd. Columbus, Ohio 43215
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12c. Full name of national or international 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. 614-461-1199	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: 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 R. McKinney	Signature 	Title Organizing Director	Date 10/9/19

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 09-RC-249814	Date Filed October 11, 2019
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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 THE OHIO POWER COMPANY	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 38831 State Route 7 OH REEDSVILLE 45772-
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3a. Employer Representative - Name and Title AMANTHA A YOSHIDA	3b. Address (If same as 2b - state same) 1 Riverside Plz OH COLUMBUS 43215-
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3c. Tel. No. (614) 883-7757	3d. Cell No.	3e. Fax No.	3f. E-Mail Address aayoshida@aep.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electric Utilities	4b. Principal product or service Electricity distribution	5a. City and State where unit is located: Pomeroy, OH
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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: 9 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) 10/10/2019 and Employer declined recognition on or about 10/10/2019 (Date) (If no reply received, so state). Yes**
 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? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 11-4-2019	11c. Election Time(s): 7 AM TO 8 AM	11d. Election Location(s): Employers location 38831 State Route 7, Reedsville, OH 45772
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12a. Full Name of Petitioner (including local name and number) DALE PRESTON MCCRAY International Brotherhood of Electrical Workers, Local Union 1466, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 839 GOODALE BLVD SUITE 200 OH COLUMBUS 43212-
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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 Electrical Workers

12d. Tel No. (304) 841-2140	12e. Cell No. (304) 841-2140	12f. Fax No. (614) 866-6526	12g. E-Mail Address dale_mccray@ibew.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) DALE PRESTON MCCRAY	Signature Dale Preston McCray	Title LEAD ORGANIZER	Date 10/11/2019 12:40:40
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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

09-RC-249814

October 11, 2019

Attachment

Employees Included

All full-time and part-time Line Mechanics and Line Servicers employed by the Employer at its Pomeroy, Ohio facility.

Employees Excluded

All other employees, office clerical employees, confidential employees, managers and all 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-250437

Date Filed
October 23, 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
DSI Tunnelling, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1032 East Chestnut Street, Louisville Kentucky 40204

3a. Employer Representative - Name and Title
Dave Harvanik General Manager

3b. Address (If same as 2b - state same)
Same as above

3c. Tel. No.
502-473-1010

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
dsiunderground@dsiunderground.com

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

4b. Principal product or service
Tunnelling components

5a. City and State where unit is located:
Louisville Kentucky

5b. Description of Unit Involved
Included: All production and maintenance employees employed at it's facility located at 1032 E. Chestnut St. Louisville KY 40204
Excluded: All office clerical employees, sale employees, temporary employees, and all professional employees, guards and supervisors as defined in the Act.

6a. No. of Employees in Unit:
14

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) **10/22/2019** and Employer declined recognition on or about **10/22/2019** (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).
None

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):
to be determined

11c. Election Time(s):
to be determined

11d. Election Location(s):
employer facility neutral location

12a. Full Name of Petitioner (including local name and number)
Teamsters Local Union # 89

12b. Address (street and number, city, state, and ZIP code)
3813 Taylor Blvd. Louisville KY. 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
Bryan Trafford Organizer

13b. Address (street and number, city, state, and ZIP code)
3813 Taylor Blvd. Louisville KY. 40215

13c. Tel No.
502-368-5885

13d. Cell No.
706-564-7002

13e. Fax No.
502-366-2009

13f. E-Mail Address
btrafford@teamsters89.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) **Bryan Trafford** Signature **Bryan Trafford** Title **Organizer** Date **10/23/19**

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RD-249405	Date Filed October 4, 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: 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
UC HEALTH, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
3200 Burnet Ave, Executive Suite, Cincinnati, OH 45229-3099

3a. Employer Representative - Name and Title
Clarence Pauley III

3b. Address (if same as 2b - state same)
SAME AS ABOVE

3c. Tel. No.
(513)585-6000

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
clarence.pauley_iii@uchealth.com

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

4b. Principal product or service
HEALTH CARE

5a. City and State where unit is located:
Cincinnati, OH

5b. Description of Unit Involved

Included: Included: Mechanics I & II, Electrical, HVAC.

Excluded: All other employees, professionals, supervisors and guards.

6a. No. of Employees in Unit:
10

6b. 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 [X] 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
International Union of Operating Engineers, AFL-CIO, CLC, Local 20

8b. Address
1150 W 8th St Ste 205, Cincinnati, OH 45203-1242

8c. Tel No.
(513)751-1671

8d. Cell No.
(513)673-1321

8e. Fax No.

8f. E-Mail Address
billhuesman@iuoe20.org

8g. Affiliation, if any

8h. Date of Recognition or Certification
November 28, 2016

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 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):

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner
(b) (6), (b) (7)(C)

12b. Address (street and number, city, state, and ZIP code)
(b) (6), (b) (7)(C)

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

12d. Tel No.
(b) (6), (b) (7)(C)

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
(b) (6), (b) (7)(C)

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
(b) (6), (b) (7)(C)

13b. Address (street and number, city, state, and ZIP code)
SAME AS ABOVE

13c. Tel No.
SAME AS ABOVE

13d. Cell No.
SAME AS ABOVE

13e. Fax No.
SAME AS ABOVE

13f. E-Mail Address
SAME AS ABOVE

I declare that I have read the above petition and its contents and believe the information is true to the best of my knowledge and belief.

Name (Print)
(b) (6), (b) (7)(C)

Signature
X

Title

Date
3 OCT 19

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(b) (6), (b) (7)(C)

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 Illuminate HC - SKID		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 101 Millsplace, New Lebanon, Oh. 45345	
3a. Employer Representative - Name and Title		3b. Address (If same as 2b - state same)	
3c. Tel. No. 937-687-1311	3d. Fax No.	3e. Cell No.	3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home	4b. Principal product or service Health Care
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5a. Description of Unit Involved Included: STNA, Nursing assistants, Rehabilitation aides, Restorative aides, Central supply clerks, Dietary aides, Cooks, housekeeping aides Excluded: Floor care employees, Laundry aides, dietary assistants, Registered nurses, Licensed vocational nurses, office clerical	5b. City and State where unit is located: New Lebanon Ohio
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6. No. of Employees in Unit	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent Service Employees International Union	8b. Affiliation, if any
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8c. Address 1771 E 30th St. Cleveland, Oh. 44114	8d. Tel. No. 877-419-7348	8e. Cell No.	8f. Fax No.	8g. E-Mail Address
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9. Date of Recognition or Certification 2001	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) June 30, 2020
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
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11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	a labor organization, of since (Month, Day, Year)
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12. Organizations or individuals other 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 NONE	12b. Address	12c. Tel. No.	12d. Fax No.	12e. Cell No.	12f. E-Mail Address
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13. **Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	13b. Election Date(s) 11-8-2019	13c. Election Time(s) 1:00 pm + 7:30 pm	13d. Election Location(s) Illuminate HC - SKID
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14. Full Name of Petitioner
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No.	14c. Fax No.	14d. Cell No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
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14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name (b) (6), (b) (7)(C)	15b. Title
(b) (6), (b) (7)(C)	15c. Address (Street and number, city, state, ZIP code)
(b) (6), (b) (7)(C)	15d. Tel. No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	15e. Fax No.
(b) (6), (b) (7)(C)	15f. Cell No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	15g. 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) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 10-25-19
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STATEMENTS CONTAINED HEREIN ARE UNLAWFUL AND PROHIBITED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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