

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

RECEIVED  
NLRB REGION 8

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

08-RC-237069

Date Filed

3/5/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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**  
Creative Management Technology, Inc.

**2b. Address(es) of Establishment(s) Involved** (Street and number, city, State, ZIP code)  
21000 Brookpark Rd., Building 351, Room 122, Cleveland, OH 44315

**3a. Employer Representative - Name and Title**  
Elliot Bujosa, Project Manager

**3b. Address** (if same as 2b - state same)  
Same

**3c. Tel. No.**  
(216) 433-6873

**3d. Cell No.**  
(216) 302-9950

**3e. Fax No.**  
N/A

**3f. E-Mail Address**  
ebujosa@cmrtl.com

**4a. Type of Establishment** (Factory, mine, wholesaler, etc.)  
Government Contractor

**4b. Principal product or service**  
Custodial Maintenance

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

**5b. Description of Unit Involved**  
Included: All full-time and regular part-time custodial employees, including custodians, wall/furniture washers, window cleaners, utility workers, crew leaders, clean room technicians and carpet floor crew  
Excluded: All office clerical, professional employees, guards and supervisors as defined in the Act.

**6a. No. of Employees in Unit:**  
37

**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) 1/7/2019 and Employer declined recognition on or about 1/16/2019 (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?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

**11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):**  
March 29, 2019

**11c. Election Time(s):**  
1:30 P.M. - 4:30 P.M.

**11d. Election Location(s):**  
Training Room/Building 14

**12a. Full Name of Petitioner** (including local name and number)  
International Association of Machinists and Aerospace Workers, District Lodge 54

**12b. Address** (street and number, city, state, and ZIP code)  
2625 Winchester Pike, Columbus, OH 43232

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Association of Machinists and Aerospace Workers, AFL-CIO/CLC

**12d. Tel No.**  
(614) 239-0401

**12e. Cell No.**

**12f. Fax No.**  
(614) 239-0415

**12g. E-Mail Address**  
54@DL54.com

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

**13a. Name and Title** T. Dean Wright, Jr., President & DBR

**13b. Address** (street and number, city, state, and ZIP code)  
2625 Winchester Pike, Columbus, OH 43232

**13c. Tel No.**  
(614) 239-0401


**13d. Cell No.**  
N/A

**13e. Fax No.**  
(614) 239-0415

**13f. E-Mail Address**  
dwright@DL54.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)**  
Nicholas A. Scolto

**Signature** 

**Title**  
Special Representative

**Date**  
March 5, 2019

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.

RECEIVED  
NLRB REGION 8

DO NOT WRITE IN THIS SPACE	
Case No. 8 08-RC-238183	Date Filed 3/22/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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: Summit Academy Community School Parma	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5868 Stumph Road, Parma Ohio 44130
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3a. Employer Representative - Name and Title: Gina Pampanini-Tantash, Principal	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 440-888-5407	3d. Cell No.	3e. Fax No. 440-888-5417	3f. E-Mail Address gina.tantash@summitacademies.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) School	4b. Principal Product or Service Education	5a. City and State where unit is located: Parma, Ohio
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5b. Description of Unit Involved: Included: See attached	6a. Number of Employees in Unit: 3
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Excluded: See attached	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) 3/22/2019 on or about (Date) No reply (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) 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: \_\_\_\_\_  
11a. Election Type:  
 Manual  Mail  Mixed Manual/Mail

11b. Election Date(s): 4/10/2019	11c. Election Time(s): 3:45 PM to 4:45 PM	11d. Election Location(s): School Building- Dojo
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12a. Full Name of Petitioner (including local name and number): Cleveland Alliance of Charter Teachers & Staff Local 6570, a/w Ohio Federation of Teachers, AFT, AFL-CIO	12b. Address (street and number, city, State and ZIP code): 4415 Euclid Ave #335, Cleveland OH 44103
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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):  
American Federation of Teachers, AFL-CIO

12d. Tel. No. 216-664-0729	12e. Cell No. 612-968-0818	12f. Fax No. 216-664-0812	12g. E-Mail Address elehto@aft.org
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13a. Name and Title: Eric Lehto, National Representative	13b. Address (street and number, city, State and ZIP code): 4415 Euclid Ave #335, Cleveland OH 44103
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13c. Tel. No. 216-664-0729	13d. Cell No. 612-968-0818	13e. Fax No. 216-664-0812	13f. E-Mail Address elehto@aft.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) Eric Lehto	Signature 	Title National Representative	Date 3/22/2019
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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.

Form NLRB-502 (RC)

ATTACHMENT

RECEIVED  
NLRB REGION 8

2019 MAR 22 AM 10: 10

CLEVELAND, OHIO

Summit Academy Community School- Parma

Case No. 08-RC-\_\_\_\_\_

Date Filed: March 22<sup>nd</sup>, 2019

Question 5b. Description of Unit Involved:

Included: All full-time and regular part-time non-professional instructional employees, including:  
Instructional Assistants

Excluded: All professional employees, Administrative Assistant, Principal, IEP  
Coordinator/Behavior Specialist, Food Server, Janitor, and Sensei, all other managerial  
employees, administrative employees, guards, and supervisors as defined in the Act,  
and all other employees.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RD PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 08-RD-237594	Date Filed 3/13/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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: Karman Rubber  
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): 2331 Copley Rd, Akron, OH 44320-1499

3a. Employer Representative - Name and Title: Stephanie Brown  
3b. Address (if same as 2b - state same): SAME AS ABOVE

3c. Tel. No.: (330)864-2161  
3d. Cell No.:  
3e. Fax No.: (330)864-2124  
3f. E-Mail Address:

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Manufacturer  
4b. Principal product or service: Rubber Products  
5a. City and State where unit is located: Akron, OH

5b. Description of Unit Involved  
Included: All full-time regular/ part-time production and maintenance employees.  
Excluded: All office clerical employees, guards and supervisors as defined by the Act.  
6a. No. of Employees in Unit: 5  
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: United Steelworkers AFL-CIO-CLC  
8b. Address: 4069 Bradley Cir NW, Canton, OH 44718-2565

8c. Tel No.: (330)493-7721  
8d. Cell No.:  
8e. Fax No.: (330)493-7870  
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): February 28, 2019

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): March 22, 2019  
11c. Election Time(s): 7:15 a.m. to 8:15 a.m.  
11d. Election Location(s): Main Conference Room

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:

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 that the statements are true to the best of my knowledge and belief.

Name (Print): (b) (6), (b) (7)(C)  
Signature: X (b) (6), (b) (7)(C)  
Title: X  
Date: X 3/8/19

WILLFUL FALSE STATEMENTS COMPLETED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
CY ACT STATEMENT

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