

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 27-RC-260482	Date Filed 5/15/2020
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer Albertsons	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1076 CY Avenue WY Casper 8260-1502
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3a. Employer Representative - Name and Title Robert McLaughlin	3b. Address (If same as 2b - state same) 6900 South Yosemite CO Centennial 80112-
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3c. Tel. No. (208) 395-6154	3d. Cell No.	3e. Fax No. (623) 295-3892	3f. E-Mail Address robert.mclaughlin@safeway.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (Grocery)	4b. Principal product or service Groceries	5a. City and State where unit is located: Casper, WY
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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: 4	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): June 1, 2020	11c. Election Time(s): N/A	11d. Election Location(s): By mail ballot
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12a. Full Name of Petitioner (including local name and number) Randy Tiffey United Food and Commercial Workers International Union Local 7	12b. Address (street and number, city, state, and ZIP code) 7760 West 38th Avenue Suite 400 CO Wheat Ridge 80033-
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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 AFL/CIO

12d. Tel No. (303) 425-0897	12e. Cell No.	12f. Fax No.	12g. E-Mail Address rtiffey@ufcw7.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Todd McNamara General Counsel United Food and Commercial Workers International Union Local 7	13b. Address (street and number, city, state, and ZIP code) 7760 West 38th Avenue Suite 400 CO Wheat Ridge 80033-
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13c. Tel No. (303) 425-0897	13d. Cell No.	13e. Fax No.	13f. E-Mail Address treese@ufcw7.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) Todd McNamara	Signature Todd McNamara	Title General Counsel	Date 05/15/2020 16:58:48
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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

Employees Included

All full-time and part-time Pharmacy Technicians in a self-determination election to determine whether such employees wish to be included within the existing Bargaining Unit presently represented by Petitioner (Armour-Globe election).

Employees Excluded

All supervisors (including Managers, Work Group Managers, and Interim Managers), guards, salaried, office clerical, confidential, professional, temporary, and contracted employees, as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-260937	Date Filed 5/28/2020

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
Billings Gazette

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
401 N. Broadway Billings, MT 59101

3a. Employer Representative - Name and Title
Dave Worstell, Publisher

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

3c. Tel. No.
406-657-1352

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
dworstell@billingsgazette.com

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

4b. Principal product or service
Newspapers

5a. City and State where unit is located.
Billings, MT

5b. Description of Unit Involved

Included: All Newsroom employees.

Excluded: All supervisors, managerial employees, and confidential employees.

6a. No. of Employees in Unit
21

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) 5/28/2020 and Employer declined recognition on or about N/A (Date) (If no reply received, so state). **No Reply**

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
N/A

8c. Tel No.
N/A

8d. Cell No.
N/A

8e. Fax No.
N/A

8f. E-Mail Address
N/A

8g. Affiliation, if any
N/A

8h. Date of Recognition or Certification
N/A

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
N/A

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? N/A

(Name of labor organization) N/A has picketed the Employer since (Month, Day, Year) N/A

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
N/A

10b. Address
N/A

10c. Tel. No.
N/A

10d. Cell No.
N/A

10e. Fax No.
N/A

10f. E-Mail Address
N/A

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):
June 11 Mail Ballots Sent Out

11c. Election Time(s):
June 25 Tally of Ballots

11d. Election Location(s):
N/A

12a. Full Name of Petitioner (including local name and number)
Denver Newspaper Guild - CWA Local 37074

12b. Address (street and number, city, state, and ZIP code)
1175 Osage St Ste 205, Denver, CO 80204

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

12d. Tel No.
(303) 595-9818

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
dng@denvernewspaperguild.org

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

13a. Name and Title
William Reinken, Attorney

13b. Address (street and number, city, state, and ZIP code)
8085 E Prentice Ave, Greenwood Village, CO 80111

13c. Tel No.
(303) 721-7399


13d. Cell No.

13e. Fax No.

13f. E-Mail Address
wreinken@cwa-union.org

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)
William Reinken

Signature


Title
Attorney

Date
5/28/2020

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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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 27-RC-260981	Date Filed 5/28/2020
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer Albertsons	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2625 E. 2nd Street WY Casper 82609
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3a. Employer Representative - Name and Title Robert McLaughlin	3b. Address (If same as 2b - state same) 6900 South Yosemite Street CO Centennial 80112
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3c. Tel. No. (208) 395-6154	3d. Cell No.	3e. Fax No. (623) 295-3892	3f. E-Mail Address robert.mclaughlin@safeway.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (Grocery)	4b. Principal product or service Grocery	5a. City and State where unit is located: Casper, WY
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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: 3	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) 05/28/2020 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
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): June 11, 2020	11c. Election Time(s): N/A	11d. Election Location(s): By mail ballot
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12a. Full Name of Petitioner (including local name and number) Randy Tiffey United Food and Commercial Workers Local 7	12b. Address (street and number, city, state, and ZIP code) 7760 W. 38th Avenue Suite 400 CO Wheat Ridge 80033
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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 AFL-CIO

12d. Tel. No. (303) 425-0897	12e. Cell No. (720) 439-0056	12f. Fax No. (303) 424-2416	12g. E-Mail Address rktiffey@ufcw7.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Todd McNamara General Counsel United Food and Commercial Workers Local 7	13b. Address (street and number, city, state, and ZIP code) 7760 W. 38th Avenue Suite 400 CO Wheat Ridge 80033
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13c. Tel. No. (303) 425-0897	13d. Cell No. (720) 646-6589	13e. Fax No. (303) 424-2416	13f. E-Mail Address spalladino@ufcw7.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) Randy Tiffey	Signature Randy Tiffey	Title Organizing Director	Date 05/28/2020 12:45:19
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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

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

Employees Included

All full-time and regular part-time pharmacists in self-determination election to determine whether they will be represented by Petitioner and join the existing Casper retail bargaining unit represented by Petitioner (Armour-Globe election).

Employees Excluded

Store Director, Assistant Store Director, all other employees, supervisors, security, confidential, and all temporary employees as defined in the Act.

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 Shamrock Foods Inc		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1495 North Hickory Ave. Meridian, ID 83642	
3a. Employer Representative - Name and Title Jim Lehman, Operations Manager		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 208/884-8400	3d. Fax No.	3e. Cell No.	3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Warehouse	4b. Principal product or service Food Service
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5a. Description of Unit Involved	5b. City and State where unit is located:
Included: Truck Drivers and Transportation Department employees	Meridian, ID
Excluded: Supervisors, Managers, Confidential Employees, Mechanics	

6. No. of Employees in Unit 34	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 Teamsters Local 483		8b. Affiliation, if any Int'l Bro. of Teamsters	
8c. Address 225 N. 16th St. Suite 112 Boise, ID 83702		8d. Tel. No. 208/343-5439	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address

9. Date of Recognition or Certification March 7, 2019	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) No current contract
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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) N/A (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 N/A	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s) May 28-29, 2020	13c. Election Time(s) Several blocks of time	13d. Election Location(s) Meridian and Twin Falls, ID
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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. (b) (6), (b) (7)(C)	14c. Fax No.
	14d. Cell No.	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name N/A	15b. Title		
15c. Address (Street and number, city, state, ZIP code) N/A	15d. Tel. No.	15e. Fax No.	
	15f. Cell No.	15g. E-Mail Address	

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

Name (Print) (b) (6), (b) (7)(C)	Title Petitioner	Date Filed 4/30/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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