Name (Print)

Nanette Homan

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE	IN THIS SPACE
Case No.	07-RC-240812	Date Filed May 3, 2019

Date

04/29/2019 11:25:03

RC PETITION 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 400 Hobart MI Cadillac 49601-Munson Cadillac 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 400 Hobart Mi Cadillac 49601-Bobbi Pontz 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address bpontz@mhc.net (231) 876-7323 (231) 876-7877 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: Healthcare Healthcare Cadillac, MI 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [V] 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 (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h, Date of Recognition or Certification 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? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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 10h 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 5/14/19 11c. Election Time(s): 11d. Election Location(s): Cadillac Wexford Public Library 9-8 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 2680 Vulcan MI NORTON SHORES 49444-1 MLNORTON SHO
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
SEIU Healthcare Michigan 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g, E-Mail Address nanette.homan@seiuhealthcaremi.org (231) 726-6764 (313) 405-2844 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) 13f. E-Mail Address 13c Tel No 13e. Fax No. 13d. Cell No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

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

Regional Coordinator

Title

Signature Nanette Homan

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

07-RC-240812

May 3, 2019

Employees Included
Patient Care Assistants, Telemetry Techs, Unit Coordinators

Employees Excluded
Supervisors, guards, technical employees, nurses

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS S	PACE
Case No. 07-RC-241296	Date Filed 5/10/2019

INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition s named in 1 12). The sho	must be ac the petition owing of in	companied k of: (1) the pe terest should	y both a sh tition; (2) S only be file	owing of interest (sec statement of Position and with the NLRB and	e 6b below) a form (Form N should not b	nd a certificat LRB-505); an e served on t	e of service showing so d (3) Description of Rep he employer or any oth	ervice on presentation per party.
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laborate	tioner desire	s to be certi	ified as repres	entative of the	ne employees. The Pet	itioner allege	s that the foll	owing circumstances e	exist and
2a. Name of Employer: Flex N Gate					Establishment(s) involved Detroit MI, 482		d number, City	, State, ZIP code):	
3a. Employer Representative - Nar Jerome Curtis HR Manag		•	3b. Add same		ne as 2b - state same):		-		
3c. Tel. No. 313-924-8813	3d. Cell No)+		3e. Fax No).	3f. E-Mai	Address		
4a. Type of Establishment (Factory, Automotive Factory	mine, whole	saler, etc.)			al Product or Service and Metal Auto	Parts		d State where unit is loc , Michigan	ated:
5b. Description of Unit Involved: Included: ちゃっつん こしたり All Hourly Production, M	leintenan	ce, Too	, س دده ۱ I Room, M	€<ӊ⋦, 1aterial I	weco best & Handlers, Team	υετ, Leaders	550	er of Employees in Unit:	
Excluded: All Temporary workers, S							of the e	ubstantial number (30% employees in the unit wis ented by the Petitioner?	h to be
Check One: X 7a. Request for reconstruction on or about (Date) 7b. Petitioner is cu	no-r	eply	(If no reply r	eceived, so	state).			declined recognition	
8a. Name of Recognized or Certific					idress:				
8c. Tel. No.	8d. Çell No).		8e. Fax No	Ď.	8f. E-Mai	Address		
8g. Affiliation, if any:			8	h. Date of R	ecognition or Certificat			urrent or Most (Month, Day, Year)	
9. Is there now a strike or picketing a	at the Employ	yer's establ	ishment(s) inv	olved?	If so, approx	imately how m	any employee	s are participating?	•
(Name of Labor Organization)								er since (Month, Day, Ye	
Organizations or individuals other individuals known to have a representation.	er than Petition esentative in	oner and the terest in an	ose named in ly employees i	tems 8 and n the unit de	9, which have claimed scribed in item 5b abo	recognition as ve. (If none, s	s representativ o state)	es and other organization	ns and
10a. Name		10b. Addre	ess			10c. Tel.	No.	10d. Cell No.	
	/					10e. Fax	No.	10f. E-Mail Address	
11. Election Details: If the NLRB co	onducts and			te your posi	tion with respect to any		Manua	al Mail Mixed	l Manual/Mail
11b. Election Date(s): A.S.A.P. on a Tuesday or	Wedne	11c. Electi 6am to	on Time(s): 8am & 2p	m to 4pi	m		tion Location(Georgia D	s): etroit MI, 48211	
12a. Full Name of Petitioner (include U.A.W. Local 155	ding local na	me and nur	nber):		12b. Address (street 7420 Murthum	and number, o Ave War	ren MI, 48	ZIP code): 8092	-
12c. Full name of national or internat United Automobile, Aero	tional labor o space an	organization d Agric	of which Peti ultural Im	ioner is an a plement	affiliate or constituent (i Workers of Am	f none, so sta erica	te):		
12d. Tel. No. 313-926-5780	12e. Cell N	lo.		12f. Fax N	lo.	12g. E-M	ail Address		
13. Representative of the Petitione 13a. Name and Title: Waymon Halty	er who will a	iccept serv	vice of all pap	13b. Addn	poses of the represer ess (street and number urthum Ave Warr	r, city, State a	nd ZIP code):	,	
13c. Tel. No. 586-264-5780	13d, Cell N 313-600	0-1977		13e, Fax 1 586-26	4-6191	Razzz	ail Address 1271@gm	ail.com	
I declare that I have read the abov	e petition a			re true to t	he best of my knowle	dge and belie	ef.		Date
Name (Print) Waymon Halty		Sig	nature	111	۱		g Secretar	y/ Organizer	05/09/19

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS :	SPACE
Case No.	Date Filed
07-RC-241466	5-14-2019

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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1101 W. University Dr., Rochester, MI 48307 2a. Name of Employer: Ascension Providence Rochester Hospital 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Chris Palazzolo, President Same 3c. Tel. No. 3d. Cell No. 3e Fax No. 3f. E-Mail Address (248) 652-5000 chris.palazzolo@ascension.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Health Services Hospital Rochester, Michigan 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: RCIS employees vote to be included in existing Radiology Technologists unit, attached Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No All other employees Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) May 8, 2019 and Employer declined recognition May 8, 2019 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) 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? N_{O} 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 and election in this matter, state your position with respect to any such election: 11a. Election Type: 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): May 29, 2019 4:40 pm - 6:30 pm APRH, available conference room 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Local 40, RN Staff Council, Office and Professional 46810 Garfield Road Macomb Township, MI 48044 Employees International Union (OPEIU), AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Office and Professional Employees International Union 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (586) 948-3861 (586) 948-3862 rnstaffcouncil@yahoo.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: Scott A. Brooks, attorney 65 Cadillac Square, Suite 3727 Gregory, Moore, Brooks & Clark, P.C. Detroit, MI 48226 13e. Fax No. 13c. Tel. No. 13d. Cell No. 13f. E-Mail Address (313) 964-5600 (313) 207-4994 (313) 964-2125 scott@unionlaw.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Date 05/14/19 Scott A. Brooks Attorney

Attachment to NLRB Petition

5(a) Description of Unit

Employees to Vote:

Registered Cardiovascular Invasive Specialists (RCIS)

Existing Unit:

All regular full-time and regular part-time employees employed within the classifications listed in Exhibit B and employed at Crittenton Hospital [Ascension Providence Rochester Hospital] (and nearby out-patient facilities) located at 1101 West University Drive, Rochester, Michigan 48307-1831; excluding all other persons.

Exhibit B Classifications

CT Technologist
Registered Nuclear Medicine Technologist
Registered Sonographer
Registered Technologist
Special Procedures Technologist I
Special Procedures Technologist II
Registered Mammography Tech

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE	IN THIS SPACE
Case No.	07-RC-241641	Date Filed May 16, 2019

05/10/2019 13:15:08

RC PETITION 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

| 2b. Address(es) of Establishment(s) involved (Street and number, city. State. ZIP code) 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 500 E. 8th Street, Suite 1000 Mi Holland 49423-All State Crane & Rigging 3b. Address (If same as 2b – state same)
500 E. 8th Street, Suite 1000
Mi Holland 49423 3a. Employer Representative - Name and Title Justin Koert 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e Fax No. (616) 772-5118 (616) 218-4262 (616) 748-9427 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Construction Services Industrial Crane and Rigging Holland, MI 5b. Description of Unit Involved 6a. No. of Employees in Unit: lincluded: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [] No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 05/01/2019 and Employer declined recognition on or about (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 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) 10d Cell No 10c Tel. No. 10a, Name 10b. Address 10f. E-Mail Address 10e Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11e. Election Type: Manual Mail Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11b. Election Date(s): May 31, 2019 11d. Election Location(s): 7:00AM - 9:00AM, 3:00PM - 6:00PM Employer shop 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (Including local name and number) Clarence Merrill United Construction Workers Local 18 P.O. Box 65 MI Zeeland 49464-0065 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Christian Labor Association 12g. E-Mail Address christianlabor@yahoo.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (616) 772-9164 (616) 283-0023 (616) 772-9830 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. Title Name (Print) Signature Date Clarence Merrill Vice-President, National Representative

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

PRIVACY ACT STATEMENT

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

	DO NOT WRITE	IN THIS SPACE
Case		Date Filed

Attachment

Employees Included
Operators, Drivers, Laborers, Mechanics, and Rigging employees

Employees Excluded
Supervisory, office staff, sales

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. Date.

07-RC-241708 5-3

Date_Filed 5-17-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/i, 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.

the employer and all other parties Case Procedures (Form NLRB 48							d (3) Description of Representation the employer or any other party.	
PURPOSE OF THIS PETITION: For bargaining by Petitioner and Petitioner and Petitioner and Petitional Laboratory	ioner desires to be	e certified as rep	resentative of the	ne employees. The Pe	etitioner alleges t	hat the foll	owing circumstances exist and	
2a. Name of Employer: Medilodge of Montrose			2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 9317 Vienna Road, Montrose MI 48457					
3a. Employer Representative - Nan Jennifer Muszaill	۱ ~	Address (if sam	ie as 2b - state same)	:				
3c. Tel. No. 810-639-6171	3d. Cell No.		3e. Fax No 810-639		3f. E-Mail A	3f. E-Mail Address		
4a. Type of Establishment (Factory, In Nursing Home		·	Healtho				nd State where unit is located: OSe, Michigan	
5b. Description of Unit Involved: Included: All ReGular + housekeeping, Laundry, n DIETARY Chefs	witime Anaintenance,	N) PART CNA'S, Ac	TIME Electivities, Di	uployces, we etary Aides, Di	Ho Are etary Cooks	100	er of Employees in Unit: ubstantial number (30% or more)	
All managers, supervisors	· · · · · · · · · · · · · · · · · · ·	<u> </u>				of the e	employees in the unit wish to be ented by the Petitioner? X Yes No	
Check One: 7a. Request for reconnection on or about (Date) 7b. Petitioner is cur		(If no rep	oly received, so	state).		Employer o	declined recognition	
8a. Name of Recognized or Certifie				-			,	
8c. Tel. No.	8d. Cell No.		8e. Fax No	8e. Fax No.		8f. E-Mail Address		
8g. Affiliation, if any:						8i. Expiration Date of Current or Most Recent Contract, if any (Month. Day, Year)		
Is there now a strike or picketing a (Name of Labor Organization)	t the Employer's e	establishment(s)	involved?	If so, approx	¥*		s are participating? er since (Month, Day, Year)	
 Organizations or individuals other individuals known to have a repre- 							es and other organizations and	
10a. Name	10b.	Address		·	10c. Tel. No	-	10d. Cell No.	
					10e. Fax No		10f. E-Mail Address	
11. Election Details: If the NLRB co				ion with respect to an		× Manua	al Mail Mixed Manual/Mail	
11b. Election Date(s): 5/31st/2019 or 6/7/2019	11c. 5:30	Election Time(s) Da.m. to 7a.	: m. and 1p.1	m to 2:30p.m.	1	es break	room or conference room	
12a. Full Name of Petitioner (includ SEIU HEALTHCARE M		d number):		12b. Address (street 3031 WEST C DETROIT MI	RAND BLV	State and 2 D. SUI	ZIP code): TE 555,	
12c. Full name of national or internati SERVICE EMPLOYEES				ffiliate or constituent ((if none, so state):			
12d. Tel. No. 12e. Cell No. 313-963-3847				12f. Fax No. 12g. E-Mail Address roxy.wright@seiuhcmi.org		uhcmi.org		
13. Representative of the Petitione 13a. Name and Title: Kimberly Fowlkes- Organizi			13b. Addre 3031 we	poses of the represe ess (street and numbe est grand Blvd, su MI 48202	r, city, State and 2			
13c. Tel. No. 313-963-3847	13d. Cell No. 313-318-77		13e. Fax N 313-96:	5-0422	1		eiuhemi.org	
I declare that I have read the above Name (Print) Kimbully Fo	petition and the	Signature	^ ~	ne best of my knowle	Title	er/R	offusentation 5-16-9	

FORM NLRB-502 (RD)
'(2-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE					
Case No.		Date Filed			
	07-RD-241269	May 10, 2019			

(2-10)	RD PETITION				07-RD-241	269	May 10, 201	19
INSTRUCTIONS: Unless e-Filed u employer concerned is located. the employer and all other parties Case Procedures (Form NLRB 48	The petition must be accomp s named in the petition of:(1)	anled by both a sho the petition; (2) Sta	owing of interested	est (see 7 b ition form	selow) and a certific (Form NLRB-505); a	ate of service and (3) Descrip	showing service or otion of Representa	n itlon
 PURPOSE OF THIS PETITION: I recognized bargaining represental Labor Relations Board proceed 	tive is no longer their representa	ative. The Petitioner	alleges that t	he followin	ig circumstances ex			
2a. Name of Employer Advantage Living Center - H	•	2b. Address(es) of 19840 Harper	Establishment Avenue, Ha	s) involved arper Wo	(Street and number, ods, MI 48225	city, state, ZIP	code)	
3a. Employer Representative - Nam Damita Ferguson, Administra	e and Title ator	3b. Address (If sam Same	ne as 2b - state	same)				
(313) 881-9556 31	. Fax No. 13-881-5227	3e. Cell No.		3f. E-Mail	Address			
4a. Type of Establishment (Factory, n Skilled Nursing Facility	nine, wholesaler, etc.)			4b. Princip Healthc	al product or service			
5a. Description of Unit Involved noluded:							and State where unit cated:	
CNAs, restorative, housekeep excluded: LPNs, RNs, business office e		•					Woods, Michig	gan
i. No. of Employees in Unit	7. Do a substantial number			·		presented by th	ne certified or current	ly
47	recognized bargaining r	epresentative? Y	es No		Oh Afficien if and			
ia. Name of Recognized or Certified in SEIU HEALTHCARE MICH	Bargaining Agent IIGAN				8b. Affiliation, if any			
c. Address 3031 West Grand Boulevard,	Suite 555		8d. Tel. No. (313) 963	-3847	8e. Cell No.			
New Center One Building Detroit, MI 48202-3141			8f, Fax No. (313) 965-0422 Bg. E-Mail Address					
D. Date of Recognition or Certification July 28, 2017		No contract	of Current or N	flost Recen	t Contract, if any (Mo	nth, Day, Year)		
11a. Is there now a strike or picketing	at the Employer's establishme	nt(s) involved? 🔲 Y	res 🔀 No	11b. If so,	approximately how m	any employee:	s are participating?	1
11c. The Employer has been picketed (Insert Address)	d by or on behalf of (Insert Nar	me)			sino	e (Month, Day,	a labor organizat Year)	tion, of
2. Organizations or individuals other	those named in items 8 and 11	ic, which have claime	ed recognition a	as represen	tatives and other org	anizations No	ne	
and individuals known to have a n 2a, Name	epresentative interest in any en 12b. Address	nployees in the unit o	described in ite	m 5 above. 12c. Tel. N	(if none, so state)	12d. Fax No.		
				12e. Cell N	No.	12f. E-Mail Ad	dress	\dashv
Election Details: If the NLRB comatter, state your position with res	nducts an election in this spect to any such election.			13a. Electi	ion Type: 🔀 Manual	☐ Maif	Mixed Manual/Ma	ail
3b. Election Date(s)) < 13c. Election Tir 6:00-8:00 A	me(s) M & 2:00-4:00 l	PM		ion Location(s) Iarper Avenue,H	arper Wood	ds Conference	Rm.
4. Full Name of Petitioner b) (6), (b) (7)(C)	<u> </u>			• ,				
4a. Address (Street and number, cit b) (6), (b) (7)(C)	v. state. ZIP code)			14b. Tel. N	√ 0.	.14c. Fax No.		
				14d, Cell I (b) (6), (l		o) (6), (b) ((7)(C)	
4f. Affiliation, if any								
5. Representative of the Petitione	r who will accept service of a	Il papers for purpos	ses of the repr		proceeding.			
5a. Name None			•	None				
Sc. Address (Street and number, city None	y, state, ZIP code)			15d. Tel. t None	No.	15e. Fax No. None		
				15f. Cell N None	lo.	15g. E-Mail A None@exar		
I declare that I have read the above	petition and that the stateme	ents are true to the	best of my kn	owledge a	nd belief.			
Name (Print) (b) (6), (b) (7)(C)	s(b) (6), (b) (7)(C) (b) (6), ((b) (7)(C)	Title An Indiv	vidual		Date Filed	10
					NMENT (ILS CODE			

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

FORM NLRB-502 (RD) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE IN THIS S	PACE
ı		Date Filed
	07-RD-242448	5-31-2019

RD PETITIO	ON	07-RD-242448	5-31-2019	ŀ
INSTRUCTIONS: Unless a-Filed using the Agency's websil employer concerned is located. The petition must be acci- the employer and all other parties named in the petition of Case Procedures (Form NLRB 4812). The showing of inte	empenied by both a showing of inter ;(1) the patition; (2) Statement of Pos	ution form (Form NLRB-505); and (3	f service showing earvice on) Description of Representation	
 PURPOSE OF THIS PETITION: RD- DECERTIFICATION (I recognized bargaining représentative la no longer their représ Labor Relations Board proceed under its proper authorit 	sentative. The Patitioner sileges that i	the following circumstances exist #		
2a. Name of Employer		(a) involved (Street and number, city, a	tate, ZIP code)]
Waste Managemen		+ Port Huron	MT 48060	4
Se. Employer Representative - Name and Title	3b. Address (If same as 2b - state	затне)		
3c. Tel. No. 810-966-87, 3d, Fax No.	Se. Cell No.	3f. E-Mail Address		
4a. Type of Establishment (Factory, mine, wholevaler, etc.)	و ماذريا المسانم	4b. Principal product or service		1
5a. Description of Unit Involved	a yen Henling		5b. City and State where unit	1
Included: All Full time drive			is located:	
All All Alle Direct	1100	1167	Port Huron	i
Excluded:			mI	
	mber (30% or more) of the employees i	n the unit no longer wish to be represe	nted by the certified or currently	1
	ing representative? XYes No	Oh Affiliation & say		ł
Ba. Name of Recognized or Certified Bargaining Agent	m Sters local	337 8b. Affiliation, if any		
8c. Address		3 12 Be, Cell No.		1
Bo. Address 2801 Trumbull Ave	965-9	4017 I		ł
Detroit MI 46216	81. Fax No.	8g. E-Meil Address		
9. Date of Recognition or Certification	10. Expiration Date of Current or I	Most Recent Contract, if any (Month, E	lay, Year)	
11a. is there now a strike or picketing at the Employer's astablish	ment(s) involved? Yes No	11b. If so, approximately how many t	mployees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert		6), (b) (7)(C)	a labor organization, of]
(Insert Address) 3005 Petit Port			nth, Day, Year)]
Organizations or individuals other those named in items 8 an and individuals known to have a representative interest in an			iona	
12a. Name 12b. Address		12c. Tel. No. 12d.	Fax No.	1
James Parrinella 2801 Tru	mbull Ave	313-965-9833		}
	dicay INT 41014	12e. Cell No. 12f. I	-Mell Address	>
	1014 1VIT 4916		nd Teamsters local	37, Con
 Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 		13a. Election Type: Manual	Mali Mixed Manuel/Meil	ł
13b. Election Date(s) 13c. Election	Time(s) 4-630am	13d. Election Location(s)		
6-28-2019	3. 930 bw	WM Yor	+ Huron	
14. Full Name of Patitioner (b) (6), (b) (7)(C)				,
14a. Address (Street and number, city, state, ZIP code)	(1) (0) (1) (7)(0)	14b. Tel. No. 14c.	Fax No.	1
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)			
		(b) (6), (b) (7)(C) (b)	(6), (b) (7)(C)	
14f. Affiliation, if any				
	of all papers for purposes of the repr	esentation proceeding.	The state of the s	1
15. Representative of the Patitioner who will accept service (b) (b) (c) (b) (7)(C) (b) (6), (b) (7)(C)		15b.Title (b) (6), (b) (7)(C)		1
		(b) (6) (b) (7)(C)		1
¹⁵ (b) (6), (b) (7)(C)		15e.	Fax No.	}
				1
		16f. Cell No. 15g.	E-Mail Address	
declare that I have read the above petition and that the stat	ements are true to the best of my kn	owietige and belief.		†
Nema (Print)		Tirlo	Date Filed]
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	b) (1)(O)	(b) (6), (b) (7)(C)	5/31/19	

WILLFUL FALSE STATEMENTS ON

NE AND IMPRIBONMENT (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 (NLPA), 28 U.S.C. § 181 at eq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or itigation. The nutrine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2008). The NLRB will further explain these usest upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to involve its processes.