

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

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

**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 Munson Cadillac		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 400 Hobart MI Cadillac 49601-	
3a. Employer Representative - Name and Title Bobbi Pontz		3b. Address (If same as 2b - state same) 400 Hobart MI Cadillac 49601-	
3c. Tel. No. (231) 876-7323	3d. Cell No.	3e. Fax No. (231) 876-7877	3f. E-Mail Address bpontz@mhc.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Healthcare	5a. City and State where unit is located: Cadillac, MI

5b. Description of Unit Involved <b>Included:</b> See Attached Page 2 for additional details  <b>Excluded:</b> See Attached Page 2 for additional details		6a. No. of Employees in Unit: 52  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	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 5/14/19	11c. Election Time(s): 9-8	11d. Election Location(s): Cadillac Wexford Public Library	

12a. Full Name of Petitioner (including local name and number) Nanette Homan Nanette Homan		12b. Address (street and number, city, state, and ZIP code) 2680 Vulcan MI NORTON SHORES 49444-	
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. (313) 405-2844	12e. Cell No.	12f. Fax No. (231) 726-6764	12g. E-Mail Address nanette.homan@seiuhealthcaremi.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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

Name (Print) Nanette Homan	Signature Nanette Homan	Title Regional Coordinator	Date 04/29/2019 11:25:03
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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**

Attachment

Case

07-RC-240812

Date Filed

May 3, 2019

Employees Included

Patient Care Assistants, Telemetry Techs, Unit Coordinators

Employees Excluded

Supervisors, guards, technical employees, nurses

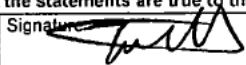
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
07-RC-241296Date Filed  
5/10/2019

**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.

<b>2a. Name of Employer:</b> Flex N Gate		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 7000 Georgia Detroit MI, 48211	
<b>3a. Employer Representative - Name and Title:</b> Jerome Curtis HR Manager		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 313-924-8813	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Automotive Factory		<b>4b. Principal Product or Service</b> Plastic and Metal Auto Parts	<b>5a. City and State where unit is located:</b> Detroit, Michigan
<b>5b. Description of Unit Involved:</b> Included: <u>SHIPPING CLERK, TOOLCAB, WELDCRHS, WELD-DESTRUCT.</u> All Hourly Production, Maintenance, Tool Room, Material Handlers, Team Leaders Excluded: All Temporary workers, Supervisors, Managers, Clerical, Plant Guards and Salaried per			<b>6a. Number of Employees in Unit:</b> 550  <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>05/09/2019</u> on or about (Date) <u>no-reply</u> (If no reply received, so state). and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> If so, approximately how many employees are participating? (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b>  <b>10d. Cell No.</b>  <b>10e. Fax No.</b>  <b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> A.S.A.P. on a Tuesday or Wedne		<b>11c. Election Time(s):</b> 6am to 8am & 2pm to 4pm	<b>11d. Election Location(s):</b> 7000 Georgia Detroit MI, 48211
<b>12a. Full Name of Petitioner (including local name and number):</b> U.A.W. Local 155		<b>12b. Address (street and number, city, State and ZIP code):</b> 7420 Murthum Ave Warren MI, 48092	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Automobile, Aerospace and Agricultural Implement Workers of America			
<b>12d. Tel. No.</b> 313-926-5780	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Waymon Halty		<b>13b. Address (street and number, city, State and ZIP code):</b> 7420 Murthum Ave Warren MI, 48092	
<b>13c. Tel. No.</b> 586-264-5780	<b>13d. Cell No.</b> 313-600-1977	<b>13e. Fax No.</b> 586-264-6191	<b>13f. E-Mail Address</b> Razzz1271@gmail.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Waymon Halty		<b>Signature</b> 	<b>Title</b> Recording Secretary/ Organizer  <b>Date</b> 05/09/19

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 OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

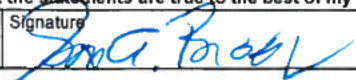
07-RC-241466

Date Filed

5-14-2019

**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.

<b>2a. Name of Employer:</b> Ascension Providence Rochester Hospital		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1101 W. University Dr., Rochester, MI 48307	
<b>3a. Employer Representative - Name and Title:</b> Chris Palazzolo, President		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (248) 652-5000	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> chris.palazzolo@ascension.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hospital		<b>4b. Principal Product or Service</b> Health Services	<b>5a. City and State where unit is located:</b> Rochester, Michigan
<b>5b. Description of Unit Involved:</b> <b>Included:</b> RCIS employees vote to be included in existing Radiology Technologists unit, attached <b>Excluded:</b> All other employees			<b>6a. Number of Employees in Unit:</b> 6 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> May 8, 2019 <b>and Employer declined recognition</b> on or about (Date) May 8, 2019 (if no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
<b>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)</b> None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> May 29, 2019	<b>11c. Election Time(s):</b> 4:40 pm - 6:30 pm	<b>11d. Election Location(s):</b> APRH, available conference room	
<b>12a. Full Name of Petitioner (including local name and number):</b> Local 40, RN Staff Council, Office and Professional Employees International Union (OPEIU), AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 46810 Garfield Road Macomb Township, MI 48044	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Office and Professional Employees International Union			
<b>12d. Tel. No.</b> (586) 948-3861	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (586) 948-3862	<b>12g. E-Mail Address</b> rnstaffcouncil@yahoo.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Scott A. Brooks, attorney Gregory, Moore, Brooks & Clark, P.C.		<b>13b. Address (street and number, city, State and ZIP code):</b> 65 Cadillac Square, Suite 3727 Detroit, MI 48226	
<b>13c. Tel. No.</b> (313) 964-5600	<b>13d. Cell No.</b> (313) 207-4994	<b>13e. Fax No.</b> (313) 964-2125	<b>13f. E-Mail Address</b> scott@unionlaw.net
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Scott A. Brooks	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 05/14/19

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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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  
**RC PETITION**

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

**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 All State Crane & Rigging		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 500 E. 8th Street, Suite 1000 MI Holland 49423	
3a. Employer Representative - Name and Title Justin Koert		3b. Address (If same as 2b - state same) 500 E. 8th Street, Suite 1000 MI Holland 49423	
3c. Tel. No. (616) 772-5118	3d. Cell No. (616) 218-4262	3e. Fax No. (616) 748-9427	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction Services		4b. Principal product or service Industrial Crane and Rigging	
5a. City and State where unit is located: Holland, MI		6a. No. of Employees in Unit: 23	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 05/01/2019 and Employer declined recognition on or about 05/08/2019 (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	
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)			

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 type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): May 31, 2019		11c. Election Time(s): 7:00AM - 9:00AM, 3:00PM - 6:00PM		11d. Election Location(s): Employer shop			
12a. Full Name of Petitioner (including local name and number) Clarence Merrill United Construction Workers Local 18				12b. Address (street and number, city, state, and ZIP code) 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							
12d. Tel No. (616) 772-9164		12e. Cell No. (616) 283-0023		12f. Fax No. (616) 772-9830		12g. E-Mail Address chnstianlabor@yahoo.com	
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.							
13a. Name and Title				13b. Address (street and number, city, state, and ZIP code)			
13c. Tel No.		13d. Cell No.		13e. Fax No.		13f. E-Mail Address	
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.							
Name (Print) Clarence Merrill		Signature Clarence Merrill		Title Vice-President, National Representative		Date 05/10/2019 13:15:08	

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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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Operators, Drivers, Laborers, Mechanics, and Rigging employees

Employees Excluded

Supervisory, office staff, sales



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-241708

Date Filed

5-17-2019

**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.

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**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 - Name and Title:**  
Jennifer Muszail

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

**3c. Tel. No.**  
810-639-6171

**3d. Cell No.**

**3e. Fax No.**  
810-639-0052

**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Nursing Home

**4b. Principal Product or Service**  
Healthcare

**5a. City and State where unit is located:**  
Montrose, Michigan

**5b. Description of Unit Involved:**  
**Included:** All Regular Fulltime AND PART TIME EMPLOYEES, WHO ARE housekeeping, Laundry, maintenance, CNA'S, Activities, Dietary Aides, Dietary Cooks  
**Excluded:** Dietary Chefs  
All managers, supervisors, RN'S, LPN'S, clerical staff

**6a. Number of Employees in Unit:**  
100

**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) \_\_\_\_\_ 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:**

**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):**  
5/31st/2019 or 6/7/2019

**11c. Election Time(s):**  
5:30a.m. to 7a.m. and 1p.m to 2:30p.m.

**11d. Election Location(s):**  
employees break room or conference room

**12a. Full Name of Petitioner (including local name and number):**  
SEIU HEALTHCARE MICHIGAN

**12b. Address (street and number, city, State and ZIP code):**  
3031 WEST GRAND BLVD. SUITE 555,  
DETROIT MI, 48202

**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.**  
313-963-3847

**12e. Cell No.**

**12f. Fax No.**  
313-965-0422

**12g. E-Mail Address**  
roxy.wright@seiuhcmi.org

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

**13a. Name and Title:**  
Kimberly Fowlkes- Organizing and Representation

**13b. Address (street and number, city, State and ZIP code):**  
3031 west grand Blvd, suite 555  
Detroit MI 48202

**13c. Tel. No.**  
313-963-3847

**13d. Cell No.**  
313-318-7752

**13e. Fax No.**  
313-965-0422

**13f. E-Mail Address**  
kim.fowlkes@seiuhcmi.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)**

Kimberly Fowlkes

**Signature**

Kimberly Fowlkes

**Title**

Organizer / Representation

**Date**

5-16-19

**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 OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RD-241269

Date Filed

May 10, 2019

**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 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**  
Advantage Living Center - Harper Woods

**2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)**  
19840 Harper Avenue, Harper Woods, MI 48225

**3a. Employer Representative - Name and Title**  
Damita Ferguson, Administrator

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

**3c. Tel. No.**  
(313) 881-9556

**3d. Fax No.**  
313-881-5227

**3e. Cell No.**

**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Skilled Nursing Facility

**4b. Principal product or service**  
Healthcare

**5a. Description of Unit Involved**

**Included:**  
CNAs, restorative, housekeeping, laundry, maintenance, dietary aides, cooks, porters, floor care, life enrichment

**Excluded:**  
LPNs, RNs, business office employees, office clerical employees, managers, and guards and supervisors

**5b. City and State where unit is located:**

Harper Woods, Michigan

**6. No. of Employees in Unit**

41

**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?** ☒ Yes ☐ No

**8a. Name of Recognized or Certified Bargaining Agent**  
SEIU HEALTHCARE MICHIGAN

**8b. Affiliation, if any**

**8c. Address**  
3031 West Grand Boulevard, Suite 555  
New Center One Building  
Detroit, MI 48202-3141

**8d. Tel. No.**  
(313) 963-3847

**8e. Cell No.**

**8f. Fax No.**  
(313) 965-0422

**8g. E-Mail Address**

**9. Date of Recognition or Certification**  
July 28, 2017

**10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
No contract

**11a. Is there now a strike or picketing at the Employer's establishment(s) involved?** ☐ Yes ☒ No

**11b. If so, approximately how many employees are participating?**

**11c. The Employer has been picketed by or on behalf of (Insert Name)**

a labor organization, of

(Insert Address)

since (Month, Day, Year)

**12. Organizations or individuals other than 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)** None

**12a. Name**

**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:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**13b. Election Date(s)**

4-30-19

**13c. Election Time(s)**  
6:00-8:00 AM & 2:00-4:00 PM

**13d. Election Location(s)**  
19840 Harper Avenue, Harper Woods -- Conference Rm.

**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)

**14f. Affiliation, if any**

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

**15a. Name**

None

**15b. Title**

None

**15c. Address (Street and number, city, state, ZIP code)**

None

**15d. Tel. No.**

None

**15e. Fax No.**

None

**15f. Cell No.**

None

**15g. E-Mail Address**

None@example.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)**

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

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

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

**Title**  
An Individual

**Date Filed**

4-22-19

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.

FORM NLRB-502 (RD)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RD-242448

Date Filed

5-31-2019

**INSTRUCTIONS:** Unless a Filed using the Agency's website, 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: **Waste Management** 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): **3005 Petit Port Huron MI 48060**

3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same):

3c. Tel. No. **810-966-8727** 3d. Fax No. 3e. Call No. 3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.): **Trucking NSW Hauling** 4b. Principal product or service

5a. Description of Unit involved  
Included: **All Full time drivers and mechanics** 5b. City and State where unit is located: **Port Huron MI**  
Excluded:

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? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent: **Teamsters Local 337** 8b. Affiliation, if any

8c. Address: **2801 Trumbull Ave Detroit MI 48216** 8d. Tel. No. **313 965-9833** 8e. Cell No.  
8f. Fax No. 8g. E-Mail Address

9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☐ No 11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (insert Name) **(b) (6), (b) (7)(C)** a labor organization, of (insert Address) **3005 Petit Port Huron MI** since (Month, Day, Year)

12. Organizations or individuals other than 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: **James Parrinello** 12b. Address: **2801 Trumbull Ave Detroit MI 48216** 12c. Tel. No. **313-965-9833** 12d. Fax No.  
12e. Cell No. 12f. E-Mail Address: **Jim@Teamsterslocal37.com**

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13a. Election Type: ☐ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s): **6-28-2019** 13c. Election Time(s): **4-630am 2-230pm** 13d. Election Location(s): **WM Port Huron**

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. **(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: **(b) (6), (b) (7)(C)** 15b. Title: **(b) (6), (b) (7)(C)**

15c. **(b) (6), (b) (7)(C)** 15d. Fax No.

15f. Cell No. 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)** Signature: **(b) (6), (b) (7)(C)** Title: **(b) (6), (b) (7)(C)** Date Filed: **5/31/19**

WILLFUL FALSE STATEMENTS ON THIS FORM ARE A VIOLATION OF THE NATIONAL LABOR RELATIONS ACT AND MAY 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.