

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-251428

Date Filed

November 25, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the region 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: McLaren Health Management Group	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1221 South Street, Mount Pleasant, MI 48858
3a. Employer Representative - Name and Title: VP of Human Resources Carolyn Potter	3b. Address (if same as 2b - state same): Same

3c. Tel. No. 989-772-6776	3d. Cell No.	3e. Fax No.	3f. E-Mail Address carolyn.potter@mclaren.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Medical Laboratory		4b. Principal Product or Service Laboratory Services	5a. City and State where unit is located: Mount Pleasant, Michigan
5b. Description of Unit Involved: Included: See attachment Excluded: See attachment			6a. Number of Employees in Unit: 28 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 11/25/2019 and Employer declined recognition on or about (Date) 11/25/2019 (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

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

11b. Election Date(s): December 16, 2019	11c. Election Time(s): 5:00AM - 7:00AM and 6:00PM-6:30PM	11d. Election Location(s): Break Room at Employer's Facility
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12a. Full Name of Petitioner (including local name and number): United Auto Workers International Union	12b. Address (street and number, city, State and ZIP code): 26300 Northwestern Highway, Southfield, MI 48076
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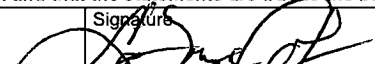
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

12d. Tel. No. 313-685-2987	12e. Cell No.	12f. Fax No.	12g. E-Mail Address lcoleman@uaw.net
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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: International Representative LaTonya Coleman	13b. Address (street and number, city, State and ZIP code): 26300 Northwestern Highway, Southfield, MI 48076

13c. Tel. No. 313-685-2987	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) LaTonya Coleman	Signature 	Title International Representative	Date 11/25/19
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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 may cause the NLRB to decline to invoke its processes.

Attachment

Included

All full-time and regular part-time laboratory assistants II, medical technologists, medical technologist leads, medical laboratory technicians, medical laboratory technician leads, histo-technologists, and histo-technologist leads employed by the Employer at its facility currently located at 1221 South Drive, Mount Pleasant, MI 48858.

Excluded

Office and clerical employees, confidential employees, managerial employees, and supervisors and guards as defined by the Act.