

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>25-RC-226850</b>	Date Filed <b>9/6/18</b>

**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> Meggitt Control Systems		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 3 Industrial Drive, Troy, IN 47588	
<b>3a. Employer Representative - Name and Title</b> Stephen Young, CEO		<b>3b. Address</b> (If same as 2b - state same) SAME	
<b>3c. Tel. No.</b> 812-547-7071	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 812-547-2488	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Factory		<b>4b. Principal product or service</b> Aerospace Parts Manufacturer	<b>5a. City and State where unit is located:</b> Troy, IN

<b>5b. Description of Unit Involved</b> <b>Included:</b> All full time and regular part time Production and Maintenance employees employed at the employers facility located at 3 Industrial Drive, Troy, IN 47588 <b>Excluded:</b> All other employees including office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act.		<b>6a. No. of Employees in Unit:</b> 83	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a.</b> Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). Petition to serve as request.	<input type="checkbox"/> <b>7b.</b> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
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<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b> None		<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</b> (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)

<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>

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

<b>11b. Election Date(s):</b> September 20, 2018	<b>11c. Election Time(s):</b> 6:00 a.m. - 9:00 a.m.	<b>11d. Election Location(s):</b> Conference Room
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<b>12a. Full Name of Petitioner (including local name and number)</b> Local Lodge 2018, International Association of Machinists & Aerospace Workers AFL-CIO	<b>12b. Address (street and number, city, state, and ZIP code)</b> 113 Republic Avenue, Ste. 100, Joliet, IL 60435
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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)**  
International Association of Machinists & Aerospace Workers AFL-CIO

<b>12d. Tel No.</b> 815-280-6400	<b>12e. Cell No.</b> 630-430-6455	<b>12f. Fax No.</b> 815-280-6345	<b>12g. E-Mail Address</b> rmickschl@iamaw.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Rick Mickschl, Grand Lodge Representative		<b>13b. Address (street and number, city, state, and ZIP code)</b> 113 Republic Avenue, Ste. 100, Joliet, IL 60435	
<b>13c. Tel No.</b> 815-280-6400	<b>13d. Cell No.</b> 630-430-6455	<b>13e. Fax No.</b> 815-280-6345	<b>13f. E-Mail Address</b> rmickschl@iamaw.org

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

<b>Name (Print)</b> Rick Mickschl	<b>Signature</b> 	<b>Title</b> Grand Lodge Representative	<b>Date</b> September 6, 2018
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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.

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

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-227352	Date Filed 9/14/18

**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  
Republic Services, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
2840 East 13th Road, Ottawa, IL 61350

3a. Employer Representative - Name and Title  
Jim Allen

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

3c. Tel. No.  
815-434-1808

3d. Cell No.

3e. Fax No.  
815-434-1885

3f. E-Mail Address  
JAllen4@Republicservices.com

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

4b. Principal product or service  
waste removal

5a. City and State where unit is located:  
Ottawa, Illinois

5b. Description of Unit Involved  
Included: See attached  
Excluded: See attached

6a. No. of Employees in Unit:  
19

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) 9/13/2018 and Employer declined recognition on or about \_\_\_\_\_ (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

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):  
10/10/18

11c. Election Time(s):  
5:00 to 8:00 a.m.

11d. Election Location(s):  
2840 East 13th Road, Ottawa, IL 61350, downstairs conference room

12a. Full Name of Petitioner (including local name and number)  
Teamsters Local No. 179

12b. Address (street and number, city, state, and ZIP code)  
1000 N.E. Frontage Rd., Joliet IL 60431

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Brotherhood of Teamsters

12d. Tel No.  
815/741-2200

12e. Cell No.

12f. Fax No.  
815/741-2278

12g. E-Mail Address  
Local179@sbcglobal.net

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

13a. Name and Title  
Josiah A. Groff, attorney

13b. Address (street and number, city, state, and ZIP code)  
Dowd, Bloch, Bennett, Cervone, Auerbach & Yokich, 8 S. Michigan Ave., 19th Fl., Chicago, IL 60603

13c. Tel No.  
312/372-1361 x116

13d. Cell No.

13e. Fax No.  
312/372-6599

13f. E-Mail Address  
JGroff@laboradvocates.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)  
Josiah A. Groff

Signature

Title  
attorney

Date  
9/13/2018

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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RECEIVED  
NLRB  
SUBREGION 33

**Attachment to RC Petition Filed by**

**Teamsters Local Union No. 179**

**regarding employees of**

**Republic Services, Inc.**

**5B. Unit Involved**

**Included:**

All full-time or regular part-time truck drivers at the Ottawa, Illinois facility.

**Excluded:**

All loaders, clerical, janitors, mechanics, supervisors, managers, professional employees, guards, business-office clerical employees, and all other employees.



DO NOT WRITE IN THIS SPACE

Case No. 25-RC-227529 Date Filed 9/18/18

**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 8b 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: **Allied International** 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): **1046 N Grand Ave, Springfield, IL 62707**

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

3c. Tel. No. **(217) 523-5244** 3d. Cell No. 3e. Fax No. 3f. E-Mail Address **Ramesh.Sharma@aus.com**

4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service **Security** 5a. City and State where unit is located: **Peoria, Illinois**

5b. Description of Unit Involved: Included: **Security guards** 5c. Number of Employees in Unit: **(7) SEVEN**

Excluded: **management and Security guard sergeant** 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) **8-29-18** on or about (Date) (If no reply received, so state), and Employer declined recognition  7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) **NONE** 8b. Address:

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) **NO**

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): **9-20-18** 11c. Election Time(s): 11d. Election Location(s): **Northwoods Mall, Peoria, IL**

12a. Full Name of Petitioner (including local name and number): **Teamster Local Union No. 627** 12b. Address (street and number, city, State and ZIP code): **7101 N Allen Rd, Peoria, IL 61614**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): **International Brotherhood of Teamsters**

12d. Tel. No. **(309) 689-9090** 12e. Cell No. **(309) 981-9691** 12f. Fax No. **309-689-0037** 12g. E-Mail Address **chopkins@teamsterlocal627.com**

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: **Christopher Hopkins - Recording-Sec** 13b. Address (street and number, city, State and ZIP code):

13c. Tel. No. **309-689-9090** 13d. Cell No. **309-981-9691** 13e. Fax No. **309-689-0037** 13f. E-Mail Address **chopkins@teamsterlocal627.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) **Christopher J Hopkins** Signature **[Signature]** Title **Recording-Secretary** Date **8-29-18**

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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RECEIVED  
NLRB  
SUB REGION  
PEORIA, IL  
SEP 18 PM 3:32

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>25-RC-227836</b>	Date Filed <b>9/21/18</b>

**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  
**Scrap Metal Services LLC**

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
**54450 Smilax Road, New Carlisle, IN 46552**

3a. Employer Representative - Name and Title  
**Joe Roese, General Manager**

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

3c. Tel. No.  
**574/654-7554**

3d. Cell No.  
**936/672-3763**

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

3f. E-Mail Address  
**jroesel@scrapmetalservices.com**

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

4b. Principal product or service  
**Scrap steel recycling**

5a. City and State where unit is located:  
**New Carlisle, Indiana**

5b. Description of Unit Involved  
**Included:** All full-time and regular part-time heavy equipment operators employed by the Employer at its New Carlisle Indiana, facility.  
**Excluded:** All managers, supervisors, laborers, clericals, and guards as defined under the Act.

6a. No. of Employees in Unit:  
**15**

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

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? **N/A** 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):  
**10/02/2018**

11c. Election Time(s):  
**7:00 a.m.**

11d. Election Location(s):  
**Employer's shop**

12a. Full Name of Petitioner (including local name and number)  
**International Union of Operating Engineers, Local 150, AFL-CIO**

12b. Address (street and number, city, state, and ZIP code)  
**6200 Joliet Road, Countryside, IL 60525**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Union of Operating Engineers**

12d. Tel No.  
**708/482-8800**

12e. Cell No.  
**N/A**

12f. Fax No.  
**708/588=1647**

12g. E-Mail Address  
**N/A**

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

13a. Name and Title  
**Dale D. Pierson, General Counsel**

13b. Address (street and number, city, state, and ZIP code)  
**6140 Joliet Road, Countryside, IL 60525**

13c. Tel No.  
**708/579-6663**

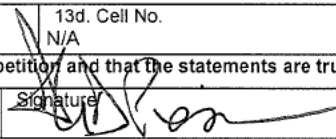
13d. Cell No.  
**N/A**

13e. Fax No.  
**708/588-1647**

13f. E-Mail Address  
**dpierson@local150.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)  
**Dale D. Pierson**

Signature  


Title  
**General Counsel**

Date  
**09/21/2018**

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.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No <b>25-RC-227858</b>	Date Filed <b>9/24/18</b>

**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 RE-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> <b>Willow Glen Academy</b>	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code)</b> <b>701 W. Lamm Rd. Freeport, IL 61032</b>
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<b>3a. Employer Representative - Name and Title</b> <b>Michelle Young, Executive Director</b>	<b>3b. Address (if same as 2b - state same)</b> <b>Same</b>
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<b>3c. Tel No</b>	<b>3d. Cell No</b> <b>815-713-9623</b>	<b>3e. Fax No</b>	<b>3f. E-Mail Address</b> <b>myoung@willowglen-il.com</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> <b>Health Care Facility</b>	<b>4b. Principal Product or Service</b> <b>Direct Care</b>	<b>5a. City and State where it is located</b> <b>Freeport, IL</b>
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<b>5b. Description of Unit Involved:</b> <b>Included: see attached</b> <b>Excluded: see attached</b>	<b>6a. Number of Employees in Unit</b> <b>80</b>	<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:  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) **By this petition**  
 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>
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<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>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** NO If so, approximately how many employees are participating? \_\_\_\_\_ (Name of Labor Organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

<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>

**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

<b>11b. Election Date(s)</b> <b>10/17 + 10/18</b>	<b>11c. Election Time(s)</b> <b>6a-10a, 1pm-5pm + 10pm-12am</b>	<b>11d. Election Location(s)</b> <b>Willow Glen Academy - back conference room</b>
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<b>12a. Full Name of Petitioner (including local name and number)</b> <b>AFL-CIO (American Federation of State, County and municipal employees) Council 31, AFL-CIO</b>	<b>12b. Address (street and number, city, State and ZIP code)</b> <b>205 N. Michigan Ave. Suite 2100 Chicago, IL 60601</b>
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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)**  
**AFL-CIO (American Federation of State, County and municipal employees)**

<b>12d. Tel No</b> <b>312-641-6060</b>	<b>12e. Cell No</b>	<b>12f. Fax No</b> <b>312-861-0979</b>	<b>12g. E-Mail Address</b>
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	<b>13b. Address (street and number, city, State and ZIP code)</b> <b>205 N. Michigan Ave Suite 2100 Chicago, IL 60601</b>
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<b>13a. Name and Title</b> <b>Abigail Davis, Organizing Director</b>	<b>13c. Tel No</b> <b>312-641-0448 x5336</b>	<b>13d. Cell No</b> <b>773-744-6758</b>	<b>13e. Fax No</b> <b>312-861-0979</b>	<b>13f. E-Mail Address</b> <b>adavis@afscme31.org</b>
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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.

<b>Name (Print)</b> <b>Abigail K. Davis</b>	<b>Signature</b> 	<b>Title</b> <b>Organizing Director</b>	<b>Date</b> <b>9/24/18</b>
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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 rules and procedures 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.

7a: All full time and regular part time employees who work at Willow Glen Academy including the following job titles: Administrative Assistant, Authorized Direct Support Provider (ADSP), Direct Support Provider (DSP), Food Handler, Maintenance, Medical Counselor, On-Call DSP, Paraprofessional, Senior DSP (SDSP), Residential/House Supervisor and Trainer.

7b: All office clerical employees, confidential employees, professional employees, managerial employees, guards and supervisors as defined in the Act.

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

DO NOT WRITE IN THIS SPACE	
Case No. <u>25-RC-227930</u>	Date Filed <u>9/24/18</u>

**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 <b>Avancez</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>12808 Stonebridge Rd. Roanoke In 46783</b>	
3a. Employer Representative - Name and Title <b>Chad Pieper</b>		3b. Address (if same as 2b - state same) <b>Same</b>	
3c. Tel. No.	3d. Cell No. <b>260-446-2172</b>	3e. Fax No. <b>260-960-3090</b>	3f. E-Mail Address <b>cpieper@android-ind.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Factory</b>		4b. Principal product or service <b>OEM Parts (Headliners, Front end Sheet Metal, etc)</b>	5a. City and State where unit is located: <b>Roanoke, IN</b>
5b. Description of Unit Involved <b>Included: All Production Employees</b>  <b>Excluded:</b>			6a. No. of Employees in Unit: <b>Approx. 135</b>  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) 7-25-2018 and Employer declined recognition on or about 7-30-2018 (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
6g. 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? <b>NO</b> . 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	
11b. Election Date(s): <b>10-19-2018 Or 10-26-2018</b>	11c. Election Time(s): 6:00 a.m. to 12:00pm and 2:00 p.m. to 5:00p.m. (3 shifts)	11d. Election Location(s): <b>Avancez-Roanoke In.</b>	
12a. Full Name of Petitioner (including local name and number) <b>United Automobile, Aerospace and Agricultural Implement Workers of America</b>		12b. Address (street and number, city, state, and ZIP code) <b>8000 E. Jefferson Ave, Detroit, MI, 48214</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)			
12d. Tel No. <b>313-926-5000</b>	12e. Cell No.	12f. Fax No. <b>313-926-5240</b>	12g. E-Mail Address

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

13a. Name and Title <b>Dan Huddleston UAW International Rep</b>	13b. Address (street and number, city, state, and ZIP code) <b>2431 Directors Row Suite G Indianapolis In 46241</b>
13c. Tel No. <b>317-247-5515</b>	13d. Cell No. <b>317-4502-1950</b>
13e. Fax No. <b>317-247-8218</b>	13f. E-Mail Address <b>dhuddleston@uaw.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.

Name (Print) <b>Dan Huddleston</b>	Signature <i>Dan Huddleston</i>	Title <b>UAW International Rep</b>	Date <b>9-24-2018</b>
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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.

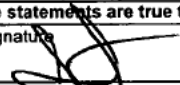


UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>25-RC-228267</b>	Date Filed <b>9/28/18</b>

**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> Thyssenkrupp, TK Cranckshaft LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1000 Lynch Road, Danville, IL 61834	
<b>3a. Employer Representative - Name and Title:</b> John Vogt, HR Manager; Sandro Figueiredo,		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 217-431-8934x544	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 217-431-8934	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> manufacturing		<b>4b. Principal Product or Service</b> manufacturing parts	<b>5a. City and State where unit is located:</b> Danville, IL
<b>5b. Description of Unit Involved:</b> <b>Included:</b> see attached <b>Excluded:</b> all office clerical, guards, and supervisors as defined by the Act.		<b>6a. Number of Employees in Unit:</b> 235	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ on or about (Date) _____ (If no reply received, so state).		<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	
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.		<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>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> none		<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 <input checked="" type="checkbox"/> 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> ASAP	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b> 1000 Lynch rd, Danville, IL 61834	
<b>12a. Full Name of Petitioner (including local name and number):</b> Production Workers Union, Local 707		<b>12b. Address (street and number, city, State and ZIP code):</b> 1420 Kensington Rd, Oak Brook, IL 60523	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> National Production Workers Union			
<b>12d. Tel. No.</b> 630-575-0560	<b>12e. Cell No.</b> 630-337-8572	<b>12f. Fax No.</b> 630-575-0570	<b>12g. E-Mail Address</b> jvincent@npwu.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>		<b>13b. Address (street and number, city, State and ZIP code):</b>	
<b>13a. Name and Title:</b> Joe Vincent Senese		1420 Kensington Rd, Oak Brook, IL 60523	
<b>13c. Tel. No.</b> 630-575-0560	<b>13d. Cell No.</b> 630-337-8572	<b>13e. Fax No.</b> 630-575-0570	<b>13f. E-Mail Address</b> jvincent@npwu.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> joe Vincent Senese	<b>Signature</b> 	<b>Title</b> President	<b>Date</b> 9/27/18

**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.

5b.

Included: All full-time and part-time employees including machine operators, all production support employees, including maintenance support, lube techs, electrical techs, grind techs, store room, waste water tech, layout room, gage lab, fabrication techs, quality control.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

25-RD-227840

Date Filed

9/24/18

**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 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.

<b>2a. Name of Employer</b> Americold Logistics	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)</b> 1010 Americold Dr., Rochelle, IL 61068
<b>3a. Employer Representative - Name and Title</b> Becka Fritz	<b>3b. Address (If same as 2b - state same)</b> 915 S Caron Rd., Rochelle, IL 61068

<b>3c. Tel. No.</b> 815-561-8160	<b>3d. Fax No.</b>	<b>3e. Cell No.</b>	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Warehouse	<b>4b. Principal product or service</b> Storage
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<b>5a. Description of Unit Involved</b> <b>Included:</b> All full time and part time warehouse employees <b>Excluded:</b> Office Clerical Employees, maintenance employees, customer service representatives, foremen	<b>5b. City and State where unit is located:</b> Rochelle, IL
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**6. No. of Employees in Unit** 136 **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

<b>8a. Name of Recognized or Certified Bargaining Agent</b> RWDSU, Local 578	<b>8b. Affiliation, if any</b>
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<b>8c. Address</b> 1212 Northfield Ct Rochelle, IL 61068	<b>8d. Tel. No.</b> 815-762-8344	<b>8e. Cell No.</b>	<b>8f. Fax No.</b>	<b>8g. E-Mail Address</b>
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<b>9. Date of Recognition or Certification</b> 2012	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> January, 2018
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**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 \_\_\_\_\_ since (Month, Day, Year) \_\_\_\_\_  
(Insert Address)

**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)**

<b>12a. Name</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Fax No.</b>
		<b>12e. Cell No.</b>	<b>12f. E-Mail Address</b>

**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

<b>13b. Election Date(s)</b> October 10, 2018	<b>13c. Election Time(s)</b> 1:30-2:30, 5:30-6:30, 9:30-10:30	<b>13d. Election Location(s)</b> Training Room
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**14. Full Name of Petitioner**  
(b) (6), (b) (7)(C)

<b>14a. Address (Street and number, city, state, ZIP code)</b> (b) (6), (b) (7)(C)	<b>14b. Tel. No.</b> (b) (6), (b) (7)(C)	<b>14c. Fax No.</b>
	<b>14d. Cell No.</b>	<b>14e. E-Mail Address</b> (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.**

<b>15a. Name</b> (b) (6), (b) (7)(C)	<b>15b. Title</b>
<b>15c. Address (Street and number, city, state, ZIP code)</b> (b) (6), (b) (7)(C)	<b>15d. Tel. No.</b> (b) (6), (b) (7)(C)
	<b>15e. Fax No.</b>
	<b>15f. Cell No.</b>
	<b>15g. E-Mail Address</b> (b) (6), (b) (7)(C)

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

<b>Name (Print)</b> (b) (6), (b) (7)(C)	<b>Title:</b> Petitioner	<b>Date Filed</b> 9/21/2018
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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