

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.
18-RD-238845

Date Filed
April 2, 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 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: 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
Penske Truck Leasing

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1270 hickory st
WI pewaukee 53072-

3a. Employer Representative - Name and Title
Sal Bilotta maintenance supervisor

3b. Address (if same as 2b - state same)
1270 hickory st
WI pewaukee 53072-

3c. Tel. No.

3d. Cell No.
(262) 914-1739

3e. Fax No.

3f. E-Mail Address
sal.bilotta@penske.com

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

4b. Principal product or service
truck leasing

5a. City and State where unit is located:
Pewaukee, WI

5b. Description of Unit Involved
Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
27

Excluded: See Attached Page 2 for additional details

6b. 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

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
Teamsters local 200 tim pinter business agent

8b. Address
6200 w bluemoor rd
WI milwaukee 53213-

8c. Tel No.
(414) 771-6363

8d Cell No.

8e. Fax No.
(414) 771-5850

8f. E-Mail Address
contactinfo@teamsterslocal200.com

8g. Affiliation, if any
teamsters

8h. Date of Recognition or Certification
04/01/2016

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
03/31/2019

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 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):
04/10/2019

11c. Election Time(s):
2pm-5pm

11d. Election Location(s):
11701 w carmen ave milwaukee wi, 53225 1270 hickory st pewaukee

12a. Full Name of Petitioner (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
penske truck leasing

12b. Address (street and number, city, state, and ZIP code)
(b) (6), (b) (7)(C)

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C)
none

12d. Tel No.
(b) (6), (b) (7)(C)

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
(b) (6), (b) (7)(C)

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

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

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

Date
04/2/2019 11:22:32

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
18-RD-238845

Date Filed
April 2, 2019

Employees Included

penke truck leasing maintenance employees, technician 1-3 csr technician 1-2

Employees Excluded

supervisors and service admin

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RD-239175	Date Filed April 8, 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 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: 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 Cemstone Concrete Materials, LLC
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2025 Centre Pointe Blvd, Ste 300, Mendota Heights, MN 55120

3a. Employer Representative - Name and Title Lia Draxler, Human Resources
3b. Address (If same as 2b - state same) SAME AS ABOVE

3c. Tel. No. (651)686-4259
3d. Cell No.
3e. Fax No.
3f. E-Mail Address ldraxler@cemstone.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction
4b. Principal product or service Concrete
5a. City and State where unit is located: Mendota Heights, IA

5b. Description of Unit Involved
Included: All mixer drivers, mechanics and maintenance employees.
Excluded: All guards and supervisors, as defined by the Act, and all other employees.

6a. No. of Employees in Unit: 31
6b. 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 []

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 Laborers' International Union of North America, Local Union 177
8b. Address 3400 E Euclid Ave, Suite A, Des Moines, IA 50317

8c. Tel No. (515)265-2558
8d. Cell No.
8e. Fax No.
8f. E-Mail Address @laborers177.com

8g. Affiliation, if any
8h. Date of Recognition or Certification
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) March 31, 2019

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 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):
11c. Election Time(s):
11d. Election Location(s):

12a. Full Name of Petitioner (b) (6), (b) (7)(C)
12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)

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) (6), (b) (7)(C)
12e. Cell No. (b) (6), (b) (7)(C)
12f. Fax No.
12g. E-Mail Address (b) (6), (b) (7)(C)

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

13a. Name and Title (b) (6), (b) (7)(C)
13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE

13c. Tel No. SAME AS ABOVE
13d. Cell No. SAME AS ABOVE
13e. Fax No. SAME AS ABOVE
13f. E-Mail Address SAME AS ABOVE

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 4/11/19

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 will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC)
(4-15)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-239242	Date Filed April 9, 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 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 M.J. VanDamme, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 301 Avenue A, Gwinn, MI 49841
--	---

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

3c. Tel. No. 906 346-2641	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rodwells@mjvandammeinc.com
-------------------------------------	---------------------	--------------------	---

4a. Type of Establishment (Factory, mine, wholesaler, etc.)	4b. Principal product or service	5a. City and State where unit is located:
--	---	--

5b. Description of Unit Involved Included: All full-time and regular part-time employees who perform mechanic work in and out of its facilities located in Gwinn, Michigan and Big Bay, Michigan. Excluded: Guards and supervisors as defined in 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

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). None known	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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--

11b. Election Date(s): Tuesday April 30, 2019	11c. Election Time(s): 7am-9am and 12noon-2pm	11d. Election Location(s): Big Bay and Gwinn, Michigan
---	---	--

12a. Full Name of Petitioner (including local name and number) International Union of Operating Engineers, Local 324	12b. Address (street and number, city, state, and ZIP code) 500 Hulet Drive, Bloomfield Township, MI 48302
--	--

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

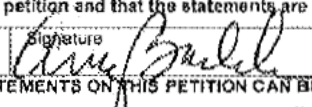
12d. Tel No. 248 451-0324	12e. Cell No.	12f. Fax No. 248 454-1766	12g. E-Mail Address
-------------------------------------	----------------------	-------------------------------------	----------------------------

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

13a. Name and Title Amy Bachelder, Attorney	13b. Address (street and number, city, state, and ZIP code) 333 W. Fort St, Suite 1400, Detroit, MI 48226
---	---

13c. Tel No. 313 496-9408	13d. Cell No. 248 224-4600	13e. Fax No. 313 965-4602	13f. E-Mail Address abachelor@michlabor.legal
-------------------------------------	--------------------------------------	-------------------------------------	---

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) Amy Bachelder	Signature 	Title Attorney	Date 4/9/19
--------------------------------------	---	--------------------------	-----------------------

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 will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RD-239688	Date Filed April 16, 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 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: 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 USF Holland		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6161 S. 6th St. WI Milwaukee 53221-	
3a. Employer Representative – Name and Title Jennifer Benner Labor Relations		3b. Address (If same as 2b – state same) 6161 S. 6th St. WI Milwaukee 53221-	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc) Trucking		4b. Principal product or service Transportation	
4a. Type of Establishment (Factory, mine, wholesaler, etc) Trucking			5a. City and State where unit is located: Milwaukee, WI

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 9
		6b. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>

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 International Brotherhood of Teamsters, Local 200 Tim Pinter President		8b. Address 6200 West Bluemound Rd. WI Milwaukee 53213-	
8c. Tel No. (414) 771-5600	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any International Brotherhood of Teamsters.		8h. Date of Recognition or Certification 07/14/2018	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 04/01/2019

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 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): 05/06/19	11c. Election Time(s): 10 a.m to 2:00 pm	11d. Election Location(s): Employer's premises	

12a. Full Name of Petitioner (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
--	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C)
None

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
-------------------------------------	---------------	--------------	--

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Frank D Garrison Attorney National Right to Work Legal Defense Foundation		13b. Address (street and number, city, state, and ZIP code) 8001 Braddock Road Ste. 600 VA Springfield 22160-	
13c. Tel No. (703) 321-8510	13d. Cell No.	13e. Fax No.	13f. E-Mail Address fdg@nrtw.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) Frank D Garrison	Signature Frank D. Garrison	Title Attorney	Date 04/15/2019 17:34:33
----------------------------------	--------------------------------	-------------------	-----------------------------

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

PRIVACY ACT STATEMENT

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

Attachment

Employees Included
Clerical/Clerks

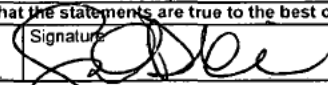
Employees Excluded
Managers and Supervisors

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
18-RD-239688	April 16, 2019

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-240217	Date Filed April 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 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: Neill Corporation		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Aveda Institute 400 Central Ave. SE, Minneapolis, MN 55114	
3a. Employer Representative - Name and Title: Sandra Wagner, Director		3b. Address (if same as 2b - state same): SAME	
3c. Tel. No. 612-378-7420	3d. Cell No.	3e. Fax No.	3f. E-Mail Address sandra.wagner@avedaarts.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School		4b. Principal Product or Service Education	5a. City and State where unit is located: Minneapolis, MN
5b. Description of Unit Involved: Included: See attached Excluded: See attached		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: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 04/24/19 and Employer declined recognition on or about (Date) 04/24/19 (if no reply received, so state). <input type="checkbox"/> 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? <u>No</u> 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): 5/4/19, 5/11/19, or 5/18/19	11c. Election Time(s): 10:00am-11:00am CST	11d. Election Location(s): 400 Central Ave SE, Mpls, MN 55114	
12a. Full Name of Petitioner (including local name and number): Education Minnesota Aveda Institute Instructors		12b. Address (street and number, city, State and ZIP code): 41 Sherburne Ave, St. Paul, MN 55103	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): National Education Association, American Federation of Teachers, AFL-CIO			
12d. Tel. No. 651-292-4873	12e. Cell No. 612-406-5514	12f. Fax No. 651-292-4801	12g. E-Mail Address sarah.derdoski@edmn.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Sarah Derdoski, Organizing Specialist		13b. Address (street and number, city, State and ZIP code): 41 Sherburne Ave, St. Paul, MN 55103	
13c. Tel. No. 651-292-4873	13d. Cell No. 612-406-5514	13e. Fax No. 651-292-4801	13f. E-Mail Address sarah.derdoski@edmn.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) Sarah Derdoski	Signature 	Title Organizing Specialist	Date 04/24/19

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.

National Labor Relations Board RC Petition

Form NLRB-502 (RC)

5b. Description of Unit

Included: All full-time and regular part-time educators employed by the Employer working in the education department at its Minneapolis, MN facility.

Excluded: Temporary, substitute, and casual educators working less than 10 hours/week, and supervisors as defined in the Act, as amended, and all other employees.

)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-240457	Date Filed April 30, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer: St. Paul Riverside Intercontinental Hotel	2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 11 Kellogg Boulevard East, St. Paul, MN 55101
---	--

3a. Employer Representative - Name and Title: Greenwood Hospitality/ Joe Shurmur	3b. Address (if same as 2b - state same): Same
--	--

3c. Tel. No. 651-292-1900	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jshurmur@greenwoodhospitality.com
-------------------------------------	---------------------	--------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospitality/hotel	4b. Principal Product or Service hospitality	5a. City and State where unit is located: Saint Paul, MN
---	--	--

5b. Description of Unit Involved: Included: All full time and regular part time maintenance painters Excluded: See Attachment	6a. Number of Employees in Unit: 2
--	--

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) 4-25-2019 and Employer declined recognition on or about (Date) 4-30-2019 (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)	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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): 5-14-2019	11c. Election Time(s): 7 A.M.	11d. Election Location(s): 11 Kellogg Blvd E, St. Paul, MN 55101
--	---	--

12a. Full Name of Petitioner (including local name and number): International Union of Painters and Allied Trades, District Council 82	12b. Address (street and number, city, State and ZIP code): 3205 Country Drive, Little Canada, MN 55117
--	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union of Painters and Allied Trades

12d. Tel. No. 651-379-9670	12e. Cell No. 612-300-4423	12f. Fax No. 651-224-5486	12g. E-Mail Address j fry@iupat82.org
--------------------------------------	--------------------------------------	-------------------------------------	---

13a. Name and Title: Jordan Fry, Business Representative	13b. Address (street and number, city, State and ZIP code): 3205 Country Drive, Little Canada, MN 55117
--	---

13c. Tel. No. 651-379-9670	13d. Cell No. 612-300-4423	13e. Fax No. 651-224-5486	13f. E-Mail Address j fry@iupat82.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) Jordan A Fry	Signature 	Title Business Representative	Date 4-30-2019
------------------------------	--	----------------------------------	-------------------

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.

RC Petition

Section 5b. Description of Unit Involved:

Included: All full time and regular part time Maintenance Painters

Excluded: Office and Clerical employees, Managers and Supervisors as defined in the Act, Guards, Janitorial employees, engineers, all other employees