

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

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-254176	Date Filed January 6, 2020

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

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

2a. Name of Employer Professional Placement Services		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 272 N 12th street Milwaukee, Wi 53233	
3a. Employer Representative - Name and Title Craig Johnson Principle Owner		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 414-220-4110	3d. Cell No.	3e. Fax No. 414-220-4102	3f. E-Mail Address info@paypps.com + cjohnson@paypps.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Office Building		4b. Principal product or service Debt Collection Services	5a. City and State where unit is located: Milwaukee, WI

5b. Description of Unit Involved Included: Collection agents, Collection Assistants, & Clerical Staff  Excluded: Legal Supervisor, Collection Supervisor and all other supervisory employees.		6a. No. of Employees in Unit: 24
		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) 1/3/2020 and Employer declined recognition on or about no reply (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		8b. Address	
8c. Tel No. 29	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation if any PH		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

10a. Name 2020	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): 1/24/2020	11c. Election Time(s): 12:00 to 14:00	11d. Election Location(s): Empty Office or conference room
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12a. Full Name of Petitioner (including local name and number) Communications Workers of America Local 4603	12b. Address (street and number, city, state, and ZIP code) 6511 W. Bluemound Rd. Milwaukee, WI 53213
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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

12d. Tel No. 414-258-4010	12e. Cell No.	12f. Fax No. 414-258-8542	12g. E-Mail Address gwalls@cwa4603.com
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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 Timothy Case - Organizer		13b. Address (street and number, city, state, and ZIP code) 6511 W Bluemound Rd. Milwaukee, WI 53213	
13c. Tel No. 414-258-4010	13d. Cell No. 414-943-2459	13e. Fax No. 414-258-8542	13f. E-Mail Address tc9151@gmail.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) Timothy Case	Signature 	Title CWA local 4603 Organizer	Date 1/06/2020
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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. 18-RC-254412	Date Filed January 09, 2020

**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> North Memorial Health Hospital	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 3500 France Ave North Suite 101 MN Robbinsdale 55422-
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<b>3a. Employer Representative - Name and Title</b> Nick Wombacher	<b>3b. Address (If same as 2b - state same)</b> 3500 France Ave North Suite 101 MN Robbinsdale 55422-
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<b>3c. Tel. No.</b> (763) 581-2984	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> nick.wombacher@northmemorial.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare	<b>4b. Principal product or service</b> Healthcare	<b>5a. City and State where unit is located:</b> Minneapolis, MN
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 20	<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"/></b>
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**Check One:**  **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
 **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>	<b>8b. Address</b>
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<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? \_\_\_\_\_ 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>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> 02/06/2019	<b>11c. Election Time(s):</b> 10:00am-12:00pm, 5:00pm-7:00pm	<b>11d. Election Location(s):</b> 3500 France Ave North, Robbinsdale MN 55422
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<b>12a. Full Name of Petitioner (including local name and number)</b> Karlton Scott Karlton Scott-Minnesota Nurses Association	<b>12b. Address (street and number, city, state, and ZIP code)</b> 345 Randolph Ave suite 200 MN Saint Paul 55102-
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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)**  
National Nurses United

<b>12d. Tel No.</b> (651) 202-6206	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (651) 695-7000	<b>12g. E-Mail Address</b> Karlton.Scott@mnnurses.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> Karlton Scott Organizing Director Minnesota Nurses Association	<b>13b. Address (street and number, city, state, and ZIP code)</b> 345 Randolph Ave suite 200 MN Saint Paul 55102-
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<b>13c. Tel No.</b> (651) 202-6206	<b>13d. Cell No.</b> (651) 202-6206	<b>13e. Fax No.</b> (651) 695-7000	<b>13f. E-Mail Address</b> Karlton.Scott@mnnurses.org
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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> Karlton Scott	<b>Signature</b> Karlton Scott	<b>Title</b> Director of Organizing	<b>Date</b> 01/9/2020 14:38:35
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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.

Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed

**Employees Included**

All full time, regular part time, and “per diem/Help out/PRN (\*RN’s eligible to vote are those employees who worked on average of (4) hours or more per week during the 13 weeks immediately preceding the eligibility date for the election) Care Access Triage Registered Nurses who are employed by the employer at 3500 France Ave N, Robbinsdale, MN 55422.

**Employees Excluded**

Excluding all other employees, employees at other location, professionals, guards and supervisors and supervisors as defined by the National Labor Relations Act

Case No. 18-RC-254467 Date Filed January 10, 2020

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

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

2a. Name of Employer: Pro-Tec Fire Services		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2129 South Oneida St. Greenbay WI 54304	
3a. Employer Representative - Name and Title: Carl Thiem General Manager		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. 920-593-1720	3d. Cell No. N/A	3e. Fax No. 920-494-5384	3f. E-Mail Address cthien@protecfire.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Fire Fighter services	4b. Principal Product or Service Airport Fire services	5a. City and State where unit is located: Des Moines, Iowa
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5b. Description of Unit Involved: Included: <small>All full and part time employees of Pro-Tec Fire Services/Des Moines International Airport including Firefighter, Firefighter-coo, Firefighter-paramedic, Firefighter-Deputy Chief</small> Excluded: Fire Fighter Chief	6a. Number of Employees In Unit: 13	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
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ 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: N/A
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8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
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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
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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? 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 None	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: Request election by mail to the employees home address.  
11a. Election Type:  Manual  Mail  Mixed Manual/Mail

11b. Election Date(s): earliest Possible	11c. Election Time(s): N/A	11d. Election Location(s): Home address
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12a. Full Name of Petitioner (Including local name and number): AFSCME Council 61	12b. Address (street and number, city, State and ZIP code): 4320 NW 2nd Ave. Des Moines IA, 50313
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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):  
AFSCME International -1625 L St.NW. Washington, DC. 20036-5687

12d. Tel. No. 515-246-1517	12e. Cell No. 515-205-5482	12f. Fax No. 515-244-6467	12g. E-Mail Address N/A
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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: Rick Eilander-Union Representative	13b. Address (street and number, city, State and ZIP code): 4320 NW 2nd Ave. Des Moines IA, 50313

13c. Tel. No. 515-205-5482	13d. Cell No. 515-205-5482	13e. Fax No. 515-244-6467	13f. E-Mail Address reilander@afscmeiowa.org
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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) Rick Eilander	Signature 	Title Union Representative	Date 1-10-20
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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**

Attachment to RC-Petition


5b. Description of Unit involved:

**Included:**

All full and part time employees of Pro-Tec Fire Services/Des Moines International Air Port including Firefighter, Firefighter- EMT, Firefighter-Paramedic, Firefighter Deputy Chief.

**Excluded:**

Firefighter Chief.



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Rick Eilander Union Representative

1-10-20

date

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>18-RC-254868</b>	Date Filed January 21, 2020

**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> Securitas Electronic Security, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 8180 Upland Circle Chanhassan, Mn. 55317
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<b>3a. Employer Representative - Name and Title:</b> Pete Straka VP Human Resources	<b>3b. Address (if same as 2b - state same):</b> 2135 Citygate Ln. Suite 450 Naperville, Il. 60563
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<b>3c. Tel. No.</b> 330-324-2272	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> pete.straka@securitas.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Company	<b>4b. Principal Product or Service</b> Security Services	<b>5a. City and State where unit is located:</b> Chanhassan, Mn.
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> Low Voltage Technicians at the Chanhassan office <b>Excluded:</b> All other Employees	<b>6a. Number of Employees in Unit:</b> 13	<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
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 01/20/2020 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None	<b>8b. Address:</b>
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<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> None	<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> ASAP	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>
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<b>12a. Full Name of Petitioner (including local name and number):</b> International Brotherhood of Electrical Workers Local 110	<b>12b. Address (street and number, city, State and ZIP code):</b> 1330 Conway Street Suite 110 St.Paul, Mn. 55106
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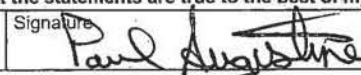
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
AFL/CIO

<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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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:**  
Paul Augustine Business Representative

<b>13b. Address (street and number, city, State and ZIP code):</b> 1330 Conway Street Suite 110 St. Paul, Mn. 55106			
<b>13c. Tel. No.</b> 651-776-4239 Ext. 719	<b>13d. Cell No.</b> 651-261-3605	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> paugustine@ibew110.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) Paul Augustine	Signature 	Title Business Representative	Date 01/20/20
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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**

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No. 18-RD-255397 Date Filed 1/29/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Robbins Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 747 Bissell St. White Lake, WI 54491
3a. Employer Representative - Name and Title Brittany Venske HR	3b. Address (If same as 2b - state same) P.O. Box 37 White Lake, WI 54491
3c. Tel. No. (715) 602-5845	3d. Fax No.
3e. Cell No.	3f. E-Mail Address Bvenske@robbinsfloor.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory	4b. Principal product or service Hardwood Flooring

5a. Description of Unit Involved Included: Grades 1 through 9 Excluded: Robbins Salary Employees Boiler operators	5b. City and State where unit is located: White Lake, WI
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6. No. of Employees in Unit 67	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent Jere McFaldia IAMAW Lodge W223	8b. Affiliation, if any
8c. Address 718 Grand Ave. Schofield, WI 54476	8d. Tel. No.
	8e. Cell No.
	8f. Fax No.
	8g. E-Mail Address

9. Date of Recognition or Certification Approximately 30 years?	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) March 31, 2020
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
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11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	a labor organization, of since (Month, Day, Year)
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12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name None	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

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

13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	13b. Election Date(s) March 3, 2020	13c. Election Time(s) 2:30 PM - 4:30 PM	13d. Election Location(s) Break room next to boiler room
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14. Full Name of Petitioner  
(b) (6), (b) (7)(C)

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

14f. Affiliation, if any

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

15a. Name See Above	15b. Title
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

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

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 1/29/2020
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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.

**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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner:</b> Mayo Clinic Health System - Waseca	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 501 N. State Street, Waseca, MN 56093
<b>3a. Employer/Petitioner Representative - Name and Title:</b> Amanda M. Hansen	<b>3b. Address (if same as 2b - state same):</b> 1025 Marsh Street, Mankato, MN 56001

<b>3c. Tel. No.</b> 507-594-5630	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 507-594-4750	<b>3f. E-Mail Address</b> Hansen.Amanda@mayo.edu
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hospital	<b>4b. Principal Product or Service</b> Health care services
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<b>5a. Description of Unit Involved:</b> All registered nurses employed by the Employer at its hospital located at 501 N. State Street, Waseca, MN; <u>excluding</u> LPNs, physicians, clinic RNs, all other professional employees, skilled maintenance employees, technical employees, business office clerical employees, all other non-professional employees, guards and supervisors as defined in the Act, and all other employees.	<b>5b. City and State where unit is located:</b> <b>Waseca, MN</b>
	<b>6. Number of Employees in Unit:</b> 31

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable  
 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_  
 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

<b>8a. Name of Recognized or Certified Bargaining Agent - Name</b> Minnesota Nurses Association	<b>8b. Affiliation, if any:</b>
<b>8c. Address:</b> 345 Randolph Avenue, Suite 200, St. Paul, MN 55102	<b>8d. Tel. No.</b> 651-220-6337
	<b>8e. Cell No.</b>
	<b>8f. Fax No.</b> 651-695-7000
	<b>8g. E-Mail Address</b> Elaina.Hane@mnnurses.org

<b>9. Date of Recognition or Certification</b> Decades ago	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 04/30/2020
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**11. 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) \_\_\_\_\_

**12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization 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 and affiliation if any</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Cell No.</b>
		<b>12e. Fax 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> January 17, 2020	<b>13c. Election Time(s):</b> 6:30-7:30 a.m. & 1-2 p.m. & 6:30-7:30 p.m	<b>13d. Election Location(s):</b> Conference Room A at Employer's facility
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**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>14a. Name and Title:</b> Thomas R. Trachsel, Attorney	<b>14b. Address (street and number, city, State and ZIP code):</b> Felhaber Larson, 220 South Sixth Street, Suite 2200, Minneapolis, MN 55402-4504
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<b>14c. Tel. No.</b> 612-373-8432	<b>14d. Cell No.</b>	<b>14e. Fax No.</b> 612-338-0535	<b>14f. E-Mail Address</b> ttrachsel@felhaber.com
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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> Thomas R. Trachsel	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 01/03/20
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