FORM NURB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE I	N THIS SPACE
Case No.	Date Filed
Case No. 15-RC-227573	9/19/18

ROPEITION					'	13=RC=227373 9/19/				9/18	
INSTRUCTIONS: Unless e-Filed L employer concerned is located, i the employer and all other parties Case Procedures (Form NLRB 48	The pelition s named in	must be accomp the petition of: (penied b 1) the pe	y both a s tition; (2)	howing of interes Statement of Pos	it (aee 81 ition for	b below) end m (Form NLI	l e certifica RB-605); er	te of service show id (3) Description (ing a of Re	ervice an presentation
PURPOSE OF THIS PETITION: bargaining by Patitioner and Petitioner and Petitioner and Petitioner Laboratory requests that the National Laboratory	tioner desire	e beilitres ed of 24	a represe	intalive of	he employees. Th	e Petitio	ner alleges t	that the fol	lowing circumstan	095 E	
2s. Name of Employer: St. Andrews Bay Nursing Center	& Reha	bilitation			Establishment(s) venue, Pana				, State, ZIP coda):		
3a. Employer Representative - Name and Title: Melissa Pijalkowski, Administrator				lb. Address (if some as 2b - state seme): Same							
sc, Tel. No. 850-763-0446	3d. Cell N			3e. Fax N	0.		8f. E-Mall A	ddress		•	
4a, Type of Establishment (Fectory, Nursing Home	mine, whole	saler, etc.)			oal Product or Ser Assistance	vice		Panam	a City, FL		eted;
59, Description of Unit involved: Included; All Full- Time & Part - T	ime CN	A's All PRN	's that	work 1	6 hours or me	ore		6a, Numbi 50	er of Employees in L	Jrilt:	
Excluded: Dietary, Housekeeping, I	Laundry	and all supe	rvisor			VX C		6b. Do a s of the	ubatantial number (employees in the un ented by the Petition	30% of the state o	or more) h to bo X Yes \ \ No
Check One: 7a, Request for recon or about (Date) 75. Petitioner is cu		(lf n	o reply re	celved, so	state).	ation un			declined recognillon		
8a. Name of Recognized or Certific Retail, Wholesale, and Do	d Bargaini	ng Agent (If none	, so state	9) 8b. A	ddress; 1 10th Ave S			AL 352	05.		
8c, Tel, No. 205-322-7462	8d, Cell No 205-31			8e. Fax No. 205-322-8447			6f. E-Mell Address bmurphree@rwdsumidsouth.org				
eg. Affillation, if any: None			81	8h. Date of Recognition or Certification			8i. Expiretion Date of Current or Most Recent Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing a	t the Emplo	yer's establishme	nt(e) Invo	lved?	If so, ap	proximat	ely how man	y amployes	are participating?		
(Name of Lebor Organization)							•		ersince (Month, Da		
10. Organizations of individuals othe Individuals known to have a repri	r then Peliti esentelive ir	oner and those na Notest in any emp	imed in it loyees in	eme 8 and the unit de	9, which have clat eachbed in Item 5b	med reco ebove, (ognition as re (if none, so si	presentativi isto)	as and other organiz	ation	s and
10a, Name		10b. Address				·	10o. Tel. No	,	10d. Cell No.		
				10e. Fax No.				10f. E-Mall Address			
11. Election Details: If the NLRB co	nducta and	election in this ma	itter, state	your posi	tion with respect to	any suc			n Type; II	lixed	Manual/Mail
							11d. Election Location(s): 2100 Jenks Avenue, Panama City FL3245				
12a, Full Name of Patitioner finctuo Retail, Wholesale, and De	ing local na partmen	me and number): t Store Unio	n		12b. Address (st. 1901 10th A						
12c. Full name of national or Internat Retail, Wholesale and De	ional labor d partment	rganization of whi Store Union	ich Petiti 1 Interi	ner is en a national	fillate or constitue	ent <i>(If no)</i>	ne, so stete):				
12d. Tel. No. 212-684 - 5300	12e, Cell N			12f. Fax N 212-77	9-2809		12g. E-Mail		······································		
13. Representative of the Petitione 18a. Name and Title: Syrena Paluchowski, RWDS			ell pape	13b, Addre	noses of the representations of the Representation of the Represen	nber, cky	v, State and Z	IP code);		•	
130, Tel. No. 205-322-7462	194. Cell N 205-317	7-2238		136, Fax N 205-32	2-8447				sumidsouth.or	rg	
I declare that I have read the above Name (<i>Print</i>)	petition a			e true to ti	e beat of my kno			·			
Syrena Paluchowski		Signature	MA	YA	Wenny	RV	VDSU Re	present	ative		Date 09/18/18

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS S	PACE
Case No.	Date Filed
15-RC-227645	9/20/18

							13-10-2	22,043		07.10		
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Gase Procedures (Form NLRB 48:	he petition named in 12). The sh	must be a the petition owing of in	ccomp n of: (nteres	panied b 1) the pe it should	y both a sh tition; (2) S only be file	nowing of interest (see Statement of Position ed with the NLRB and	e 6b below) ar form (Form N should not be	id a certificat LRB-505); an served on t	e of service showing s d (3) Description of Re he employer or any oth	ervice on presentation let party.		
PURPOSE OF THIS PETITION: F bargaining by Pelitioner and Peliti requests that the National Labo	ioner desire	s to be cert	ified a	as represe	entative of th	he employees. The Pet	titioner allege:	that the foll	owing circumstances o			
2a. Name of Employer: VSE Corporation				2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 234 Avenue A West Jacksonville, AR 72009 Little Rock AFB								
3a. Employer Representative - Name and Tille: Steve Wilson, Site Lead				3b. Address (if same as 2b - state same): same								
3c. Tel. No. 501-987-2436	3d, Cell No) .			3e. Fax No 501-987		31. E-Mail steven.v	Address vilson,56.cli	@us.af.mil			
4a. Type of Establishment (Factory, I	nine, whole	saler, etc.)				pal Product or Service Maintenance			d State where unit is loc ck AFB, Jacksonville			
5b. Description of Unit Involved: Included:	 	**************************************				· · · · · · · · · · · · · · · · · · ·		1	r of Employees in Unit:			
Aircraft Mech I,II,III, Crew Chie Excluded: Office Clerical employees, Pro	_							6b, Do a si of the e	ubstantial number (30% imployees in the unit wis	h to be		
Check One: 7a. Request for reconstruction on or about (Date) 7b. Petitioner is cui	ognition as	Bargaining	Repre (If n	esentative no reply re	e was made eceived, so	on (Date) state).	a	nd Employer o	ented by the Petitioner?	× Yes □ No		
8s. Name of Recognized of Certifie	d Bargaini	ng Agent (If non	e, so stat	(e) 8b. Ad	ddress:						
Sc. Tel. No.	8d, Cell No) .			8e. Fax No	o .	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 a	i the Emplo	yer's establ	ishme	int(s) invo	lived?	konqqs, oa it	imately how ma	any employee	s are participating?			
(Name of Labor Organization)	- خاست	بنيتر قدر مساوي		- نیوست					er since (Month, Day, Ye			
Organizations or Individuals other Individuals known to have a repre									es and other organization	is and		
10a _s Name		10b. Addr	ess					Vo.	10d. Cell No.	d. Cell No.		
	,							vo.	10f. E-Mail Address			
11. Election Octalis: If the NLRB co	nducts and	election in	ihis m	atter, stat	e your posi	tion with respect to any	such election:		n Type: il Mail Mixed	Manual/Mail		
11b. Election Date(s); 10/10/2018		11c. Elect 0700-08	1)-1600		1 .	11d. Election Location(s): Breakroom				
12a. Full Name of Petitioner (include International Association of f AFL-CIO	Machinist	ame and numbers and Ae	mber).	ace Wo	orkers,	12b. Address (street of 690 E. Lamar Bit Arlington, TX 76)	vd Ste 580 011		ZIP code):			
12c. Full name of national or Internat International Association of Ma							f none, so stati	9):				
12d. Tef. No. 12e. Ceff No. 817-505-0100 682-401-7835		-	12f, Fax N 817-459	lo.		12g. E-Mail Address jlittle@iamaw.org						
13. Representative of the Petitions			vice q	f all pap			itation procee	ding.				
13a. Name and Title: James R. Little, Grand Lodge Representative				13b, Address (street and number, of 690 E. Lamar Blvd Ste 580 Arlington, TX 76011								
13c. Tel, No.	13d. Cell I	Vo.			13e, Fax I		13f. E-Ma	13f. E-Mail Address				
I declare that I have read the above	e petition a	ind that thi	: statu	ements a	re true to t	he best of my knowle						
Name (Print) James R. Little	· .· — —	Sig	postur	- حوا	7_	_	Title Grand Lodg	e Represer	ntative	Date 09/19/2018		
COLLING 131 PILLIO		15.5	7 20		The same of the sa	1		,		1		

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 torth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RCPETITION

DO NOT WRI	TE IN THIS SPACE
Case No 15-RC-227987	September 25,2018

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 PETITIONRC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Palitioner and Palitioner desires to be cartified as representative of the employees. The Palitioner 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. 2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) 2a, Name of Employer 19TH SOS TRAINING SQUADRON, BLDG 91029 | 589 INDEPENDENCE ROAD, HURLBURT FIELD, FL 32542 DELAWARE RESOURCE GROUP-DRG 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3220 QUAIL SPRINGS PKWY, OKLAHOMA CITY, OK 73134 MIKE ADAMAS - PROGRAM MANAGER 3e, Fax No. 3d. E-Mail Address MADAMS@DRGOK.COM 405-721-7776

4a. Type of Establishment (Factory, mine, wholesaler, etc.) 405-721-7779 5a, City and State where unit is located: 4b. Principal product or service C13OJ FLIGHT SIMULATION SIMULATORS HURLBURT FIELD, FL 5b. Description of Unit Involved 6a. No. of Employees in Unit: included: ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE ELECTRONIC TECHS, AND MATERIAL 6b. Do a substantial number (30% COORDINATOR WORKING AT DELAWARE RESOURCE GROUP AT HURLBURT FIELD LOCATED IN FLORIDA. or more) of the employees in the unit wish to be represented by the Excluded: Petitioner? Yes 🗸 No 🗔 OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT. Check One: 🔲 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about _____(date) (if no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE N/A 8f. E-Mail Address 8d. Cell No. 8e. Fax No. Tel, No. N/A N/A N/A N/A 81, Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) N/A N/A N/A 9. Is there now a strike or picketing at the Employers establishment(s) involved? If so, approximately how many employees are participating? N/A has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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 10c. Tel. No. 10d. Cell No. 10b. Address N/A 10f, E-Mall Address N/A 10e. Fax No. N/A N/A N/A 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Election Type: Mail Mixed Manual/Mail ✓ Manual any such election. 11d. Election Location(s): 19TH SOS TRAINING SQUADRON, BLDG 91006, 589 INDEPENDENCE ROAD, 11c. Election Time(s): 11b. Ejection Date(s): **OCTOBER 18, 2018** 2:45 PM - 3:45 PM HURLBURT FIELD, FL 32542 **BREAKROOM 104** 12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011 12 a. Full Name of Petitioner (including local name and number) IAMAW, AFL-CIO 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 AND AEROSPACE WORKERS, AFL-CIO 12g. E-Mail Address 12e. Cell No. 12f. Fax No 12d. Tel. No. 817-505-0100 817-459-0107 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a Name and Title JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011 13d. E-Mail Address 13c. Tel. No. 13d, Cell No. 13e. Fax No. 817-505-0100 682-401-7835 817-459-0107 JLITTLE@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 DATE Name (Print) GRAND LODGE REPRESENTATIVE 09/25/2018 JAMES R. LITTLE

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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FORM NLRB-502 (RD) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITEIN	THIS SPACE
Case No.	Date Filed
15-RD-227033	September 10, 201

	R	D PETITION							200002 10, 20	
INSTRUCTIONS: Unless e-File employer concerned is locate the employer and all other par Case Procedures (Form NLRB	d. The petition materials the state of the s	nust be accompa e petition of:(1)	enied by both a sho the petition; (2) Sta	owing of intere tement of Pos	st (see 7 b ition form	elow) and a certific (Form NLRB-505); a	ate of sen nd (3) De	rice show scription	ing service on of Representation	
PURPOSE OF THIS PETITION recognized bargaining represer Labor Relations Board proce	ntative is no longe	r their representa	tive. The Petitioner	alleges that the	ne followin	ng circumstances ex				
2a. Name of Employer		· · · · · · · · · · · · · · · · · · ·	2b. Address(es) of	Establishment(s) involved	(Street and number,	city, state,	ZIP code		
Penske Truck Leasing			4343 Getwell	, Memphis	TN 38	118				
3a. Employer Representative - N	lame and Title	, , , , , , , , , , , , , , , , , , , ,	3b. Address (If sam	e as 2b - state	same)			7.4.		
Dan Schmidt, District M.	anager		Same						•	
3c. Tel. No. 901-367-4476	3d. Fax No.		3e. Cell No. 224-531-1030	0	3f. E-Mail	Address				
4a. Type of Establishment (Factor	y, mine, wholesale	er, etc.)				al product of service		•		
Truck rental agency					ruck r	ental and leasi				
5a. Description of Unit Involved Included:			·					City and S is located	tate where unit	
,	or convice rer	orecentátive	e				1	emphis		
Mechanics and custome	el servicé let	n esentative	5				''''	p	,	
Excluded:							.			
Secretaries, parts men,										
6. No. of Employees in Unit 50	recogn	ized bargaining r	r (30% ar more) of the epresentative? 🔀 Y		the unit no	o longer wish to be re		by the cer	tified or currently	
8a. Name of Recognized or Certifi		ent		*		8b. Affiliation, if any				
Teamsters Local Union	984									
8c. Address			*	8d. Tel. No.		8e. Cell No.				
3020 Sandbrook				901-398-2	2329					
Memphis, TN 38116				8f. Fax No.		8g. E-Mail Address	ess			
9. Date of Recognition or Certificat	tion		10. Expiration Date November 11		lost Recen	t Contract, if any (Mo	nth, Day,	Year)		
11a. Is there now a strike or picker	ting at the Employ	er's establishme	nt(s) involved?	res X No	11b. If so.	approximately how n	nany empl	oyees are	participating?	
11c. The Employer has been picke									labor organization, of	
(Insert Address)							e (Month,	Day, Year		
12. Organizations or individuals of	her those named	in items 8 and 11	c, which have claim	ed recognition a	s represen	ntatives and other org	anizations			
and individuals known to have	a representative		nployees in the unit of	oescribed in iter	12c. Tel. N	No.	12d. Fax	No.		
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	ľ				12e. Cell No. 12f		12f E-Ma	E-Mail Address		
	1				120. 0011 110.		121. E-Weil Address			
13. Election Details: If the NLRE matter, state your position with					13a. Elect	lion Type: 🔀 Manua	l Ma	A 🔲 lie	lixed Manual/Mail	
13b. Election Date(s)		13c. Election Tir	ne(s)		13d. Election Location(s)					
October 1, 2018		7 a.m. to 5	p.m.		Break room, Getwell R			Road facility		
14. Full Name of Petitioner (b) (6), (b) (7)(C)					· · · · · · · · ·					
14a. Address (Street and number,	city, state, ZIP co	ode)			14b. Tel. (No.	14c, Fax	No.		
(b) (6), (b) (7)(C)	o., y, a.o.o, a.o.	,								
					14d. Cell	No.	14e. E-M	ail Addres	s	
				(b) (7)(C)						
14f. Affiliation, if any			·		_					
15. Representative of the Petitio	ner who will acc	ent service of a	Il papers for purpo	ses of the ren	esentation	n proceeding.				
15a. Name	J. 101 14110 14111 435		пророжения разгра		15b.Title					
(b) (6), (b) (7)(C)					ĺ					
	· .	nda)			15d. Tel.	No.	15e. Fax	No		
15c. Address (Street and number,	, city, state, ZIP co	ode)			130, 161.					
					15f. Cell 1	No.	15g, E-M	lail Addres		
					1.57. 5611		,g, i10			
I declare that I have read the					L		L			
I declare that I have read the ab	ave metition and	that the etatem	ents are true to the	hest of my kn	owledge s	ind belief.				
Nama (Print)	ove petition and	that the statem (b) (6), (b) (ents are true to the	best of my kn	owledge a	ind belief.			Date Filed	
Name (Print) (b) (6), (b) (7)(C)	1		ents are true to the 7)(C)		An Indi				9-10-18	