

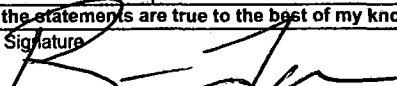
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
06-RC-243357Date Filed
6-17-19

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: Midwest Air Traffic Control Service, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2499 Fox Hill Rd. State College, PA 16803	
3a. Employer Representative - Name and Title: Mr. Shane Cordes, CEO		3b. Address (if same as 2b - state same): 7300 W 129th Street Overland Park, KS 60087	
3c. Tel. No. (913) 782-7082	3d. Cell No.	3e. Fax No. (913) 897-9300	3f. E-Mail Address shanelc@att.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Air Traffic Control Services		4b. Principal Product or Service Air Traffic Control	
5b. Description of Unit Involved: Included: Air Traffic Control Specialist (Full & Part Time) Excluded: Guards, Supervisors & Air Traffic Manager		5a. City and State where unit is located: State College, PA 6a. Number of Employees in Unit: 4 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 type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about (Date) (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) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No.
			10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: Want everyone to be able to vote. Employees have provided date / times.			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): July 9, 2019		11c. Election Time(s): 2:15 PM-4:15 PM	
11d. Election Location(s): Break room at control tower			
12a. Full Name of Petitioner (including local name and number): Professional Air Traffic Controllers Organization, Inc.		12b. Address (street and number, city, State and ZIP code): 161 SW Willow Lake Trail Stuart, FL 34997	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Office & Professional Employees International Union, AFL-CIO, CLC (OPEIU)			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	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: Ron Taylor, President PATCO		13b. Address (street and number, city, State and ZIP code): 161 SW Willow Lake Trail Stuart, FL 34997	
13c. Tel. No. (772) 283-3369	13d. Cell No.	13e. Fax No. (772) 286-4154	13f. E-Mail Address patcoron@bellsouth.net
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) Ron Taylor		Signature 	Title President
		Date 6/11/2019	

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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RD-243623

Date Filed

6-20-19

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 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
Aramark Healthcare Support Services, LLC Lock H

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
700 High Street, Williamsport PA 17701. (Attention Ellen Keegan)

3a. Employer Representative - Name and Title
Ellen Keegan, Aramark HR Director

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

3c. Tel. No.
570-321-3763

3d. Fax No.
570-321-3755

3e. Cell No.

3f. E-Mail Address
keegane2@upmc.edu

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Services Industry Group

4b. Principal product or service
Healthcare Support Services

5a. Description of Unit Involved
Included:
Hospitality Associates/Food Service Workers
Excluded:
Food Service Leads and Cooks

5b. City and State where unit is located:
Lock Haven, PA

6. No. of Employees in Unit 18

7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent
SEIU

8b. Affiliation, if any

8c. Address
1500 North Street
Harrisburg, PA 17102

8d. Tel. No.
717-238-3030

8e. Cell No.
412-779-9789

8f. Fax No.
717-238-8354

8g. E-Mail Address
amanda.lapina@sciuhcpa.org

9. Date of Recognition or Certification
April 2014

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9/30/2017 (due to sale of hospital)

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No

11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name)
(Insert Address) since (Month, Day, Year)

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
NA

12c. Tel. No.
NA

12d. Fax No.
NA

12e. Cell No.
NA

12f. E-Mail Address
NA

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

13b. Election Date(s)
ASAP

13c. Election Time(s)
ASAP

13d. Election Location(s)
Lock Haven

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

14c. Fax No.
none

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

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

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)

Title

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

Date Filed

6-11-19

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