

Authority P.A. 380 of 1965, as amended
 Completion Mandatory
 Penalty Case will not be opened if this form is not used

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH
 EMPLOYMENT RELATIONS COMMISSION
 LABOR RELATIONS DIVISION

PETITION FOR REPRESENTATION PROCEEDINGS

INSTRUCTIONS: Submit an original and 4 copies of this Petition to: Employment Relations Commission, Cadillac Place, 3026 W. Grand River Boulevard, Suite 2-750, PO Box 02988 Detroit MI 48202-2988. (Use additional sheets if necessary)

DO NOT WRITE IN THIS SPACE

Case Number

205 A-008

Date Filed

6/21/05

1. Purpose of this Petition: (Check only the one box which is appropriate.)
 - A. RC - CERTIFICATION OF REPRESENTATIVE - 30% or more of employees in the unit wish to be represented for purposes of collective bargaining by Petitioner, and Petitioner desires to be certified as representative of the employees for purposes of collective bargaining. (A 30% showing of interest must accompany this form or be submitted within 48 hours.)
 - B. RM - REPRESENTATION (EMPLOYER) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner
 - C. RD - DECERTIFICATION - 30% or more of employees in the unit assert that the certified or currently recognized bargaining representative is no longer their representative. (A 30% showing of interest must accompany this form or be submitted within 48 hours.)
 - D. SD - SELF-DETERMINATION - Multiple units represented by the same representative seek to be represented in one unit. (No showing of interest required.)
 - E. UC - UNIT CLARIFICATION - A labor organization is currently recognized by the employer, but Petitioner seeks clarification of placement of certain employee(s). (A petition for unit clarification does not raise a question concerning representation, and may not be used where an RC or RM petition is appropriate.)

2 NAME AND ADDRESS OF EMPLOYER: Michigan Quality Community Care Council (MQCCC) 1115 S. Pennsylvania, Suite 203 Lansing, MI 48912-1658		TELEPHONE NUMBER: (800) 979 4662
3 TYPE OF EMPLOYER: Check appropriate box: <input checked="" type="checkbox"/> Governmental <input type="checkbox"/> Private		
4 DESCRIPTION OF CLAIMED BARGAINING UNIT INVOLVED In UC petition describe present bargaining unit and attach specific description of proposed clarification. Please use additional paper if necessary. INCLUDED: personal assistance All individuals who provide in-home community care services to elderly persons and persons with disabilities through the Michigan Quality Community Care Council (QCCC) under the Michigan Home Help Program and other programs and community care services undertaken by the QCCC. EXCLUDED: Supervisors, confidential employees, all those employed in the State classified Civil Service, and all those individuals paid directly by any private organization or entity which provides services under a time-limited contract with the State of Michigan, and all other employees.		5 APPROXIMATE NUMBER OF EMPLOYEES IN UNIT 41 000
7 RECOGNIZED OR CERTIFIED BARGAINING AGENT, OR PARTIES OTHER THAN PETITIONER WHICH HAVE CLAIMED RECOGNITION AS REPRESENTATIVES, AND OTHER UNIONS INTERESTED IN THE EMPLOYEES DESCRIBED IN ITEM 4 ABOVE (IF NONE, so state) NAME AND ADDRESS NONE		6 DATE OF DEMAND FOR RECOGNITION 1-20-05 DATE EMPLOYER DECLINED RECOGNITION 1-20-05 DATE OF RECOGNITION OR CERTIFICATION N/A DATE OF CLAIM (required only if RM Petition) N/A
8 DATE OF EXPIRATION OF CURRENT CONTRACT, IF ANY: Month: Day: Year: NONE		
I HAVE READ THE ABOVE PETITION AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF		
PETITIONER AND AFFILIATION, IF ANY: Service Employees International Union (SEIU), AFL-CIO		
NAME OF REPRESENTATIVE OR PERSON FILING PETITION: SIGNATURE: <i>John Freeman</i> PRINTED: JOHN FREEMAN		TITLE, IF ANY: Director, Home Care Campaign
ADDRESS: 220 Bagley, Suite 430, Detroit, MI 48226		TELEPHONE: 313 963 1847

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc. under the Americans with Disabilities Act, you may make your needs known to us.

AUTHORITY: P.A. 380 OF 1965,
AS AMENDED

TABULATION OF ELECTION RESULTS
CONSUMER AND INDUSTRY SERVICES
Bureau of Employment Relations
Labor Relations Division

MICHIGAN QUALITY COMMUNITY CARE
COUNCIL (MQCCC)

- and -

SERVICE EMPLOYEES INTERNATIONAL
UNION, AFL-CIO

CASE NO. R05 A-008

REPRESENTATION

Consent

Commission Ordered

LAST OFFER

Consent

Consent Strike

Commission Ordered

The following is a tabulation of the ballots cast in the election in the above matter, conducted and supervised by the undersigned Bureau Agent on April 11, 2005

YES

6949

NO

1007

Challenged Ballots

12

TOTAL

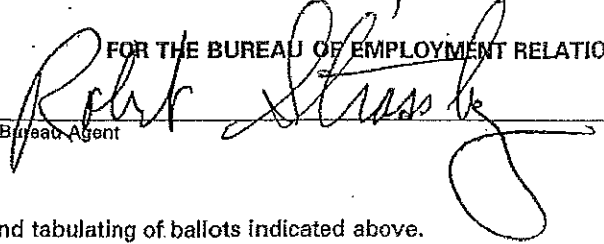
7956

Spoiled Ballots

589

FOR THE BUREAU OF EMPLOYMENT RELATIONS

Bureau Agent

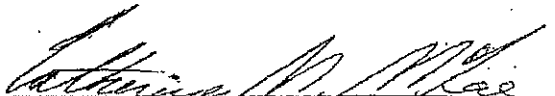


The undersigned acted as authorized observers in the casting, counting and tabulating of ballots indicated above.

WE HEREBY CERTIFY that the entire election was conducted in a fair and impartial manner in our presence, that the counting and tabulating were fairly and accurately done and that the results were as indicated above.



For the Union



For the Employer

For the Union

C-11-05

For the Employer