FORM NLRB-501 (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
13-CA-308075	11/30/2022	

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in	which the alleged unfair labor practice occurred or is oc	curring.
1. EMPL	OYER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer Ascension Health		b. Tel. No. 312-307-1416
		c. Cell No.
d Address (Otrest site state and 7/D ands)	a Employer Depresentative	f. Fax. No.
d. Address (Street, city, state, and ZIP code) 4600 Edmundson Rd St. Louis, MO 63134	e. Employer Representative David Young	g. e-mail david.young1@ascension.org
		h. Number of workers employed 50
i. Type of Establishment (factory, mine, wholesaler, etc.) Hospital	j. Identify principal product or service Maintenance/ Custodial	
The above-named employer has engaged in and is engaged	ging in unfair labor practices within the meaning of se	ction 8(a), subsections (1) and
(list subsections) (5)	of the National Lab	oor Relations Act, and thest unfair labor
practices are practices affecting commerce within the mea		·
the Act and the Postal Reorganization Act.	, ,	3
Basis of the Charge (set forth a clear and concise state)	ement of the facts constituting the alleged unfair labor	c practices)
2. Busine of the original go (but forth a blear and bornoise state	ment of the facts constituting the alleged amail labor	practices)
Ascension Health as a joint employer with Medxce Party has engaged in bargaining tactics designed to		
3. Full name of party filing charge (if labor organization, gain International Union of Operating Engineers Local	ive full name, including local name and number) 399	
4a. Address (Street and number, city, state, and ZIP code) 2260 S. Grove Street Chicago, Illinois 60616		4b. Tel. No. (312) 372-9870
		4c. Cell No.
		4d. Fax No.
		4e. e-mail vcolvett@iuoe399.com
5. Full name of national or international labor organization	n of which it is an affiliate or constituent unit (to be fille	d in when charge is filed by a labor organization)
International Union of Operating Engineers		
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No. (312) 757-5474
/s/ Karl Masters	Karl Masters, Attorney	Office, if any, Cell No.
(signature of representative or person making charge)	(Print/type name and title or office, if any)	Fax No. (312)-255-0449
Address 311 S. Wacker Drive, Suite 1050, Chicago, Illinois 60606 Date 11/30/2022		e-mail masters@johnsonkrol.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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.