



UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
TWENTY-SIXTH REGION



**AMERICAN RED CROSS TENNESSEE
VALLEY BLOOD SERVICES REGION**

Employer

and

Case 26-RC-8150

**INTERNATIONAL UNION, UNITED AUTO
WORKERS, AEROSPACE & AGRICULTURAL
IMPLEMENT WORKERS OF AMERICA, UAW**

Petitioner

DECISION AND DIRECTION OF ELECTION

Upon a petition duly filed under Section 9(c) of the National Labor Relations Act, as amended, herein referred to as the Act, a hearing was held before a hearing officer of the National Labor Relations Board, herein referred to as the Board.

Pursuant to the provisions of Section 3(b) of the Act, the Board has delegated its authority in this proceeding to the undersigned.

Upon the entire record in this proceeding¹ the undersigned finds:

1. The hearing officer's rulings made at the hearing are free from prejudicial error and are hereby affirmed.
2. The Employer is engaged in commerce within the meaning of the Act and it will effectuate the purposes of the Act to assert jurisdiction herein.
3. The labor organization involved claims to represent certain employees of the Employer.
4. A question affecting commerce exists concerning the representation of certain employees of the Employer within the meaning of Section 9(c)(1) and Section 2(6) and (7) of the Act.

5. The following employees of the Employer may constitute a unit appropriate for the purpose of collective bargaining within the meaning of Section 9(b) of the Act:²

INCLUDED: All collection and pheresis department employees, including registered nurses (RNs), licensed practical nurses (LPNs), collection technicians I and II, phlebotomy technicians, mobile unit leaders (MULs), mobile unit assistants (MUAs), and maintenance technicians employed at the Employer's center on Charlotte Avenue, Nashville, Tennessee, Vanderbilt Hospital, Nashville, Tennessee, and Paducah, Kentucky facilities.

EXCLUDED: All other employees, office clerical employees, guards and supervisors as defined in the Act.

The unit set out above includes professional and non-professional employees. However, the Board is prohibited by Section 9(b)(1) of the Act from including professional employees in a unit with non-professional employees unless a majority of the professional employees vote for inclusion in such a unit. Accordingly, the desires of the professional employees to be included in a unit with non-professional employees must be ascertained.

I shall therefore direct separate elections in the following voting groups:

(A) All collection and pheresis department employees, licensed practical nurses (LPNs), collection technicians I and II, phlebotomy technicians, mobile unit leaders (MULs), mobile unit assistants (MUAs), and maintenance technicians employed at the Employer's center on Charlotte Avenue, Nashville, Tennessee, Vanderbilt Hospital, Nashville, Tennessee, and Paducah, Kentucky facilities.

(B) All registered nurses (RNs) in the collection and pheresis departments at the Employer's center on Charlotte Avenue, Nashville, Tennessee, Vanderbilt Hospital, Nashville, Tennessee, and Paducah, Kentucky facilities.

The employees in the non-professional voting group (A) will be polled to determine whether they wish to be represented by **INTERNATIONAL UNION, UNITED AUTO WORKERS, AEROSPACE & AGRICULTURAL IMPLEMENT WORKERS OF AMERICA, UAW.**

The employees in the voting group (B) will be asked two questions on their ballot:

- (1) Do you desire the registered nurses (RNs) to be included in a unit composed of non-professional collection and pheresis employees of the Employer for the purposes of collective bargaining?
- (2) Do you desire to be represented for the purposes of collective bargaining by **INTERNATIONAL UNION, UNITED AUTO WORKERS, AEROSPACE & AGRICULTURAL IMPLEMENT WORKERS OF AMERICA, UAW?**

If a majority of the registered nurses (RNs) in voting group (B) vote “yes” to the first question, indicating their desire to be included in a unit with non-professional employees, they will be so included. Then, their votes on the second question will be counted together with the votes of the non-professional voting group (A) to determine whether or not the employees in the whole unit wish to be represented by the Union. If a majority of registered nurses (RNs) in voting group (B) vote against the inclusion, they will not be included with the non-professional employees. Their votes on the second question will then be separately counted to determine whether or not they wish to be represented by the Union.

My unit determination is based, in part, upon the results of the election among the registered nurses (RNs). However, I make the following findings in regard to an appropriate unit:

1. If a majority of the registered nurses (RNs) vote for inclusion in the unit with non-professional employees, I find the following will constitute a unit appropriate for the purposes of collective bargaining within the meaning of Section 9(b) of the Act:

All collection and pheresis department employees, including registered nurses (RNs), licensed practical nurses (LPNs), collection technicians I and II, phlebotomy technicians, mobile unit leaders (MULs), mobile unit assistants (MUAs), and maintenance technicians employed at the Employer’s center on Charlotte Avenue, Nashville, Tennessee, Vanderbilt Hospital, Nashville, Tennessee, and Paducah, Kentucky facilities, excluding all other employees, office clerical employees, guards and supervisors as defined in the Act.

2. If a majority of the registered nurses (RNs) do not vote for inclusion in the unit with non-professional employees, I find that two groups of employees will constitute separate units for the purposes of collective bargaining within the meaning of Section 9(b) of the Act:

(A) All collection and pheresis department employees, licensed practical nurses (LPNs), collection technicians I and II, phlebotomy

technicians, mobile unit leaders (MULs), mobile unit assistants (MUAs), and maintenance technicians employed at the Employer's center on Charlotte Avenue, Nashville, Tennessee, Vanderbilt Hospital, Nashville, Tennessee, and Paducah, Kentucky facilities.

(B) All registered nurses (RNs) in the collection and pheresis departments at the Employer's center on Charlotte Avenue, Nashville, Tennessee, Vanderbilt Hospital, Nashville, Tennessee, and Paducah, Kentucky facilities.

An election by secret ballot shall be conducted by the undersigned among the employees in the unit found appropriate at the time and place set forth in the Notice of Election to issue subsequently, subject to the Board's Rules and Regulations. Eligible to vote are those in the unit who are employed during the payroll period ending immediately preceding the date of this Decision, including employees who did not work during that period because they were ill, on vacation, or temporarily laid off. Also eligible are employees engaged in an economic strike which commenced less than 12 months before the election date and who retained the status as such during the eligibility period and their replacements. Those in the military services of the United States Government may vote if they appear in person at the polls. Ineligible to vote are employees who have quit or been discharged for cause since the designated payroll period, employees engaged in a strike who have been discharged for cause since the commencement thereof and who have not been rehired or reinstated before the election date, and employees engaged in an economic strike which commenced more than 12 months before the election date and who have been permanently replaced. Those eligible shall vote whether or not they desire to be represented for collective bargaining purposes by **INTERNATIONAL UNION, UNITED AUTO WORKERS, AEROSPACE & AGRICULTURAL IMPLEMENT WORKERS OF AMERICA, UAW.**³

LIST OF VOTERS

To ensure that all eligible voters have the opportunity to be informed of the issues in the exercise of their statutory right to vote, all parties to the election should have access to a list of voters and their addresses that may be used to communicate with them. *Excelsior Underwear*, 156 NLRB 1236 (1966); *NLRB v. Wyman-Gordon Co.*, 394 U. S. 759 (1969). Accordingly, it is directed that an eligibility list containing the *full* names and addresses of all the eligible voters must be filed by the Employer with the Regional Director within 7 days of the date of this Decision. The Regional Director shall make the list available to all parties to the election. No extension of time to file the list shall be granted by the Regional Director except in extraordinary circumstances. Failure to comply with this requirement shall be grounds for setting aside the election whenever proper Objections are filed. *North Macon Health Care Facility*, 315 NLRB 359 (1994). In order to be timely filed, such list must be received in our Nashville, TN Resident Office (Region 26), 810 Broadway-3rd Floor, Nashville, TN 37203-3816, on or before **March 20, 2000**.

RIGHT TO REQUEST REVIEW

Under the provision of Section 102.67 of the Board's Rules and Regulations, a Request for Review of this Decision may be filed with the National Labor Relations Board, addressed to the Executive Secretary, 1099 14th Street, N.W., Washington, DC 20570-0001. This request must be received by the Board in Washington by **March 27, 2000**.

DATED March 13, 2000 at Memphis, TN.

/s/

Frederick Calatrello, Acting Regional Director
Region 26, National Labor Relations Board
1407 Union Avenue, Suite 800
Memphis, TN 38104-3627
(Telephone: 901-544-0018/0019)

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¹ The Employer and the Petitioner have timely filed briefs, which have been duly considered. Administrative notice was taken of the transcript and exhibits in 26-RC-7876 involving the Employer and the parties have used information in their briefs from the record of that proceeding. The parties stipulated that the hearing transcript and documentary evidence from 26-RC-7876 would be made a part of the record in this matter.

² The parties stipulated that the Employer is a non-acute health care facility. The petitioner seeks to represent certain employees in the collection and pheresis department, including registered nurses (RNs), licensed practical nurses (LPNs), collection technicians I and II, phlebotomy technicians, mobile unit leaders (MULs), mobile unit assistants (MUAs), and maintenance technicians employed at the Employer's center on Charlotte Avenue, Nashville, Tennessee, and at its Vanderbilt Hospital, Nashville, Tennessee, and Paducah, Kentucky facilities. The Employer contends the appropriate unit is a wall to wall unit encompassing all non-supervisory employees including RNs, employed in the region, excluding MULs and team supervisors whom the Employer contends are supervisors within the meaning of Section 2(11) of the Act. At a minimum the Employer contends that the training specialists, schedulers and compliance specialists should be included in any unit found to be appropriate.

The Employer recruits donors, collects and processes blood, and is the sole provider of blood, blood products, and blood services in its region. The Tennessee Valley region consists of fixed sites in Nashville, Tennessee, on Charlotte Avenue and Vanderbilt Hospital; in Paducah, and Bowling Green Kentucky; and in Murfreesboro, and Clarksville, Tennessee. While the Employer collects blood and blood products at all of its fixed sites, it collects blood platelets by pheresis only at the three fixed sites where employees are permanently located. These sites are the two Nashville, Tennessee, locations and the location in Paducah, Kentucky. Apheresis is a process whereby platelets in the blood are taken out of the whole blood and the blood is immediately returned to the donor minus the platelets. There is no permanent staffing at the fixed locations in Clarkdale and Murfreesboro, Tennessee, and Bowling Green, Kentucky. A large portion of its whole blood collection is done in mobile units that travel to various locations throughout the region. The Employer has 17 mobile teams that work five days per week, but they rotate so that blood is consistently collected seven days a week.

The Employer presented Patricia Callicoat, Chief Operating Officer, (COO) who has been in charge of all operational departments since the Employer underwent certain changes at its facilities after the last election in 1997. Callicoat testified she was over the Employer's donor recruitment department, the collections department, and the laboratory and distribution functions.

Donor recruitment began reporting to Callicoat in August 1997. Prior to that the department had reported directly to the Chief Executive Officer (CEO). Donor recruiters actually go out and schedule or get groups to agree to sponsor blood drives. The telerecruitment employees in this department do telemarketing and telephone recruitment.

The collections department is divided into two divisions, mobile collections and fixed site collections which includes the apheresis function. Both mobile collections and fixed site collections began reporting to Callicoat sometime after August 1997. Prior to that these functions, also reported to the CEO.

The collections department collects blood from donors. The collections staff asks a series of health related questions of the donors, screens the blood donors and draws blood. Collections department staff are assigned to specific teams. A collections team consists of from four to ten people in the various classifications which the Petitioner seeks to include in the unit. Most of the collections employees perform their jobs away from the Employer's permanently staffed sites. The 17 mobile collections teams may be sent anywhere in the region. The fixed site collections staff performs the same function for whole blood and apheresis donors at the fixed sites.

After the blood is collected, a member of the collections staff brings the blood back to the laboratory and verifies with a member of the laboratory staff that everything that needs to be delivered has been delivered. The laboratory processes and labels the blood and does the component work to prepare the blood for distribution. Once the mobile collections staff delivers the blood units to the laboratory it does not have any further contact with the collected blood units. Collections employees engaged in the pheresis function have more frequent daily contact (25 to 30 times a day) with laboratory employees with regard to obtaining platelet counts.

Once the laboratory determines the blood is uncontaminated and suitable for administering to patients it releases the blood to hospital services. Hospital Services stores the released blood and fills the orders of area hospitals that rely on the blood units collected for patient needs. Hospital services also transports blood products and samples to the national testing laboratory as well as receiving hospital orders.

The hours worked by employees vary according to their functions. Collections employees' work schedules vary from week to week and regularly includes weekend and

evening hours. All of the other permanent site employees work a set schedule with most employees working the day shift. However, some laboratory employees work an evening shift to coincide when blood collections are delivered. Additionally, the hospital services function operates on a three-shift 24-hour basis. The Employer utilizes the same pay grade classification system for all of its employees. All employees within the region have the same vacation, holiday and sick leave benefits. Additionally all employees have the same options with regard to health insurance and retirement programs. The record also establishes that the Employer maintains common grievance, performance review and job posting procedures for all employees.

The Employer contends that the collection, manufacture, processing, and distribution of blood products requires a close relationship between all departments. It further maintains that it operates as a functionally integrated whole and each department necessarily depends on and interacts with the other in performing its function. This is the same position that the Employer took in 1997 at the prior hearing wherein the Board found a unit similar to that petitioned for herein appropriate. The Employer's witnesses testified that some job titles had changed and there were organizational changes regarding who reports to whom since the 1997 hearing. However, the record herein shows that the actual job duties of the various classifications have not changed since 1997. The record supports the finding that the blood collection process, duties, training, and interaction with other departments was essentially identical to the findings in the 1997 case. The Employer cites again Syracuse Region Blood Center, 302 NLRB 72 (1991) for the proposition that the only appropriate unit is an all non-professional employee unit where employees are subject to the same wages, hours, and working conditions, there is frequency of contact and interchange among employees, and there is substantial integration of operations. However, in 1997 the Board relied upon Park Manor Care Center, 305 NLRB 872 (1991), used the empirical community of interests test and found that the unit sought by the union was appropriate. In considering the entire record in this case as well as the record and decision in 26-RC-7876, I find there is nothing that would require a different finding. The Board in Faribault Clinic, 308 NLRB 131, 133 (1992), held "In the health care industry as any other, unions are not required to organize in the most comprehensive unit available or even the most appropriate unit-they need only select an appropriate unit. Newington Children's Hospital, 217 NLRB 793 (1975)."

Notwithstanding the fact that the non-supervisory employees of the Employer share several factors that would suggest the appropriateness of a broader unit such as common benefits, pay grade classification system, and ultimate over-all supervision, I find that the limited interaction, limited interchange, and different duties, skills, licensing requirement and working conditions mandate in favor of the unit sought by the Petitioner herein. The employees of other departments do not have the training or knowledge required of most of the collections employees in regard to drawing blood or taking medical and health histories of the donors. In this regard, the record establishes that most of the employees in the collections department are RNs, LPNs, collection technicians or phlebotomy technicians. All of these employees have received some type of training and

certification in blood collection that is not required of employees in other departments. Moreover, the remaining collections employees whom the Petitioner would include in the unit, the MUAs and maintenance technicians are considered part of a particular collection team and have integral, daily and routine contact with the rest of the team members. These collections employees, for the most part, do their work at sites away from other employees. The transfer of employees does occur within the collections department. The transfer of employees also occurs between the Employer's other departments. However, I note that there were no transfers of employees from other departments into the collections department. Moreover, the only transfers into the more specific apheresis function came from the more general blood collection function. The Petitioner herein as part of the appropriate unit for collective bargaining seeks both of these functions/classifications. The Employer contends that cross-functional weekly meetings in which employees from collections, laboratory and donor recruitment are present supports a finding that a unit of all non-supervisors is appropriate. Yet these weekly meetings have not resulted in any employees from the laboratory or donor recruitment departments transferring into the collections department. In light of the foregoing and the entire record before me, I find the collections department, consisting of the mobile and fixed site divisions, to be an appropriate unit.

The Employer, contrary to the Petitioner, would include the schedulers in the unit found appropriate herein. The schedulers have the same functions and duties they had at the time of the 1997 hearing. The three current schedulers are Joy Demetrie, Lisa Finch, and Terry Hanna. They do not attend collections department meetings. Schedulers wear regular street clothes, work regular fixed hours Monday through Friday, and work exclusively at the Nashville headquarters on Charlotte Avenue. Schedulers receive information from the donor resources department regarding the availability of donor sources at various area businesses and organizations and the willingness of those donor sources to have a blood drive at their location. Blood drives are scheduled at the various donor locations and the schedulers assign a particular mobile unit team to cover each drive. The schedulers are responsible for receiving calls from the collections employees who are reporting as being off for the day or are requesting a vacation day. Schedule changes and vacation requests can be granted to the collections department employees by the schedulers. The schedulers are responsible for securing coverage for the collections department employee who reported off. Schedulers can make last minute changes in the schedule regarding the type of product to be collected that day. Schedulers are called when a mobile unit needs supplies brought to the site and the scheduler arranges for someone to deliver the needed supplies. Schedulers are regularly on call to handle collection problems that occur after normal business hours and receive on call pay for doing so which is at a different pay rate. Most communications between schedulers and the collections department is via the telephone and normally is between the team supervisor or MUL, if the team supervisor is not present, and the scheduler.

On the basis of the entire record before me including the fact that they function essentially as production managers, have essentially the same functions and duties they had in 1997 when they were excluded from the unit, have authority to grant schedule

changes for the collections employees, schedule vacations for the collections employees, and receive on call pay, I find that the schedulers do not have a sufficient community of interest to mandate their inclusion in the unit.

The Employer, contrary to the Petitioner, contends that the compliance specialist I and II (CSI and CSII) should be included in the unit. These positions were called Assistant to Registered Nurse Quality Control (RNQA) and RNQA at the prior hearing and were found by the Regional Director to be properly excluded from the unit. Both of these positions have essentially the same functions and duties they had at the time of the 1997 hearing. The CSI has the duty of reviewing the prior days blood donation records and entering into the computer any deviations she finds. Occasionally she will assist in distributing documents to other departments. The current CSI is Jodel Coffelt and she and CSII Sharon Fritz are now basically co-workers. Fritz previously was a supervisor and used to approve overtime for Coffelt. Fritz is no longer a supervisor and has no authority over Coffelt. Coffelt spends about six hours a day reviewing records and two hours a day entering information into the computer. Coffelt works six days a week and is hourly paid and works a set schedule Tuesday through Friday from 7:30 am to 5:00 pm and Saturday 4:30 am to 10:30 am. Fritz works Monday through Friday 8:00 am to 5:00 pm. Fritz is salaried and her main duties are to review blood donation records and to record any deviations of findings. Fritz does the work of Coffelt on Mondays when Coffelt is not scheduled to work. They both wear regular street clothes and work exclusively at the Charlotte Avenue location in Nashville. Fritz assists the Administrative Operations Supervisor in writing reports to Food and Drug Administration. Fritz and Coffelt both use the telephone and computer and usually have no direct donor contact. Occasionally they may call a donor to get information to correct a deviation. Fritz maintains the quality control records and reviews donor reaction records, deferral blood donation records and whole blood number logs. Fritz no longer has to check supplies delivered to the warehouse nor does she review the quality control records but merely maintains them. Both Fritz and Coffelt have daily contact with data entry employees when they review records on the second floor.

On the basis of the entire record before me including the fact that they act almost exclusively as quality assurance employees, with distinctly different job duties and limited interaction with unit employees, perform basically clerical functions, wear regular street clothes, and assist the Administrative Operations Supervisor, I find that the CSI and CSII do not share a sufficient community of interest to mandate their inclusion in the unit.

The Employer, contrary to the Petitioner, contends that the training specialists Charlene Gibson and Suzanne Duncan should be included in the unit. The Petitioner contends that they have duties and responsibilities that are managerial or supervisory in nature and do not share the same community of interest. The trainers work a fixed shift Monday through Friday 8 am to 4:45 pm at the Charlotte Avenue location. The trainers are salaried and paid three pay grades higher than the collections specialist II pay grade. They both are RNs and are certified by the Red Cross as instructors. They have the

responsibility for the six weeks training of new collections employees. They make the decision if new employees are trainable and can continue on through the 90 days probationary period of all new employees. If the new employees do not make it through the six weeks training course they are not retained as employees. About three months ago the trainers moved their office into the collections area of whole blood collections at the Charlotte Avenue location. They work closely with the new employees for the six weeks training and cover all aspects of the trainees job from taking medical histories, blood pressure, temperature, drawing blood, and preparation of the bags and equipment. The trainers spend about 50 percent of the six weeks training time in the classroom and 50 percent on the collections job. When they are in the classroom the trainers wear dress clothes. When overseeing on the job training they wear scrub suits as do the other collections employees. The number of students they have at any time varies from one to six or seven. They may on occasion fill in for a charge person in collections or fill in for break time at the Charlotte location.

On the basis of the entire record before me including the fact that the trainers have a higher pay grade and make decisions regarding whether employees will continue employment after training, I find that the trainers make effective recommendations with regard to evaluating and hiring of employees and are supervisors within the meaning of section 2(11) of the Act. Accordingly I shall exclude them from the unit.

The Employer, contrary to the Petitioner, contends that the mobile unit leaders (MULs) are supervisors within the meaning of the Act and should be excluded from the unit. In the 1997 hearing the Employer stipulated that the MULs were properly included in the unit and not 2(11) supervisors in that they did not regularly and routinely have the authority to hire, fire, discipline or effectively recommend the same. The Employer's COO, who is over collections, testified that the MULs have basically the same duties as in 1997. The only change that has occurred since 1997 in regard to MULs is that a new training program for MULs has been established. The new MUL training program only applied to new MULs. The old MULs did not have to go through this training which is for three to four days and is taught by the operations supervisor, Glenda Gibson. MULs are either RNs or LPNs who have the title "collections specialist II, MUL". MULs perform charge duties in the absence of the team supervisor who is assigned to each of the 18 collection teams, 17 of which are mobile teams. There are 13 MULs who fill in for the team supervisors when they are scheduled off or miss work due to vacation or sickness. MULs are hourly paid as are the team supervisors, however, the team supervisors receive a 30 to 35 percent increase when they are made a team supervisor. The MULs are paid a 10 percent increase when they fill in for a team supervisor, but this increase is only paid for the hours when they are filling in. They do not get this pay when they are performing their regular job on the collections team. The testimony indicates that the MULs fill in for the team supervisor anywhere from one day every two weeks to two or three days per week. Schedulers determine whether a MUL or a substitute team supervisor will be used to fill in for the absent team supervisor.

Team supervisors have a monthly meeting and MULs do not regularly attend this meeting. The agenda for the meeting dictates whether MULs attend. MULs are not invited if the meeting covers work performance review, personnel policies or disciplinary procedures. Rather it appears they attend when new working standards or procedures are discussed. One team supervisor testified that she never attended a team supervisor meeting when she was a MUL, but attended her first supervisor meeting after she was promoted to team supervisor. Team supervisors do the annual performance reviews of the teams. MULs do not do performance reviews of employees or evaluate new employees during their probationary period. These functions are exclusively done by the team supervisors. Team supervisors are assigned a regular team and a specific Red Cross van, whereas MULs are not. Teams supervisors are also given a mobile phone and MULs are not. However, MULs are furnished a pager. MULs have no authority to adjust an employee's grievance.

The Employer maintains that the MULs have independent authority to discipline the staff and effectively to recommend discipline of the staff. In support of this contention the Employer was able to show only three documents it considered corrective action by MULs. The first was a memo to the team supervisor regarding an employee's attendance. As a result the employee was talked to by the team supervisor, but the employee was not told it was the first step in the disciplinary procedure and nothing was placed in the employee's personnel file. The second was a "report of deviation" that occurred at a fixed site collection. This was considered a deviation report and nothing was placed in the employee's personnel file. The third example was also a deviation report and not considered discipline. Again nothing was placed in the employee's personnel file. Any employee is authorized to report misconduct and not just MULs. MULs are trained regarding disciplinary matters to file a report with their team supervisor or operational manager stating only the facts of the incident. It is up to the team supervisor or operational manager to do an investigation and determine whether any discipline is warranted.

Although the MUL may be in charge of the collection team in the absence of the team supervisor the decisions made are routine in nature. All the employees on the team are qualified to do each job on the team and the delegation of jobs done by the MUL is done so that there is variety in the assignments and one employee is not stuck doing a more difficult assignment for too long of a period. It is clear that the MUL is functioning as a lead person as the title reflects and not a supervisor within the meaning of the Act. The flow of the work determines how employees take breaks and lunch. The decisions made by the MULs are routine and set forth by procedure manuals.

On the basis of the entire record before me including the facts that the MULs do not have the authority to hire, fire, discipline or effectively recommend discipline, or adjust grievances, or make decisions requiring independent judgment, I find that the MULs are not supervisors within the meaning of the Act and are properly included in the unit found appropriate herein.

The following individuals were stipulated to be supervisors within the meaning of Section 2(11) of the Act:

Charles Wilcox	Chief Executive Officer
Leecia Penrod	Executive Assistant
Patricia Callicoat	Chief Operating Officer
Sandra Bonds	QSS Director
Brian R. Carlson, M.D.	Medical Director
James Roush, M.D.	Medical Consultant
Anne Thomas, M.D.	Medical Consultant
Diane Sims	Communications Manager
Joycelyn McCall	Regional Account Manager
Louise Lacy	Human Resources Manager
Janie Stone	Education Manager
Vicki Green	General Services Manager
Eileen Ricker	Assistant Director QSS
Michael Barrett	Quality Effectiveness Specialist
Steve Beeler	Collections Fixed Site Manager
Julie McGowan	Laboratory Manager
Carol C. Miller	Donor Recruitment Manager
Connie Gibson	Collections Mobile Operations Manager
Christy Hall	Reference Laboratory Manager
Lynn Jones	Donor Recruitment Supervisor
Steve Ferren	Donor Recruitment Supervisor
Faye Thompson	Telecruitment Supervisor
Kevin Hackney	Senior Donor Recruitment Representative
James Walsh	Assistant Telerecruitment Supervisor
Shirley Baxter	Administrative Assistant II
Gerald Antoine	Supervisor Scheduling Operations
Art Colbert	CSR/MUA Supervisor
Marlene Guthrie	Operations Supervisor Mobile Collections
June Douglas	Operations Supervisor Mobile Collections
Cindy Whitehead	Operations Supervisor Administrative
Allen Fine	Administrative Supervisor
Delores Smith	Operations Supervisor Special Donations
Joyce Smith	Administrative Assistant II
Paula Chism	Administrative Assistant II
Sheila Cantarutti	Administrative Assistant II

Anita Wiggins	Laboratory Supervisor Quality Control
Cheryl Jones	Laboratory Supervisor Components
Jimmy Ragland	Technologist I
Penny Harrell	Laboratory Supervisor Hospital Services
Camilla Rhodes	Components Coordinator
Joseph D'Souza	Hospital Services Supervisor
Robin Grace	Hospital Services Supervisor
Laura Del Rio	Records Management Supervisor
Karen Scott	Donor Health Regulatory Supervisor

The parties also stipulated that the 18 team supervisors are supervisors within the meaning of Section 2(11) of the Act and are properly excluded from the unit.

The parties further stipulated that the following employees were properly excluded from the unit on the basis of their being confidential employees who are involved with labor relations matters:

Pam Hooper	Human Resources Associate
Janet Hood	Human Resources Associate
Jennifer Bailey	Human Resources Assistant
Mlony Englert	Human Resources Assistant

The parties also stipulated that the following individuals were security guards and were properly excluded from the unit: J.B. Gerald and Clements Palmer

There are approximately 100 employees included in the unit found appropriate herein.

³ In accordance with Section 102.67 of the Board's Rules and Regulations, as amended, all parties are specifically advised that the Regional Director will conduct the election when scheduled, even if a Request for Review is filed, unless the Board expressly directs otherwise.

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