

UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION SIX

BUTLER HEALTH SYSTEM¹

Employer

and

Case 6-RC-12030

PENNSYLVANIA INDEPENDENT NURSES,
AN AFFILIATE OF PASNAP

Petitioner

DECISION AND DIRECTION OF ELECTION

Upon a petition duly filed under Section 9(c) of the National Labor Relations Act, a hearing was held before Clifford Spungen, a hearing officer of the National Labor Relations Board.

Pursuant to the provisions of Section 3(b) of the Act, the Board has delegated its powers in connection with this case to the undersigned Regional Director.²

Upon the entire record in this case,³ the Regional Director 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.

¹ The name of the Employer appears as amended at the hearing.

² Under the provisions 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 St., NW., Washington, D.C. 20570-0001. This request must be received by the Board in Washington by December 26, 2001.

³ The Employer and the Petitioner timely filed briefs in this matter which have been duly considered by the undersigned.

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)(l) and Section 2(6) and (7) of the Act.

The Petitioner seeks to represent a unit of all full-time and regular part-time licensed practical nurses and technical employees employed by the Employer at its acute care hospital facilities in and around Butler, Pennsylvania; excluding all other professional employees, managerial employees and all other employees, supervisors and guards as defined in the Act.⁴

While the Employer does not dispute that the above-described unit is appropriate in scope and composition and within the Board's Final Rule on Collective-Bargaining Units in the Health Care Industry (herein "the Rule")⁵, the Employer, contrary to the Petitioner, contends that the twelve registered respiratory therapists (herein "RRTs") and the six non-invasive cardiology technicians (herein "NCTs") are technical employees and thus should be included in the unit. The Petitioner, on the other hand, asserts that the RRTs and the NCTs are not technical employees and, thus, that both classifications should be excluded from the unit. In this regard, the Petitioner contends that the RRTs should appropriately be included in a unit of professional employees and that the NCTs should be included in a residual unit of all other non-professional employees. Further, the Petitioner, contrary to the Employer, contends that the five monitor

⁴ At the hearing, the parties stipulated that the following classifications are included in the proposed unit: cytotechnologists, histologists, medical lab technicians, mammographers, CT staff technologists, lead staff technologists, staff MRI technologists, radiological technologists, senior radiological technologists, outreach radiological technologists, staff ultrasound technologists, senior ultrasound technologists, special procedures technologists, senior MRI technologists, physical therapy assistants, occupational therapy assistants, certified respiratory technicians, paramedics, surgical technologists, peripheral vascular technicians, staff nuclear medicine technologists, echocardiographers, cardiac catheterization radiology technicians and licensed practical nurses ("LPNs").

⁵ The Rule is set forth at 29 CFR Part 103, 54 Federal Register No. 76, pp. 16347 – 16348, 284 NLRB 1579, 1596 – 1597, approved by the Supreme Court in American Hospital Association v. NLRB, 111 S.Ct. 1539 (1991).

technicians/unit secretaries (herein “MTs”) should be included in the unit as technical employees. The Employer asserts that the monitor technicians/unit secretaries are not technical employees; rather, the Employer argues that the MTs should be included in a residual unit of all other non-professional employees. There are approximately 175 employees in the petitioned-for unit. There is no history of collective bargaining for any of the employees involved herein.

The Employer is a Pennsylvania not-for-profit corporation which is engaged in the operation of an acute care hospital. The Employer has approximately 1300 employees. The Employer’s primary place of business is a 300-bed short-term acute care hospital and related facilities located in Butler, Pennsylvania, which provides in-patient and out-patient medical and professional services to the public.⁶ However, there are some classifications, such as the paramedics, and some radiology department employees, lab technicians and mammographers, who are assigned to work at locations off-site.⁷

As noted, while the parties are in agreement that the petitioned-for unit comprises a technical unit within the Board’s Final Rule, the parties are in disagreement as to the placement of three employee classifications. In the rulemaking process, the Board discussed and analyzed a number of factors in support of its determination that technical employees at an acute care hospital constituted a separate appropriate bargaining unit.

Technical employees are found in major occupational groups including: medical laboratory, respiratory therapy, radiography, emergency medicine and medical records. The evidence presented at the hearings demonstrates that technical employees perform jobs involving the use of independent judgment and specialized training, as opposed to service and maintenance

⁶ At the hearing, the parties stipulated, and I find, that the Employer is a health care institution within the meaning of Section 2(14) of the Act.

⁷ The Petitioner and the Employer are in agreement that the unit will include the technical employees who work at off-site clinics and facilities of the Employer, as well as those at the main hospital. The locations of the off-site clinics are described in the record as including Butler Mall, East Brady, Saxonburg, Dr. Sipher’s office, Jefferson Street, Slippery Rock and Zelienople.

employees who generally perform unskilled tasks and need only a high school education [T]echnical employees occupy a high-prestige status distinct from other categories of non-professional employees because of the training requirements for their jobs.

Technical employees further are distinguished by the support role they play within the hospital, and by the fact that they work in patient care. Examples of their work include: routine clinical tests performed by medical laboratory technicians; general respiratory care administered by respiratory therapists; and x-rays, ultrasound procedures and CAT scans performed by various technicians.

. . . [A]t the hearings, the evidence shows that all health care technical employees have significant additional education and/or training beyond high school, including: community college associate degree programs which provide math and science background beyond that which high schools offer; vocational training programs run by hospitals; programs at accredited schools of technology and, in some fields, a full 4-year college degree.

Further, the evidence indicates that most hospital technical employees are either certified (usually by passing a national examination), licensed, or required to register with the appropriate state authority, although laws regarding such licensure, registration, training and qualifications vary throughout the country.

...Although, in general, hospitals apply similar benefit and labor relations policies to technical and other non-professional employees, the evidence shows that the wages and hours of technical employees differ significantly from those of the other non-professionals. ...On the average, technicians earn \$2,000 per year more than service workers in this industry. ...[T]echnicians' wages are tied to the earnings of the more highly skilled technologists with whom they work, and they generally earn approximately 75% of what the technologists earn.

. . . There is no temporary interchange, and little permanent interchange between technical employees and other non-professionals because of the difference in skills, the specialized functions of the technicals, and the differences in their education. ...Contrary to statements of industry witnesses who maintain that a service worker could take a six-week training program and be able to read EKG equipment, we are persuaded that technical training requires full or nearly full-time education, and a high school education does not provide the mathematics and science background necessary.

As described previously, the parties are in agreement with regard to the scope and composition of a unit of the Employer's technical employees in accordance with the Board's Final Rule. However, there is disagreement with regard to the three classifications described above, as to whether or not those classifications appropriately belong in a unit of technical employees. In each case, one of the parties contends that the classification should more properly be included either in a unit of professional employees or in a residual unit of non-professional employees, while the other party asserts that the position should be included in a unit of technical employees. Because each of these classifications is distinct from the others, I shall address each one individually herein.

REGISTERED RESPIRATORY THERAPISTS

The Employer asserts that the RRTs at the Employer's facility are technical employees and should be included in the unit. To the contrary, the Petitioner contends that the RRTs are professional employees and, consequently, that they should be excluded from a unit of technical employees.

There are approximately twelve RRTs employed by the Employer, including three who are casual employees. They perform their work in the respiratory care department, as well as in all of the nursing areas and in the sleep lab, and report to John Fallon, Clinical Coordinator of Respiratory Care Services. The RRTs perform respiratory therapy services along with approximately six certified respiratory technicians, or CRTs.⁸ Their basic duties are to administer and monitor respiratory care to patients with pulmonary problems, and to oversee the sleep studies in the sleep lab.

⁸ The parties stipulated that the CRTs are appropriately included in the petitioned-for unit.

In administering respiratory care to patients, the RRTs deal with every age of patient, from newborns to geriatrics. They administer care using a wide variety of equipment and therapy, including ventilators, ERMA blood gas machine, oxygen administration, bronco-dilator therapy, and hand-held nebulizer treatments. They work under the supervision of a physician. The RRTs, unlike the CRTs, can write orders received verbally or by telephone from a physician. Thus, the RRT can get the order directly from the physician, rather than have a nurse obtain the order. Once the order is received, both the CRTs and the RRTs carry out the order in a similar manner.

The job duties of the CRTs and RRTs are very similar. The primary difference is the operation of the blood gas machine, which is used with open heart patients in the intensive care department. The RRT receives the blood gas, which is drawn by a nurse, and runs a test on it. When this machine was first obtained by the Employer about five years ago, it was decided that the Employer did not want too many different individuals using the machine. As a result, it was decided that the RRTs would be trained to use it. While only RRTs are trained and scheduled to use the blood gas machine, there are times when an RRT who is scheduled to use it calls off, and a CRT is assigned in the RRT's place. When this occurs, perhaps once or twice each month, the CRT sends the blood gas to the lab for testing.

There are two RRTs who are permanently assigned to work in the Employer's sleep lab, located on the fourth floor of the hospital. There are two beds in this lab. The RRTs hook up electrodes on the patients for EEGs, monitor the heart with EKGs and check the patient's oxygen level. The two RRTs in the sleep lab learned the procedures there on the job; however, one of them later took an examination to become a registered poly-sonographer.

The RRTs are required to be registered by the National Board of Respiratory Care and to be licensed as a Respiratory Care Practitioner in the Commonwealth of Pennsylvania. They must be a graduate of an AMA approved school of respiratory care, which normally

consists of approximately 80 college credits.⁹ The RRTs earn approximately \$2.00 more per hour than the CRTs.

In analyzing the classification of RRT, the Board has consistently included respiratory personnel performing virtually the same functions as the disputed RRTs in technical units. Samaritan Health Services, Inc., 238 NLRB 629, 638 (1978), Children's Hospital of Pittsburgh, 222 NLRB 588, 593 (1976); St. Elizabeth's Hospital of Boston, 220 NLRB 325, 327 (1975); William W. Backus Hospital, 220 NLRB 414, 417-418 (1975); Trinity Memorial Hospital of Cudahy, Inc., 219 NLRB 215, 216-217 (1975).

Further, the record evidence makes it clear that the actual work performed by the RRTs is virtually identical to that performed by the CRTs, whose inclusion in the unit is not in dispute. The only differences in their job duties are that the RRTs can receive orders directly from physicians, are assigned to work in the sleep lab,¹⁰ and can use the blood gas machine on open heart patients. Aside from these differences, both CRTs and RRTs perform the same type of therapy on patients. However, I see no principled basis for making a distinction between the duties of these two groups because of these few additional duties. See William W. Backus Hospital, supra (placement of both registered respiratory therapists and uncertified respiratory technicians in unit of technical employees); Trinity Memorial Hospital of Cudahy, Inc., supra, (placement of both registered respiratory therapists and certified respiratory technicians and other respiratory personnel in unit of technical employees based on similar duties, responsibilities and training). I find that the additional duties of the RRTs herein are

⁹ The CRTs, who are included in the unit, need to complete approximately 64 college credits, be certified by the National Board of Respiratory Care and be licensed in Respiratory Care in the Commonwealth of Pennsylvania.

¹⁰ There was no evidence that the work in the sleep lab requires any professional skills. Rather, it appears that the RRTs hook up electrodes to the patient, instruct the patient as to what will take place, monitor the machines while the patient is there, and give the results to a physician.

not so significant as to make their placement in a unit of technical employees inappropriate, as urged by the Petitioner.

Nor do I find that the job duties or the qualification requirements of an RRT are of such a nature as to warrant a finding that the RRTs are professional employees. The RRTs use independent judgment in deciding when and if to contact a nurse or a physician and advise them of the status of the patients receiving respiratory therapy, which is a common feature of the duties of a technical employee. However, the RRTs' duties do not require such consistent exercise of discretion and judgment, nor is their work predominately intellectual or varied in character, nor does it require the specialized educational background of a professional employee under the Act, as to require a finding that they are professional employees rather than technical employees.¹¹ See Samaritan Health Services, Inc., supra, at 638.

Accordingly, based on the above and the record as a whole, I find that the registered respiratory therapists are technical employees and I shall include them in the petitioned-for unit herein.

MONITOR TECHNICIANS

As described previously, the Petitioner would include monitor technicians ("MTs") in the petitioned-for unit of technical employees, while the Employer contends that the MTs are not technical employees, but rather should be included in a residual unit of all non-professional employees.

¹¹ While the Petitioner argues in its brief that the RRTs are professional employees, it cites no cases in support of this position. Rather, the Petitioner attempts to distinguish the RRTs at issue herein from those discussed in the decisions in Indiana Hospital, Inc., Case 6-RC-11504 (April 9, 1998) and South Hills Health System, Case 6-RC-11793 (May 11, 2000). I find the Petitioner's attempts to distinguish those cases unpersuasive.

The Employer employs five MTs, whose job title is monitor technician/unit secretary. There is no particular educational or licensing requirement for this position. The only requirement is a high school diploma or GED, and either enrollment in or documentation of education from an approved unit secretary program. The job duties in the job description only discuss clerical support duties, such as maintaining patient records, transcription of computer and written notes, and storing supplies. No experience is required for the position.¹²

When an MT is working on one of the medical/surgical floors, the MT sits in front of screens displaying 32 heart monitors of the patients on the floor. The duty of the MT is to watch these monitors and react if an alarm goes off. According to the evidence presented at the hearing, alarms go off quite frequently, every few minutes, and sometimes several times in a minute. When this occurs, the MT can tell whether the alarm is caused by a heart problem, or whether it is a false alarm, caused by the patient moving or dislodging one of the electrodes on their body. If the MT believes the alarm is a real medical problem, the MT calls for a nurse to look at the patient. The MTs have no direct contact with the patients.

Every eight hours, the MT prints a readout from the monitors, showing the heart rhythm. The MT then uses instruments to calculate certain functions on the printout. The MT writes the calculations on the printout and turns them into the nursing staff. If the calculations appear to be quite different from previous calculations, the MT might notify the nurse.

When the work on the monitors is slow, the MTs perform clerical work along with the unit secretary. They perform such duties as answering telephones, receiving orders from physicians and entering them into the computer, and finding a nurse to speak to family members.

¹² The evidence at the hearing revealed that three of the MTs, although not required, have taken courses and an examination to become certified cardiographic technicians, while the other two have not taken such courses and were trained on the job.

The Board has consistently found that MTs are not technical employees, but rather would appropriately be included in a unit of all other non-professional employees. Meriter Hospital, Inc., 306 NLRB 598 (1992); Southern Maryland Hospital Center, Inc., 274 NLRB 1470, 1474 (1985). In the instant case, I find no reason to conclude otherwise. The MTs, unlike other employees deemed to be technical employees, are not required to have any certification, registration, or education beyond high school. Although some have taken advanced training, others have not, and such training is not required to be hired as an MT. The job duties include no patient contact or patient care, but do include clerical duties such as typing, transcription and answering telephones.

The MTs watch the heart monitors and make certain calculations when the readouts are printed. However, the results of watching the monitors and performing calculations on the printouts are submitted to the nurses, and the MT does not, as contended by the Petitioner, analyze the results. The MT merely informs the nurses if anything unusual appears on the monitors. Such reporting duties do not rise to the level of analysis so as to support a finding that the MTs are technical employees. Rather, I find that the duties of the MTs herein are comparable to those in Southern Maryland Hospital Center, Inc., Id., wherein the Board affirmed the Regional Director's finding that the MTs were not technical employees.¹³

Accordingly, based on the above and the record as a whole, I find that the monitor technicians/unit secretaries are not technical employees and, consequently, I shall exclude them from the petitioned-for unit herein.

¹³ In its brief, the Petitioner argues that the MTs should be included in a unit of technical employees because they exercise independent judgment. The record does not establish that the MTs exercise such judgment. Rather, as discussed above, the MTs merely report anything unusual shown on the monitors or in the printouts, but do not analyze the results. Further, the Petitioner cites no case law in support of its position that the MTs should be included in a unit of technical employees.

NON-INVASIVE CARDIOLOGY TECHNICIANS

The Employer contends that the non-invasive cardiology technicians (“NCTs”) are technical employees and therefore must be included in the petitioned-for unit herein. The Petitioner, on the other hand, asserts that the NCTs are not technical employees, and more appropriately should be placed in a residual unit of all other non-professional employees.

There are six NCTs employed in the cardiopulmonary services department under director Marguerite McLaughlin. Their primary duty is to administer, observe and receive the results of certain cardiology tests, some of which take place at the Employer’s facility and some of which are received through a telephone hookup at the patient’s residence. These tests include stress tests, EKGs, holter monitoring, event recording and pacemaker analysis.

The stress test is administered when a physician is present. The NCT records certain of the patient’s vital signs, hooks up the patient to the equipment, and begins running the treadmill. The NCT notes the patient’s vital signs and condition during the test. When the stress test ends, the NCT unhooks the equipment and watches the patient to make sure they are well and able to leave.

When an EKG is taken, the NCT brings the equipment to the patient, hooks up the electrodes and runs the test on the patients. The test lasts two to three minutes. The NCT then unhooks the electrodes and gives the results to the nurse or physician.

Holter monitoring is similar to the EKG, but is taken over a period of 24 hours, rather than just a few minutes. When holter monitoring is called for, the patient meets with the NCT, who explains the process to the patient. The patient is hooked up to a monitor, which they wear on their person. The patient is instructed to keep a record of their activities during the monitoring. At the end of the 24 hour monitoring, the patient returns to the facility, and the NCT unhooks the electrodes. The tape that shows the results is placed into a computer by the NCT. The computer analysis is then forwarded by the NCT to the physician.

Another test administered by the NCT is event recording, which is similar to the holter monitoring, but is taken over a period of two to four weeks. As with the holter monitoring, the patient comes to the facility, where the NCT hooks up electrodes onto the patient's body. The patient is instructed to turn the monitor on when symptoms are felt, and then turn it off again. Through a telephone hookup, the patient can transmit the information to a hospital computer. Those transmissions are given by the NCT to the physician to analyze.

Another job duty of the NCTs is to receive pacemaker data from patients. As with the event recording, patients who have pacemakers are given a hookup device which is connected to the patient's telephone. Approximately once a month, the patient arranges for a transmission from the device at the patient's home to the NCT. The NCT receives the transmission, checks that the pacemaker is functioning within the parameters which were set for that patient, and also checks that the battery and magnet functions are working properly. The NCT then forwards the pacemaker information to the physician.

There is no formal training program for the NCT position. The Employer does require that the NCTs complete CPR training. The Employer prefers that the NCT either be a certified medical assistant and/or have EKG training, which can take from three to nine months.¹⁴ However, no formal certification is required. The Employer encourages but does not require the NCTs to obtain certification in cardiology technology. There is no formal training for this certification, but a minimum of two years of experience in a cardiology department is required before an individual can apply for the certification. CCI¹⁵ is the organization which issues the

¹⁴ In its brief, the Employer states that the NCTs are required to have training both as a certified medical assistant and as an EKG technician. However, the record reflects that the Employer "asks" for either one or both of these training courses, but does not require the NCT to have completed both of the courses. The record does not reflect what type of training, i.e., medical assistant certification or EKG training or both, the six NCTs currently working for the Employer have.

¹⁵ The record does not reflect what the initials "CCI" stand for.

certification, which is also referred to as cardiology credentialing. Four of the six NCTs have received this certification.

While this position involves a combination of duties, the NCT's function is similar to that of an EKG technician. The Board has consistently found that EKG technicians should not appropriately be included in a unit of technical employees. Southern Maryland Hospital Center, Inc., supra, 274 NLRB at 1473; Children's Hospital of Pittsburgh, supra, 222 NLRB at 594; St. Elizabeth's Hospital of Boston, supra, 220 NLRB at 329; Trinity Memorial Hospital of Cudahy, Inc., supra, 219 NLRB at 218. The other duties of the NCTs, administering the stress test, holter monitoring, event recording, and pacemaker analysis, do not involve the type of independent judgment required to find that the individual is a technical employee. Rather, as is the case with administering EKG's, the NCT must watch the results and report any unusual results to a physician or nurse. Thus, the NCT's function is primarily reportorial. The record evidence indicates that the NCTs do not perform analysis beyond noting whether the results are what is normally expected or not. The nurses and physicians, not the NCTs, perform further analysis if an NCT brings information regarding test results to their attention. Further, there is no particular specialized advanced training or certification required for the position.¹⁶

¹⁶ Relying on Duke University, 226 NLRB 470 (1976), the Employer argues in its brief that the NCTs should be found to be technical employees because they are required to have extensive formal training. In that case, the EEG technicians had to complete a one year formal training course at the university. In the instant case, the Employer prefers either certification as a medical assistant, which involves a nine month training program, or EKG tech training, which takes anywhere from three to nine months. Further, the Board has generally found EEG technicians to be excluded from technical units, when there is no licensing, registration or certification involved and where there are no formal course requirements to qualify for the position. See Pontiac Osteopathic Hospital, 227 NLRB 1706, 1707 (1977); William W. Backus Hospital, supra, 220 NLRB at 417; St. Elizabeth's Hospital of Boston, supra, 220 NLRB at 329; Trinity Memorial Hospital of Cudahy, Inc., supra, 219 NLRB at 218; Nathan and Miriam Barnert Memorial Hospital Association d/b/a Barnert Memorial Hospital Center, 217 NLRB 775, 778 (1975). As in the above-cited cases, the NCTs herein have no requirement of formal certification, and the training preferences involve only three to nine months of instruction. Thus, I find Duke University, supra, not to be controlling herein.

Accordingly, based on the above and the record as a whole, I find that the non-invasive cardiology technicians are not technical employees¹⁷ and, consequently, I shall exclude them from the petitioned-for unit herein.

Accordingly, I find that the following employees of the Employer constitute a unit appropriate for the purposes of collective bargaining within the meaning of Section 9(b) of the Act:

All full-time and regular part-time technical employees, including registered respiratory therapists, licensed practical nurses, cytotechnologists, histologists, medical lab technicians, mammographers, CT staff technologists, lead staff technologists, staff MRI technologists, radiological technologists, senior radiological technologists, outreach radiological technologists, staff ultrasound technologists, senior ultrasound technologists, special procedures technologists, senior MRI technologists, physical therapy assistants, occupational therapy assistants, certified respiratory technicians, paramedics, surgical technologists, peripheral vascular technicians, staff nuclear medicine technologists, echocardiographers and cardiac catheterization radiology technicians, employed by the Employer at its acute care hospital and its related off-site clinics and facilities in and around Butler, Pennsylvania; excluding monitor technicians/unit secretaries, non-invasive cardiology technicians, office clerical employees and guards, professional employees and supervisors as defined in the Act, and all other employees.

¹⁷ The Employer also argues that the NCTs use extensive independent judgment so as to rise to the level of technical employees. I do not find this assertion to be supported by the evidence. The NCTs merely administer the various tests, and watch for unusual readings of results. If this occurs, the NCT reports the results to a nurse or a physician. As I found when discussing the monitor technicians' duties, the NCTs do not analyze the results in a manner utilizing the independent judgment of a technical employee; rather, the NCTs merely report any unusual reading of the test. Consequently, I find the Employer's arguments unpersuasive.

DIRECTION OF ELECTION

An election by secret ballot will be conducted by the undersigned Regional Director among the employees in the unit set forth above at the time and place set forth in the Notice of Election to be issued subsequently, subject to the Board's Rules and Regulations.¹⁸ Eligible to vote are those employees in the unit who were employed during the payroll period immediately preceding the date below, 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 their status as such during the eligibility period and their replacements. Those in the military services of the United States 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 and 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.¹⁹ Those eligible shall vote whether

¹⁸ Pursuant to Section 103.20 of the Board's Rules and Regulations, official Notices of Election shall be posted by the Employer in conspicuous places at least 3 full working days prior to 12:01 a.m. of the day of the election. As soon as the election arrangements are finalized, the Employer will be informed when the Notices must be posted in order to comply with the posting requirement. Failure to post the Election Notices as required shall be grounds for setting aside the election whenever proper and timely objections are filed. The Board has interpreted Section 103.20(c) as requiring an employer to notify the Regional Office at least five (5) full working days prior to 12:01 a.m. of the day of the election that it has not received copies of the election notice.

¹⁹ In order to assure that all eligible voters may 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, which may be used to communicate with them. Excelsior Underwear, Inc. 156 NLRB 1236 (1966); NLRB v. Wyman-Gordon Company, 394 U.S. 759 (1969). Accordingly, it is hereby directed that the election eligibility list, containing the full names and addresses of all eligible voters, must be filed by the Employer with the Regional Director within seven (7) days of the date of this Decision and Direction of Election. The Regional Director shall make the list available to all parties to the election. In order to be timely filed, such list must be received in the Regional Office, Room 1501, 1000 Liberty Avenue, Pittsburgh, PA 15222, on or before December 19, 2001. No extension of time to file this list may be granted, except in extraordinary circumstances, nor shall the filing of a request for review operate to stay the requirement here imposed.

or not they desire to be represented for collective bargaining by Pennsylvania Independent Nurses, an affiliate of PASNAP.

Dated at Pittsburgh, Pennsylvania, this 12th day of December 2001.

/s/ Gerald Kobell

Gerald Kobell
Regional Director, Region Six

NATIONAL LABOR RELATIONS BOARD
Room 1501, 1000 Liberty Avenue
Pittsburgh, PA 15222

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