

REVIEW THE FOLLOWING IMPORTANT INFORMATION BEFORE FILLING OUT A STATEMENT OF POSITION FORM

Completing and Filing this Form: The Notice of Hearing indicates which parties are responsible for completing the form. If you are required to complete the form, you must have it signed by an authorized representative and file a completed copy (including all attachments) with the RD and serve copies on all parties named in the petition by the date and time established for its submission. If more space is needed for your answers, additional pages may be attached. If you have questions about this form or would like assistance in filling out this form, please contact the Board agent assigned to handle this case. **You may E-File your Statement of Position at www.nlr.gov, but unlike other E-Filed documents, to be timely it must be filed by noon in the time zone specified in the Notice of Representation Hearing.**

Note: Non-employer parties who complete this Statement of Position are NOT required to complete items 8f and 8g of the form, or to provide a commerce questionnaire or the lists described in item 7. In RM cases, the employer is NOT required to complete items 3, 5, 6, and 8a-8e of the form.

Required Lists: The employer's Statement of Position must include a list of the full names, work locations, shifts, and job classifications of all individuals in the proposed unit as of the payroll period preceding the filing of the petition who remain employed at the time of filing. If the employer contends that the proposed unit is inappropriate, the employer must separately list the full names, work locations, shifts and job classifications of all individuals that it contends must be added to the proposed unit to make it an appropriate unit. The employer must also indicate those individuals, if any, whom it believes must be excluded from the proposed unit to make it an appropriate unit. These lists must be alphabetized (overall or by department). Unless the employer certifies that it does not possess the capacity to produce the lists in the required form, the lists must be in a table in a Microsoft Word file (.doc or .docx) or a file that is compatible with Microsoft Word, the first column of the table must begin with each employee's last name, and the font size of the list must be the equivalent of Times New Roman 10 or larger. That font does not need to be used but the font must be that size or larger. A sample, optional form for the list is provided on the NLRB website at <http://www.nlr.gov/what-we-do/conduct-elections/representation-case-rules-effective-april-14-2015>.

Consequences of Failure to Supply Information: Failure to supply the information requested by this form may preclude you from litigating issues under 102.66(d) of the Board's Rules and Regulations. Section 102.66(d) provides as follows:

A party shall be precluded from raising any issue, presenting any evidence relating to any issue, cross-examining any witness concerning any issue, and presenting argument concerning any issue that the party failed to raise in its timely Statement of Position or to place in dispute in response to another party's Statement of Position or response, except that no party shall be precluded from contesting or presenting evidence relevant to the Board's statutory jurisdiction to process the petition. Nor shall any party be precluded, on the grounds that a voter's eligibility or inclusion was not contested at the pre-election hearing, from challenging the eligibility of any voter during the election. If a party contends that the proposed unit is not appropriate in its Statement of Position but fails to specify the classifications, locations, or other employee groupings that must be added to or excluded from the proposed unit to make it an appropriate unit, the party shall also be precluded from raising any issue as to the appropriateness of the unit, presenting any evidence relating to the appropriateness of the unit, cross-examining any witness concerning the appropriateness of the unit, and presenting argument concerning the appropriateness of the unit. If the employer fails to timely furnish the lists of employees described in §§102.63(b)(1)(iii), (b)(2)(iii), or (b)(3)(iii), the employer shall be precluded from contesting the appropriateness of the proposed unit at any time and from contesting the eligibility or inclusion of any individuals at the pre-election hearing, including by presenting evidence or argument, or by cross-examination of witnesses.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

STATEMENT OF POSITION

DO NOT WRITE IN THIS SPACE

Case No. 55-RC-444444	Date Filed
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INSTRUCTIONS: Submit this Statement of Position to an NLRB Office in the Region in which the petition was filed and serve it and all attachments on each party named in the petition in this case such that it is received by them by the date and time specified in the notice of hearing.

Note: Non-employer parties who complete this form are NOT required to complete items 8f or 8g below or to provide a commerce questionnaire or the lists described in item 7. In RM cases, the employer is NOT required to respond to items 3, 5, 6, and 8a-8e below.

1a. Full name of party filing Statement of Position Nursing Home Inc.	1c. Business Phone: 989.444.5678	1e. Fax No.: 989. 444.5679
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1b. Address (Street and number, city, state, and ZIP code) 1020 N. Euclid Ave. Anytown, TN 38903	1d. Cell No.: 989.444.5677	1f. e-Mail Address SJenkins@NursingHome.com
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2. Do you agree that the NLRB has jurisdiction over the Employer in this case? Yes No
(A completed commerce questionnaire (Attachment A) must be submitted by the Employer, regardless of whether jurisdiction is admitted)

3. Do you agree that the proposed unit is appropriate? Yes No (If not, answer 3a and 3b.)

a. State the basis for your contention that the proposed unit is not appropriate. (If you contend a classification should be excluded or included briefly explain why, such as shares a community of interest or are supervisors or guards.)
The proposed unit is not the same as the existing contractual unit which is a service and maintenance unit. The unit should not include LPNs because they are supervisors. The proposed unit should include housekeeping employees who share a community of interest with the CNAs and dietary aides.

b. State any classifications, locations, or other employee groupings that must be added to or excluded from the proposed unit to make it an appropriate unit.

Added Housekeeping employees	Excluded LPNs
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4. Other than the individuals in classifications listed in 3b, list any individual(s) whose eligibility to vote you intend to contest at the pre-election hearing in this case and the basis for contesting their eligibility.

5. Is there a bar to conducting an election in this case? Yes No If yes, state the basis for your position.
Yes. A contract is in effect with Health Employees of America, Local 25 that expires June 30, 2015.

6. Describe all other issues you intend to raise at the pre-election hearing.
None.

7. The employer must provide the following lists which must be alphabetized (overall or by department) in the format specified at <http://www.nlr.gov/what-we-do/conduct-elections/representation-case-rules-effective-april-14-2015>.

- (a) A list containing the full names, work locations, shifts and job classification of all individuals in the proposed unit as of the payroll period immediately preceding the filing of the petition who remain employed as of the date of the filing of the petition. (Attachment B)
- (b) If the employer contends that the proposed unit is inappropriate the employer must provide (1) a separate list containing the full names, work locations, shifts and job classifications of all individuals that it contends must be *added* to the proposed unit, if any to make it an appropriate unit, (Attachment C) and (2) a list containing the full names of any individuals it contends must be *excluded* from the proposed unit to make it an

State your position with respect to the details of any election that may be conducted in this matter. 8a. Type: Manual Mail Mixed Manual/Mail

8b. Date(s) Friday, June 12, 2015	8c. Time(s) 6 a.m. to 7 a.m., 2 p.m. to 3 p.m. and 10 p.m. to 11 p.m.	8d. Location(s) Breakroom, 2 nd Floor
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8e. Eligibility Period (e.g. special eligibility formula) None.	8f. Last Payroll Period Ending Date Saturday, April 25, 2015	8g. Length of payroll period <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other (specify length)
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9. Representative who will accept service of all papers for purposes of the representation proceeding

9a. Full name and title of authorized representative Angela Doyle, Attorney	9b. Signature of authorized representative /s/ Angela Doyle	9c. Date April 27, 2015
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9d. Address (Street and number, city, state, and ZIP code) Doyle and Associates, 1212 Main Street, Anytown, TN 38905	9e. e-Mail Address ADoyle@charter.net
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9f. Business Phone No.: 989-333-6666	9g. Fax No. 989-333-6667	9h. Cell No. 989-333-6668
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WILLFUL FALSE STATEMENTS ON THIS STATEMENT OF POSITION 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. Section 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation proceedings. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (December 13, 2006). The NLRB will further explain these uses upon request. Failure to supply the information requested by this form may preclude you from litigating issues under 102.66(d) of the Board's Rules and Regulations and may cause the NLRB to refuse to further process a representation case or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

Revised 3/21/2011

NATIONAL LABOR RELATIONS BOARD

QUESTIONNAIRE ON COMMERCE INFORMATION

Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please add a page and identify item number.

CASE NAME

Nursing Home Inc.

CASE NUMBER

55-RC-444444

1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity)

Nursing Home, LLC

2. TYPE OF ENTITY

 CORPORATION LLC LLP PARTNERSHIP SOLE PROPRIETORSHIP OTHER (Specify)

3. IF A CORPORATION or LLC

A. STATE OF INCORPORATION
OR FORMATION
TennesseeB. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES
None

4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS

5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR

6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed).

Operation of a nursing home

7. A. PRINCIPAL LOCATION:

Anytown, TN

B. BRANCH LOCATIONS:

None

8. NUMBER OF PEOPLE PRESENTLY EMPLOYED

A. Total: 45

B. At the address involved in this matter: 42

9. DURING THE MOST RECENT (Check appropriate box): CALENDAR YR 12 MONTHS or FISCAL YR (FY dates July 1 – June 30)

	YES	NO
A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$____ NONE		X
B. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$____ NONE		X
C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ NONE		X
D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. NONE.		X
E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$____ NONE		
F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$____	X	
G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$____	X	
H. Gross Revenues from all sales or performance of services (Check the largest amount): <input type="checkbox"/> \$100,000 <input checked="" type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 or more If less than \$100,000, indicate amount.		

I. Did you begin operations within the last 12 months? NO

If yes, specify date: _____

10 ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING?

 YES NO (If yes, name and address of association or group).

11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS

NAME
Stuart DollarTITLE
AccountantE-MAIL ADDRESS
SDollar@dollar.comTEL. NUMBER
989.342-4567

12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE

NAME AND TITLE (Type or Print)
Angela Doyle, AttorneySIGNATURE
*Angela Doyle*E-MAIL ADDRESS
ADoyle@charter.netDATE
April 27, 2015

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/or unfair labor practice proceedings 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 refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

Attachment B: Proposed Unit

Employee Name	Work Location	Shift	Job Classification
1. Adams, Peter	2 nd Floor	First	CNA
2. Anderson, Annette	Kitchen	First	Dietary Aide
3. Benn, Milton	1st Floor	Third	CNA
4. Berry, Jeanine	All floors	Second	LPN
5. Bowman, Vicky	3rd Floor	Second	CNA
6. Bristol, Sarah	Kitchen	Third	Dietary Aide
7. Brodie, Cecilia	1st Floor	Second	CNA
8. Brown, Denise	Kitchen	First	Dietary Aide
9. Buck, Mildred	1st Floor	First	CNA
10. Campbell, Anne	Kitchen	Third	Dietary Aide
11. Carter, Yvette	3rd Floor	Third	CNA
12. Clark, Dolores	2nd Floor	Second	CNA
13. Corbin, Nancy	All floors	First	LPN
14. Everett, Christina	1st Floor	Second	CNA
15. Fleetwood, Mac	2nd Floor	Second	CNA
16. Foster, Laverne	Kitchen	Second	Dietary Aide
17. Gibson, Doreen	All floors	Third	LPN
18. Henderson, Flo	3rd Floor	First	CNA
19. James, Barbara	2nd Floor	Third	CNA
20. Long, Shorty	1st Floor	First	CNA
21. Miller, Natalie	1st Floor	Third	CNA
22. Nader, Paula	1st Floor	First	CNA
23. Owens, Diana	2nd Floor	First	CNA
24. Patterson, Felicia	3rd Floor	Second	CNA
25. Rehberg, Cindy	1st Floor	Second	CNA
26. Richards, Valerie	3rd Floor	First	CNA
27. Roberts, Melody	Kitchen	First	Dietary Aide
28. Sanders, Eve	2nd Floor	Third	CNA
29. Smith, Jackie	2nd Floor	First	CNA
30. Trent, Evelyn	3rd Floor	First	CNA
31. Walters, Catherine	2nd Floor	Second	CNA

Attachment C: List of Employees to be Added

Employee Name	Work Location	Shift	Job Classification
1. Samuels, Marc		First	Housekeeping
2. Rogers, Josh		Second	Housekeeping
3. Thomas, Kate		Third	Housekeeping
4. Martinez, Lucille		Second	Housekeeping
5. Fernandez, Marie		First	Housekeeping
6. Sawyer, Josie		Third	Housekeeping
7. Schneider, Butch		First	Housekeeping

Attachment D: List of Employees to be Excluded

Employee Name
Berry, Jeanine
Corbin, Nancy
Gibson, Doreen

SAMPLE