

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **01-RC-258954** Date Filed **4/9/20**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Fox Hill Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1253 Hartford Turnpike, Vernon Rockville, CT 06066	
3a. Employer Representative - Name and Title Stephanie Vitko-Aniolek, Administrator		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. (860)875-0771	3d. Cell No.	3e. Fax No. (860)870-2941	3f. E-Mail Address stephanie.aniolek@genesishcc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home		4b. Principal product or service Health Care	
5b. Description of Unit Involved Included: All full time, regular part time and per diem Licensed Practical Nurses. Excluded: All other employees, all professional employees, all guards and supervisors as defined in the act.		5a. City and State where unit is located: Vernon, Rockville	
		6a. No. of Employees in Unit: 27	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

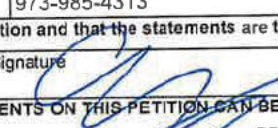
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>9 Apr 2020</u> and Employer declined recognition on or about <u>9 Apr 2020</u> (Date) (If no reply received, so state).			
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NONE		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name None		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 23 Apr. 2020		11c. Election Time(s):		11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number) NEW ENGLAND HEALTHCARE EMPLOYEES UNION, DISTRICT 1199, SEIU				12b. Address (street and number, city, state, and ZIP code) 77 Huyshope, Ave., 1st Fl., Hartford, CT 06106			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union							
12d. Tel No. (860)549-1199		12e. Cell No.		12f. Fax No. (860)251-6049		12g. E-Mail Address	

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Edgar Aracena, Vice Presider		13b. Address (street and number, city, state, and ZIP code) 77 Huyshope, Ave., 1st Fl., Hartford, CT 06106	
13c. Tel No. (860)251-6088	13d. Cell No. 973-985-4313	13e. Fax No. (860)251-6049	13f. E-Mail Address rbaril@seiu1199ne.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Edgar Aracena	Signature 	Title Vice President	Date 9 April 2020

WILLFUL FALSE STATEMENTS ON THIS PETITION 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 representation 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 will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-259277

Date Filed

04-20-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Curaleaf Hanover

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

2001 Washington St Unit B
MA Hanover 02339-1646

3a. Employer Representative - Name and Title

Joseph Lusardi

3b. Address (If same as 2b - state same)

301 Edgewater Place Suite 405
MA Wakefield 01880-

3c. Tel. No.

(781) 451-0148

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

jlusardi@curaleaf.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Retail (Drugs)

4b. Principal product or service

Medical cannabis

5a. City and State where unit is located:

Hanover, MA

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

19

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 04/17/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
May 1, 2020

11c. Election Time(s):
10a

11d. Election Location(s):
Mail Ballot for the employees at Curaleaf's Hanover location

12a. Full Name of Petitioner (including local name and number)

Megan Carvalho
United Food and Commercial Workers Union Local 328

12b. Address (street and number, city, state, and ZIP code)

278 Silver Spring St.
RI Providence 02904-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

United Food and Commercial Workers International Union

12d. Tel No.

(401) 834-9089

12e. Cell No.

(401) 834-9089

12f. Fax No.

(401) 331-7965

12g. E-Mail Address

megan@ufcw328.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

Marc Gursky Attorney
Gursky Weins Attorneys at Law LTD

13b. Address (street and number, city, state, and ZIP code)

1120 Ten Rod Rd Suite C207
RI North Kingstown 02852-

13c. Tel No.

(401) 294-4700

13d. Cell No.

(401) 580-3402

13e. Fax No.

(401) 294-4702

13f. E-Mail Address

mgursky@nrlablaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Megan Carvalho

Signature

Megan Carvalho

Title

Director of Organizing

Date

04/17/2020 06:17:29

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Attachment

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Case 01-RC-259277	Date Filed 04-20-2020

Employees Included

All regular full time and part time employees at the employer's Hanover location, including Marketing Coordinator, Team Leads, Dispensing Agents, Packagers, Admissions Associate

Employees Excluded

Dispensary Manager, Assistant Dispensary Manager, Security Guards, all others as defined in the Act