

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 01-RC-253033

Date Filed 12/9/2019

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 Saugus Rehabilitation and Nursing Center		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 266 Lincoln Avenue, Saugus, MA 01906	
3a. Employer Representative - Name and Title Josephine Ajayi, Administrator		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (781) 233-6830	3d. Cell No.	3e. Fax No. (781) 941-2321	3f. E-Mail Address jajayi@tsmnursing.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Rehab and Nursing Center		4b. Principal product or service Rehab and Nursing Services	
5a. City and State where unit is located: Saugus, MA		5b. Description of Unit Involved Included: Please See Attachment Excluded:	

6a. No. of Employees in Unit:
10
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) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 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.

11b. Election Date(s): Friday, January 3, 2020	11c. Election Time(s): 11:00 AM to 12 NOON and 2:30 to 3:30 PM	11d. Election Location(s): Employee Break Room
---	---	---

12a. Full Name of Petitioner (including local name and number) 1199SEIU United Healthcare Workers East	12b. Address (street and number, city, state, and ZIP code) 108 Myrtle Street, Quincy, MA 02171
---	--

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. 877-409-1199	12e. Cell No.	12f. Fax No.	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 David Rome, Esq., Counsel	13b. Address (street and number, city, state, and ZIP code) Pyle Rome, 2 Liberty Square, 10th Floor, Boston, MA 02109
13c. Tel No. 617-367-7200	13d. Cell No.
13e. Fax No.	13f. E-Mail Address drome@pylerome.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) David Rome	Signature 	Title Counsel for Petitioner	Date 12/09/2019
----------------------------	--	---------------------------------	--------------------

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.

**1199SEIU and Saugus Rehabilitation and Nursing Center
NLRB Petition-December 9, 2019-ADD-ON ELECTION**

5b.

Unit: All full-time, regular part-time and per diem housekeeping and laundry employees employed by Saugus Rehabilitation and Nursing Center at its Saugus, MA facility but excluding all other employees including professional employees, registered nurses, accounts payable/payroll clerk, managers, guards and supervisors as defined in the National Labor Relations Act, as amended.

A vote in favor of union representation is a vote to be added to the existing unit of employees represented by the Union, which consists of:

All full-time, regular part-time, and per diem certified nursing assistants, dietary aides, maintenance assistants, cooks, activities assistants, health information/central supply clerks, licensed practical nurses, per diem licensed practical nurses, certified occupational therapy assistants, receptionists, physical therapy assistants and schedulers employed by the Employer at its 266 Lincoln Avenue, Saugus, Massachusetts center, as set forth in NLRB case 1-RC-22121 but excluding all other employees including professional employees, registered nurses, accounts payable/payroll clerk, managers, guards and supervisors as defined in the National Labor Relations Act, as amended.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-252900

Date Filed

12/5/19

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 Eversource/Western Massachusetts Electric Company		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 300 Cadwell Dr MA Springfield 01104-	
3a. Employer Representative - Name and Title James Connolly		3b. Address (If same as 2b - state same) 300 Cadwell Dr MA Springfield 01104-	
3c. Tel. No. (413) 787-1013	3d. Cell No. (860) 205-2350	3e. Fax No.	3f. E-Mail Address james.connolly@eversource.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electric Utilities	4b. Principal product or service Transmission and Distribution		5a. City and State where unit is located: Springfield, MA

5b. Description of Unit Involved		6a. No. of Employees in Unit: 5
Included: See Attached Page 2 for additional details		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"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).**

☐ **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? _____ 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.

11b. Election Date(s): asap	11c. Election Time(s): 7:00 a.m.	11d. Election Location(s): workplace 300 Cadwell Dr. Springfield Ma 01104
---------------------------------------	--	---

12a. Full Name of Petitioner (Including local name and number) Brian Kenney Brian Kenney (BEW Local 455)	12b. Address (street and number, city, state, and ZIP code) 474 Page Blvd MA Springfield 01104-
---	--

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

12d. Tel No. (413) 733-7398	12e. Cell No. (413) 575-4190	12f. Fax No. (413) 788-0531	12g. E-Mail Address bkenney@ibew455.org
---------------------------------------	--	---------------------------------------	---

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

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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) Brian Kenney	Signature Brian E. Kenney	Title Business Manager Financial Secretary	Date 12/5/2019 13:57:12
-------------------------------------	-------------------------------------	--	-----------------------------------

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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Project Specialist and Senior Project Specialist. We wish to petition for an Armour-Globe election into an existing unit.

Employees Excluded

Supervisors as defined by the act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-253002

Date Filed

12-6-19

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: Lifeline Ambulance Service		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): See Attached	
3a. Employer Representative - Name and Title: Katherine Palmatier, Operations Director		3b. Address (if same as 2b - state same): 30 Centre Rd, Somersworth, NH 03878	
3c. Tel. No. 603-410-4800	3d. Cell No. 360-518-7382	3e. Fax No.	3f. E-Mail Address kpalmatier@lifelineamb.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Medical Facility		4b. Principal Product or Service Emergency Medical Services	
5b. Description of Unit Involved: Included: EMT, Chair Car Drivers, and Paramedics Excluded: All other employees		5a. City and State where unit is located: See attached	
		6a. Number of Employees in Unit: 55	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 12/6/2019 and Employer declined recognition on or about (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 <input checked="" type="checkbox"/> 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 and election in this matter, state your position with respect to any such election: any such election		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 12/23/2019		11c. Election Time(s): 6 AM - 9:30 AM & 3 PM - 5 PM	
		11d. Election Location(s): See attached	
12a. Full Name of Petitioner (including local name and number): AFSCME Council 93		12b. Address (street and number, city, State and ZIP code): 8 Beacon Street, Boston, MA 02108	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County, and Municipal Employees, AFL-CIO			
12d. Tel. No. 617-367-6000	12e. Cell No.	12f. Fax No. 617-376-6031	12g. E-Mail Address info@afscme93.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: David Nagle, Membership Development Coordinator		13b. Address (street and number, city, State and ZIP code): 8 Beacon Street, Boston, MA 02108	
13c. Tel. No. 617-367-6045	13d. Cell No. 508-663-6000	13e. Fax No. 617-367-6031	13f. E-Mail Address dnagle@afscme93.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) David Nagle		Signature David Nagle	
		Title Membership Development Coord.	
		Date 12/6/2019	

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 may cause the NLRB to decline to invoke its processes.

RC Petition

2b. 26D Columbia Circle, Merrimack, NH 03054; 62 Hall Street, Concord, NH 03301;
121 Lafayette Road, North Hampton, NH 03862; 32 Artisan Court, Laconia NH 03246;
30 Centre Road, Somersworth NH 03878

5a. 26D Columbia Circle, Merrimack, NH 03054; 62 Hall Street, Concord, NH 03301;
121 Lafayette Road, North Hampton, NH 03862; 32 Artisan Court, Laconia NH 03246;
30 Centre Road, Somersworth NH 03878

11d. 62 Hall Street Concord NH 03301 6AM – 9:30AM & 26D Columbia Circle,
Merrimack NH 03862 3PM- 5PM

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

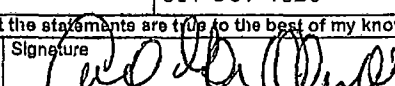
01-RC-253047

Date Filed

12-9-10

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.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: SAS Retail Services		2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): See Attachment 1	
3a. Employer Representative - Name and Title: Diane Mowry		3b. Address (if same as 2b - state same): 1575 N. Main St. Orange, CA 92867	
3c. Tel. No. 401-439-5559	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dmowry@sasretailservices.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) retail merchandizing services		4b. Principal Product or Service merchandizing services	5a. City and State where unit is located: See Attachment 1
6b. Description of Unit Involved: Included: See Exhibit A Excluded: See Exhibit A		6a. Number of Employees in Unit: 115 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (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)		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? <u>No</u> 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: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): January 15, 2020		11c. Election Time(s):	11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers, Local 1445		12b. Address (street and number, city, State and ZIP code): 30 Stergis Way Dedham, MA 02026	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food & Commercial Workers International Union, AFL-CIO, CLC			
12d. Tel. No. 781-461-6775	12e. Cell No.	12f. Fax No. 781-461-0677	12g. E-Mail Address info@ufcwlocal1445.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Alfred Gordon O'Connell, counsel		13b. Address (street and number, city, State and ZIP code): Pyle Rome Ehrenberg PC, 2 Liberty Square, 10th Floor, Boston, MA 02109	
13c. Tel. No. 617-367-7200	13d. Cell No.	13e. Fax No. 617-367-4820	13f. E-Mail Address agordon@pylerome.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) Alfred Gordon O'Connell		Signature 	Title counsel
			Date 12/09/19

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 may cause the NLRB to decline to invoke its processes.

EXHIBIT A to RC PETITION
UFCW 1445 and SAS RETAIL SERVICES
BOX 5(b) - UNIT DESCRIPTION

Included: All full-time and part-time merchandizing associates employed by the Employer who work in the Stop & Shop stores listed in Attachment 1.

Excluded: All other employees; all confidential employees, supervisors, managers, and guards as defined in the National Labor Relations Act.

ATTACHMENT 1 to RC PETITION
UFCW 1445 and SAS RETAIL SERVICES

Ref. Num	Stop & Shop Stores	Address	City	State	Zip code
1	Bookline	545 Freeport Street	Dorchester	MA	02122
3	Framingham	235 OLD CONN. PATH	FRAMINGHAM	MA	01701
4	Roslindale	11 Mayor Thomas McGrath Hwy	Quincy	MA	02169
5	Peabody	19 HOWLEY SST	PEABODY	MA	01960
6	Natick	5 Hood Rd	Derry	NH	03038
8	Framingham	19 TEMPLE ST RTE 9	FRAMINGHAM	MA	01701
11	Revere	40 FURLONG DR	REVERE	MA	02152
15	Swampscott	450 PARADISE RD RTE 1A	SWAMPSCOTT	MA	01907
18	Dorchester	545 FREEPORT ST.	DORCHESTER	MA	02122
19	Westboro	290 TURNPIKE RD	WESTBOROUGH	MA	01581
32	Beverly	37 ENON ST	N BEVERLY	MA	01915
33	Stoughton	278 WASHINGTON ST RTE 138	STOUGHTON	MA	02072
37	Worcester	545-A LINCOLN ST	WORCESTER	MA	01605
39	Stoneham	259 MAIN ST	STONEHAM	MA	02180
43	Revere	540 SQUIRE RD	REVERE	MA	02150
44	Walpole	RTE 1A	WALPOLE	MA	02081
49	Watertown	700 PLEASANT ST	WATERTOWN	MA	02172
53	South Boston	713 E BROADWAY	SO BOSTON	MA	02127
57	Grafton	100 WORCESTER ST	GRAFTON	MA	01519
62	Malden	99 CHARLES ST	MALDEN	MA	02148
67	Lynn	35 WASHINGTON ST	LYNN	MA	01901
75	Jamaica Plain	301 CENTRE ST.	JAMAICA PLAIN	MA	02130
79	Worcester	PERKIN FARM MKT PL 949 GRAFTON ST	WORCESTER	MA	01604
81	N. Beverly	222 ELLIOT ST	BEVERLY	MA	01915
85	Worcester	940 WEST BOYLSTON ST	WORCESTER	MA	01605
88	Bedford	337 GREAT RD GREAT RD SHOPPING CTRE.	BEDFORD	MA	01730
89	Allston	60 EVERETT ST.	ALLSTON	MA	02134
91	Shrewsbury	539-571 BOSTON TNPK RD	SHREWSBURY	MA	01545
92	N. andover	757 TURNPIKE ST. RTE 114	N. ANDOVER	MA	01845
93	Danvers	301 NEWBURY ST.	DANVERS	MA	01923
96	Woburn	2 ELM ST	WOBURN	MA	01801
407	Saugus	164 MAIN ST	SAUGUS	MA	01906
410	Gloucester	6 THATCHER RD	GLOUCESTER	MA	01930
412	Brigham	1620 TREMONT ST.	BOSTON	MA	02120
413	Hyde Park	1025 TRUMAN HWY	HYDE PARK	MA	02136
416	Dedham	160 PROVIDENCE HWY	DEDHAM	MA	02026
418	Norwood	1415 BOSTON RD. RTE 1	NORWOOD	MA	02062
429	South Bay	1100 MASSACHUSETTS AVE	DORCHESTER	MA	02125
430	Bellingham	70 PULASKI BLVD	BELLINGHAM	MA	02019
433	Medford	30 COMMERCIAL ST	MEDFORD	MA	02155
446	Watertown	171 WATERTOWN ST	WATERTOWN	MA	02172
455	Winchester	695 MAIN ST	WINCHESTER	MA	01890
459	Roxbury	460 BLUE HILL AVE	ROXBURY	MA	02119
460	Acton	RTE 62 100 POWDER MILL RD	ACTON	MA	01720
462	Plainville	109 TAUNTON ST	PLAINVILLE	MA	02762
471	Andover	209 NORTH MAIN ST	ANDOVER	MA	01810

ATTACHMENT 1 to RC PETITION
UFCW 1445 and SAS RETAIL SERVICES

Store Num	Stop & Shop Stores	Address	City	State	Zip code
472	Franklin	WEST CENTRAL ST	FRANKLIN	MA	02038
480	Chelmsford	299 CHELMSFORD ST	CHELMSFORD	MA	01824
481	Sturbridge	100 CHARLTON RD	STURBRIDGE	MA	01566
488	Reading	25 WALKERS BROOK DR	READING	MA	01867
489	Hudson	RTE 85 TECHNOLOGY DR	HUDSON	MA	01749
491	Lexington	36 BEDFORD ST	LEXINGTON	MA	02173
492	Everett	1690 REVERE BEACH PKWY	EVERETT	MA	02149
494	Foxboro	141 MAIN ST	FOXBORO	MA	02035
496	Methuen	90 PLEASANT VALLEY ST.	METHUEN	MA	01844
497	Westboro	32 LYMAN ST	WESTBOROUGH	MA	01581
498	Somerville	274 MYSTIC AVE	SOMERVILLE	MA	02145
499	Amesbury	100 MACY ST	AMESBURY	MA	01913
776	Arlington	905 MASS AVE	ARLINGTON	MA	02174
2406	N. Reading	265 MAIN ST	NORTH READING	MA	01864
2411	Somerville	105 ALEWIFE BROOKSIDE PARKWAY	SOMERVILLE	MA	02144
2418	Milford	126 Medway Rd	MILFORD	MA	01757
2700	Wayland	400 BOSTON POST ROAD	WAYLAND	MA	01778

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 01-RC-253164	Date Filed 12/11/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.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 Durham School Services		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 81 Spring Hill Road CT Trumbull 06611-	
3a. Employer Representative - Name and Title Steve Shaughnessy		3b. Address (If same as 2b - state same) 81 Spring Hill Road CT Trumbull 06611-	
3c. Tel. No. (267) 432-2212	3d. Cell No. (475) 269-9570	3e. Fax No. (203) 261-4335	3f. E-Mail Address sshaghnessy@durhamschoolservices.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service Student Transportation	
		5a. City and State where unit is located: Trumbull, CT	

5b. Description of Unit Involved Included: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 4
Excluded: See Attached Page 2 for additional details		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: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 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? _____ 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.

11b. Election Date(s): January 2, 2020	11c. Election Time(s): 10:00 a.m. to 12:00 noon	11d. Election Location(s): Training Room
--	---	--

12a. Full Name of Petitioner (including local name and number) Mustafa Salahuddin Amalgamated Transit Union Local 1336	12b. Address (street and number, city, state, and ZIP code) 955 Connecticut Avenue Unit 5223-24 CT Bridgeport 06607-1246
---	---

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

12d. Tel No. (203) 367-8068	12e. Cell No. (203) 343-3229	12f. Fax No.	12g. E-Mail Address atulocal1336@aol.com
---------------------------------------	--	---------------------	--

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

13a. Name and Title Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION		13b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790	
13c. Tel No. (301) 431-7100	13d. Cell No. (202) 714-4219	13e. Fax No.	13f. E-Mail Address dsmith@atu.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) Daniel B. Smith	Signature Daniel B. Smith	Title Assistant General Counsel	Date 12/11/2019 06:41:39
--	-------------------------------------	---	------------------------------------

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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and regular part-time dispatchers and mechanics/technicians employed by the Employer at its facility currently located at 81 Spring Hill Road in Trumbull, Connecticut. The Petitioner is seeking a self-determination election to include the petitioned-for employees within an existing unit.

Employees Excluded

All other employees, office clerical employees, guards, managers, and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 01-RC-253327	Date Filed 12-13-2019

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 Bowline Construction		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 412R Washington St MA Norwell 02061-	
3a. Employer Representative -- Name and Title Matt Breuer		3b. Address (If same as 2b -- state same) 155 Will Drive MA Canton 02021-	
3c. Tel. No. (781) 636-8017	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mbreuer@brandsafway.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction Services		4b. Principal product or service Construction Elevators	
5a. City and State where unit is located: Norwell, MA			6a. No. of Employees in Unit: 4
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			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) 12/06/2019 and Employer declined recognition on or about 12/06/2019 (Date) (If no reply received, so state). Yes			
<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).		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.

11b. Election Date(s): 12/20/19	11c. Election Time(s): 5am-7am	11d. Election Location(s): Norwell
---	--	--

12a. Full Name of Petitioner (including local name and number) Robert J Aiguier Jr. Teamsters Local 25	12b. Address (street and number, city, state, and ZIP code) 544 Main St. MA Charlestown 02129-
---	---

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

12d. Tel No. (617) 241-8825	12e. Cell No.	12f. Fax No. (617) 242-4284	12g. E-Mail Address Raiguier@TeamstersLocal25.com
---------------------------------------	----------------------	---------------------------------------	---

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

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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) Robert J Aiguier Jr.	Signature Robert J Aiguier Jr	Title Business Agent	Date 12/13/2019 09:36:18
---	---	--------------------------------	------------------------------------

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.

Attachment

Employees Included
Drivers, Warehouse, Yard, Foreman

Employees Excluded
management

DO NOT WRITE IN THIS SPACE

Case

01-RC-253327

Date Filed

12-13-2019

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 01-RC-253976

Date Filed 12-31-19

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 Cannistraro		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 80 Rosedale Road MA Watertown 02472-	
3a. Employer Representative - Name and Title Paul Ferrao		3b. Address (If same as 2b - state same) 80 Rosedale Road MA Watertown 02472-	
3c. Tel. No. (617) 926-0092	3d. Cell No.	3e. Fax No.	3f. E-Mail Address pferrao@cannistraro.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction Services		4b. Principal product or service Construction Engineering and Contracting	
4c. City and State where unit is located: Boston, MA			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 3
Included: See Attached Page 2 for additional details		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"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 12/27/2019 and Employer declined recognition on or about 12/27/2019 (Date) (If no reply received, so state). Yes
☐ 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). Teamsters Local 25 Robert J Aiguier Jr.		8b. Address 544 Main St MA Boston 02129-	
8c. Tel No. (617) 241-8825	8d. Cell No.	8e. Fax No.	8f. E-Mail Address raiguier@teamsterslocal25.com
8g. Affiliation, if any International Brotherhood of Teamsters		8h. Date of Recognition or Certification 10/31/2020	

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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 1/9/20
11c. Election Time(s): 7am and 9am
11d. Election Location(s): Watertown and South Boston
12a. Full Name of Petitioner (including local name and number) Robert J Aiguier Jr. Teamsters Local 25
12b. Address (street and number, city, state, and ZIP code) 544 Main St MA Boston 02129-

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

12d. Tel No. (617) 241-8825	12e. Cell No.	12f. Fax No. (617) 242-4284	12g. E-Mail Address Raiguier@teamsterslocal25.com
---------------------------------------	----------------------	---------------------------------------	---

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

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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) Robert J Aiguier Jr.	Signature Robert J Aiguier Jr	Title Business Agent	Date 12/27/2019 12:07:05
---	---	--------------------------------	------------------------------------

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.

Attachment

Employees Included
receivers

Employees Excluded
management and supervisors as defined by the act

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

FORM NLRB-502 (RD)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RD-253496

Date Filed

12/18/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.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 7 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: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 Vale New Haven Health LHM Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 365 Montauk Avenue New London, Ct. 06320	
3a. Employer Representative - Name and Title Donna Epps V.P. of Human Resources		3b. Address (If same as 2b - state same) 365 Montauk Avenue New London, Ct 06320	
3c. Tel. No. 860-442-0711	3d. Fax No.	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Medical Care	
5a. Description of Unit Involved Security			5b. City and State where unit is located: New London Ct
Included: Officers			
Excluded: Sergeants Per Diem Officers			

6. No. of Employees in Unit 19	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent SPFPA		8b. Affiliation, if any	
8c. Address 25510 Kelly Road, Mi 48066		8d. Tel. No. 586-772-7350	8e. Cell No.
		8f. Fax No. 586-772-9644	8g. E-Mail Address
9. Date of Recognition or Certification 12/1/17		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/1/19	

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year) _____	

12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)			
12a. Name None	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 11/30/17	13c. Election Time(s)	13d. Election Location(s) LHM Hospital	

14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address (b) (6), (b) (7)(C)

I declare that I have read the above petition and to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)		Date Filed 12/6/19	
WILLFUL FALSE STATEMENTS		PUNISHED BY FINE AND OR IMPRISONMENT UNDER ACT STATEMENT (SECTION 1001)	

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 may cause the NLRB to decline to invoke its processes.