FORM NLRB-502 (RC)

## UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01-RC-240603	5-1-19				

NATIONAL LABOR RELATIONS BOARD (2-18)**RC PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 439 S. Union St, #401, Lawrence, MA 01843 Fidelity House CRC, Inc. 22 Parkside Rd, Unit D, Haverhill, MA 0185 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Same Brad Howell 3d. Cell No. 3f. E-Mail Address 3c. Tel. No. 3e Fax No 978-685-9471 978-687-0147 bhowell@crc-mass.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Service Provider **Human Services** Haverhill, MA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See Attached 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes Excluded: See Attached 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: 8f. E-Mail Address 8d Cell No 8e. Fax No. 8c. Tel. No. 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 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? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 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) 10c, Tel. No. 10d. Cell No. 10h Address 10a, Name 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: | 11a. Election Type: Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 12b. Address (street and number, city, State and ZIP code): 293 Boston Post Rd West, 4th Floor

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: Pyle Rome Ehrenberg PC Patrick N. Bryant, Attorney 2 Liberty Square, 10th Floor, Boston, MA 02109 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 13c. Tel. No. 617-367-4820 pbryant@pylerome.com 617-367-7200

12f. Fax No

508-485-8529

Marlborough, MA 01752

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

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

Title Name (Print) Signature Organizing Director Joao Baptista

12a. Full Name of Petitioner (including local name and number) Service Employees International Union, Local 509

12e. Cell No.

Service Employees International Union

12d. Tel. No.

774-843-7509

12g. E-Mail Address

jbaptista@seiu509.org

04/30/19

Add-on voting group: All full-time and regular part-time non-professional direct care employees employed by employed in the Day Habilitation and Community-Based Day Services programs having the job title of employment specialist, case manager, carrier rep, or developmental specialist.

Excluded: All employees excluded by the existing bargaining unit.

Whether employees in the above group wish to join the bargaining unit recognized by the employer:

#### Current bargaining unit:

All full-time and regular part-time non-professional direct care employees employed by the Agency in its residential services program, children and family services program, and in its community residence program, including team coordinators, skills instructors, overnight employees, relief employees, recreation integrators, respite care providers, Latino parent aides, individual support providers, cooperative apartment case workers, parent trainers, but excluding all other employees including office clerical employees, guards, maintenance assistant and supervisors as defined in the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01_RC_240853	5/6/19				

RC PETITION 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 130 Hubbard Road CT Guilford 06437-Specialty Transportation, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 130 Hubbard Road CT Guilford 06437-Sheri Orobello 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address sheri@specialtybusco.com (203) 533-7852 (860) 625-5850 (203) 689-5983 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Guilford, CT Transportation Student Transportation 6a. No. of Employees in Unit: 5b. Description of Unit Involved 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 Excluded: See Attached Page 2 for additional details 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 8d Cell No. 8f. E-Mail Address 8c. Tel No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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) 10d, Cell No. 10c Tel No. 10a, Name 10b. Address 10e. Fax No. 10f F-Mail Address 11a. Election Type: Manual Mail Mixed Manual/Mail 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): 9:30 AM to 1:00 PM, 3:30 PM to 4:30 PM May 22, 2019 Breakroom 12b. Address (street and number, city, state, and ZIP code) 12a, Full Name of Petitioner (including local name and number) Daniel B. Smith Amalgamated Transit Union 10000 New Hampshire Ave MD Silver Spring 20903-1790 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Amalgamated Transit Union 12g. E-Mail Address dsmith@atu.org 12d. Tel No. 12e. Cell No. 12f Fax No. (202) 714-4219 (301) 431-7116 (301) 431-7100 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) Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION 10000 New Hampshire Ave MD Silver Spring 20903-1790 13f. E-Mail Address dsmith@atu.org 13c. Tel No. 13d. Cell No. 13e. Fax No. (301) 431-7116 (301) 431-7100 (202) 714-4219 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Date Name (Print)

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Daniel B. Smith

Daniel B. Smith

#### PRIVACY ACT STATEMENT

Assistant General Counsel

05/6/2019 12:08:42

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 drivers, monitors and dispatchers employed by the Employer at its facility in Guilford, Connecticut.

### **Employees Excluded**

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

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01-RC-240946	5-6-19				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Cambridge Eating Disorder Center 3 Bow Street, Cambridge, MA 02138 3a, Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Seda Ebrahimi Ph.D. Director same 3d. Cell No. 3c Tel No 3e Fax No. 3f. E-Mail Address 617-547-2255 x222 617-547-0003 seda@cedcmail.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Adult/Adolescent Care Facility Eating disorder treatment Cambridge, MA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: admissions liason, life skills coach, research liason Residential Counselor, Residential Counselor, Suprivisor, Medication Coordinator, 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Peiitioner? ☒ Yes ☐ No Excluded: All other employees Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 5/6/2019 and Employer declined recognition (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) None 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?  $N_0$ 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 F-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: any such election Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 00 p.m.-5 p.m. 3 Bow Street Cambre 12b. Address (street and number, city, State and ZIP code): 7:30 a.m.- 10:00 a.m & 2:00 p.m.-5 p.m. 6/3/2019 or 6/10/2019 12a. Full Name of Petitioner (including local name and number): American Federation of State, County 8 Beacon Street, Boston, MA 02108 and Tunicipal Employees, AFSCHE Council 93 AFL-CTO

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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 617-367-6031 617-367-6000 info@afscme93.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: David Nagle, Membership Development Coordinator 8 Beacon Street, Boston, MA 02108 13d. Cell No. 13e. Fax No. 13c. Tel. No. 13f. E-Mail Address 617-367-6031 508-663-6000 617-367-6045 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) Signature Date David Nagle Membership Development Coord. 5/6/2019 <u>nge</u>

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.

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE					
Case No. 01–RC–241098	Date Filed 5 – 8 – 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.										
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2a. Name of Employer:			2b. Add	ress(es) of I	Establishment(s) invol	ved (Street ar	nd number, City, State, ZIP code):			
Jones Lang LaSalle			One l	Post Offi	ice Square Bos	ston, MA	02109			
3a. Employer Representative - Nam	ne and Title:		3b. Add	ress (if sam	e as 2b - state same):		•			
Rob Albert			One I	Financia	l Center Bosto	on, MA 02	2111			
3c. Tel. No.	3d. Cell No.			3e. Fax No	 ),	3f. E-Ma	nil Address			
	(617) 426			(617) 8	69 - 4224	rob.al	bert@am.jll.com			
4a. Type of Establishment (Factory, re		er, etc.)			al Product or Service		5a. City and State where unit is located:			
Commercial Office Buildi	ng			Facility	Maintenance		Boston, MA			
5b. Description of Unit Involved:							6a. Number of Employees in Unit:			
* See Attached L	ict*						9			
Excluded:	121		•				6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No			
Check One: 🔀 7a. Request for rec	ognition as Ba	rgaining Repre	sentative	was made	on (Date) 5/8	/2019	represented by the Petitioner? X Yes No and Employer declined recognition			
on or about (Date)	no repl			ceived, so	state).		•			
7b. Petitioner is cur 8a. Name of Recognized or Certifie	rently recogniz	ed as Bargain	ng Repre	esentative a		n under the A	<u>3t</u>			
Local 3 Fireman & Oilers			, 30 3tat			rk, Suite	415 Woburn, MA 01801			
8c. Tel. No.	8d. Cell No.			8e. Fax No		8f. E-Ma	nil Address			
(781) 281 - 2877	(617) 257	7 -5255		(781) 2	81 - 0184 lireson@local3seiu.com					
8g. Affiliation, if any:		`			ecognition or Certificat		n 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 04/17/2019			
SEIU Local 615				5/1/2015		necent				
9. Is there now a strike or picketing at	t the Employer	's establishme	nt(s) invo	lved? No	If so, approx	imately how r	many employees are participating? N/A			
(Name of Labor Organization) N/A has picketed the Employer since (Month, Day, Year) $N/A$						ted the Employer since (Month, Day, Year) N/A				
Organizations or individuals other individuals known to have a repre     NONE							is representatives and other organizations and so state)			
10a. Name							No. 10d. Cell No.			
IUOE Local 877		9 Access I	Rd. Ur	it 4			769-1877 N/A			
	<b>I</b>	Norwood, N				10e. Fax				
11. Election Details: If the NLRB cor	nducts and ele	ction in this ma	ittor etat	a vour posit	ion with respect to an					
11. Liceton Betails. If the Helib con	idacis and ele	Caon in and	iller, stat	e your posit	on with respect to any	y sacri election	Manual Mail Mixed Manual/Mail			
11b. Election Date(s):		Ic. Election Tin	ne(s):			11d. Ele	ction Location(s):			
5/14, 5/21, 5/28 2019		3 PM	` .	One Financial Center Boston, MA						
12a. Full Name of Petitioner (include	ing local name	and number):			12b. Address (street	and number,	city, State and ZIP code):			
Brian Christo IUOE Loca	al 877				89 Access Rd,	Unit 4				
					Norwood, MA					
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):						ate):				
International Union of Op	erating En	igineers								
12d. Tel. No.	12e. Cell No.	<u> </u>				-	Mail Address			
				69-2165	1 .	sto@local877.org				
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13b. Address (street and number, city, State and ZIP code):										
•		13b. Address (street and number, city, State and ZIP code): 3 Floyd Rd Derry, NH 03038		no zir code).						
13c. Tel. No.	13d. Cell No. 1		13e. Fax N	0.	13f. E-M	ail Address				
Ň/A	(978) 314	l - 7940	ار	N/A freeman			n.scott.p@gmail.com			
I declare that I have read the above petition and that the statements are tru			e true to th	e best of my knowle	_ <del>-</del>					
Name (Print)		Signature	M.	Title -			Date			
Scott Freeman				2	Asst Chi	ef Engineer/ Shop Steward   5/8/2019				

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitàtion 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.

### One Financial Center Boston, MA 0211 Attachment to RC petition, section 5b "description of Unit Involved"

All full and part-time employees covered under the following job classifications .

Job Classification
Chief Engineer
Asst Chief Engineer
Electrician
Operating Engineer
Carpenter
Maintenance Mechanic
HVAC Technician

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No. 01-RC-241183		Date Filed 5/9/2019			

RC PETITION 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Saint Vincent Hospital 123 Summer St., Worcester, MA 01608 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) Ava Jo Collins, CEO same 3d. Cell No. 3f. E-Mail Address 3c. Tel. No. 3e. Fax No. 508-363-5000 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: SECURITY AGENCY SECURITY Worcester, MA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 10 Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SPECIAL STATE POLICE OFFICERS 6b. Do a substantial number (30% PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, or more) of the employees in the EMPLOYED BY SAINT VINCENT HOSPITAL @ 123 SUMMER ST., WORCESTER, MA 01608 unit wish to be represented by the Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). NO 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 NONE 8c. Tel No 8d Cell No. 8e. Fax No. 8f F-Mail Address 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 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. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🗸 Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 6-8:00 AM & 1:30-4:30 PM CONFERENCE ROOM D 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union, Security, Police and Fire Professionals of America (SPFPA) 25510 Kelly Road, Roseville, MI 48066 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA) 12g. E-Mail Address 12d. Tel No. 12e Cell No. 12f. Fax No. 586-772-7250 X111 586-872-5634 586-772-9644 organize@spfpa.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding <sup>13a. Name and Title</sup> Gordon Gregory, General Counsel 13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 313-964-5600 313-964-2125 Gordon@UnionLaw.net 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) International President David L. Hickey 5/8/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
1-RC-241216	5/9/19			

**RC PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, | www.nirb.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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: C&W Services (The Hub on Causeway) 80 Causeway Street, Boston, MA 02114 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): **James Canavan** 200 Broadacres Drive, Bloomfield, NJ 07003 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. 973-771-2541 973-420-5143 973-771-0181 james.canavan@cwservices.comj 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Boston, MA Office/Residential Facility Maintenance 5b. Description of Unit involved: 6a. Number of Employees in Unit: Included: See attached. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No Excluded: All clerical employees, guards superviors under the Act. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 05/09/2019 and Employer declined recognition (If no reply received, so state). on or about (Date) NO REPLY 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: NONE 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) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (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: 11a. Election Type: 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Onsite 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 89 Access Rd. Unit 4. Norwood, MA 02062 International Union of Operating Engineers Local 877 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, AFL-CIO 12d. Tel. No 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 781-769-1877 781-742-3220 781-769-2165 bchristo@local877.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): Brian Christo 89 Access Rd, Unit 4, Norwood, MA 02062 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 781-769-1877 781-742-3220 781-769-1877 bchristo@local877.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) Date Signate **Brian Christo Business Manager** 5-9-2019

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 of 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.

#### 5b. Description of Unit Involved:

All facility maintenance employees and building engineers including: Chief Engineer, Assistant Chief Engineer, Lead Building Engineer, Building Engineer, Non Licensed Building Engineer, and General Maintenance Worker.

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
01-RC-241221	5/9/2019			

**RC PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nirb.göv/s], 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Wynn Resorts Ltd. Encore Boston 1 Broadway, Everett, MA 02149 Harbor 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): 1661 Worcester Road, Suite 403, Framingham, MA 01701 James Grosso 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. (508)620-0055 igrosso@ogglaw.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Resort Casino Everett, MA Gaming 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See Attached. 6b. Do a substantial number (30% or more)
of the employees in the unit wish to be
represented by the Petitioner? ☒ Yes ☐ No Excluded: All clerical employees, guards, and supervisors as defined by the Act. Check One: 7a. Request for recognition as Bargeining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). on or about (Date) ☐ 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: Unknown 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any: 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? . , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 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) 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address 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: 11a. Election Type: Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): On Site Shift Change 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 89 Access Rd, Unit 4, Norwood, MA 02062 International Union of Operating Engineers Local 877 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, AFL-CIO 12f. Fax No. 12g. E-Mail Address 12d. Tel. No. 12e. Cell No. bchristo@local877.org 781-769-1877 781-742-3220 781-769-2165 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 89 Access Rd, Unit 4, Norwood, MA 02062 Brian Christo, Business Manager and President 13e. Fax No. 13f. E-Mail Address 13d. Cell No. 13c. Tel. No. 781-742-3219 781-769-2165 877.org 781-769-1877 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Signature Name (Print) **Business Manager & President** 5-9-2019 **Brian Christo** 

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.

#### 5b. Description of Unit Involved:

All maintenance, general services, plant, and building trades employees, including but not limited to:
Lead Employees (Lead HVAC, Lead Plumber, Lead Electrician, etc.), HVAC Technicians, Electricians,
Plumbers, Plasterers, Sheet Metal Workers, Drywall Employees, Carpenters, Painters, Tilers, Laborers,
Groundskeepers, Landscape Employees, Telecommunications Technicians, Instrument and Controls
Technicians, HVAC General Employees, FCC Maintenance and Dispatch Employees, BAS Controls
Technicians, Audiovisual Technicians, Sign makers, Licensed Steam Engineers/Firemen, Upholstery
Employees, General Maintenance Mechanics, Utility Porters, Slot Machine Technicians, and Locksmiths.

# UNITED STATES OF AMERICA AMENDED RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. Date Filed 05/14/19

INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accomp the petition of: (	panied I	by both a sl etition; (2) S	howing of interest (se Statement of Position	ee 6b belov form (For	v) and a m NLRB-	certificat -505); and	e of service d (3) Descrip	showing s otion of Re	service on presentation
PURPOSE OF THIS PETITION: If bargaining by Petitioner and Petit requests that the National Laboratory	ioner desire	s to be certified a	s repres	entative of t	he employees. The Pe	titioner all	eges tha	t the follo	owing circur	mstances	
					Establishment(s) invol Street, Springfi				State, ZIP c	code):	
3a. Employer Representative - Nan Andre'a Lee, Executive D			3b. Add same		ne as 2b - state same):						
3c. Tel. No. 413-739-6951	3d. Cell No	),			3e. Fax No. 413-736-4869 3f. E-Mail Address alee@springfieldy.org						
4a. Type of Establishment (Factory, recommunity service organi		saler, etc.)		4b. Princip	pal Product or Service are, sports, class		5	a. City and	d State when		cated:
5b. Description of Unit Involved: Included: See Attachment								a. Numbe 9	r of Employe	es in Unit:	
Excluded:							61	of the e	ibstantial nur mployees in nted by the F	the unit wis	sh to be
Check One: 7a. Request for recon or about (Date)		(If n	o reply r	eceived, so		n under the	-		eclined reco		<u> </u>
8a. Name of Recognized or Certifie	, ,		0 1			Tanadi tilo	7101				
8c. Tel. No.	8d. Cell No			8e. Fax No	).	8f. E-1	Mail Addr	ess			
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 Employ	er's establishmer	nt(s) inve	olved?	If so, approx	imately hov	v many e	mployees	are participa	ating?	
(Name of Labor Organization)  10. Organizations or individuals other	than Petitio	ner and those na	med in i	tems 8 and	9, which have claimed	-			s and other		-
individuals known to have a repre											
10a. Name		10b. Address				10c. T	10c. Tel. No. 10d. Cell No.				
						10e. F	10e. Fax No. 10f. E-Mail Add			Address	
11. Election Details: If the NLRB cor	nducts and e	election in this ma	tter, sta	te your posit	ion with respect to any	such elect					
11b. Election Date(s):		11c. Election Tim					lection L	ocation(s		Mixed	Manual/Mail
June 5, 2019			a.m.	and 4:00	) - 5:00 p.m.		YMCA conference room				
12a. Full Name of Petitioner (including local name and number): UFCW, Local 1459, Transit Division			12b. Address (street and number, city, State and ZIP code): 33 Eastland Street Springfield, MA 01109								
12c. Full name of national or internation United Food and Commerc					ffiliate or constituent (in	f none, so s	state):				
	12e. Cell No 413-320	). 12f. Fax No			No. 12g. E-Mail Address mmay 2012@gmail.com						
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  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	D.		13e. Fax N 617-367	0.	13f. E-	Mail Add	Mail Address ne@pylerome.com			
declare that I have read the above	petition an			re true to th		dge and be					
Name (Print) David B. Rome		Signature		ind P		Attorne	у				Date 05-14-19

### **ATTACHMENT to RC PETITION**

### **5b. Description of Unit Involved:**

**Included**: All full time, regular part-time and per diem (averaging 4 or more hours per week during the thirteen weeks preceding the election cutoff date) bus drivers and monitors.

**Excluded**: managers, confidential employees, all other employees, supervisors and guards as defined in the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Casa No.	Date Filed					
01-RC-241714	5-17-19					

	HILLION		<u> </u>	C-241714	<u> </u>				
INSTRUCTIONS: Unless e-Filed (	ising the Agend	cy's website, <u>w</u>	ww.nlrb.gov, submit a	an original of this .	Petition to a	n 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				<u> </u>					
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		P	(dress(es) of Establishmen	: <u></u>	nd number, city,	Stale, ZIP code)			
Calais Regional Hospital		[24 H	ospital Lane, Calais N						
Rod Boula, CEO	3a. Employer Representative – Name and Title  Rod Boula, CEO  3b. Address (If same as 2b – state same) (same)								
3c, Tel. No.	3d, Cell No.		3e, Fax No.	4	3f. E-Mail Addr				
(207) 454-7521		Y	(207) 454-3616			calaishospital.org			
4a. Type of Establishment (Factory, mine Acute Care Hospital	, wholesaler, etc.)	4b. Principal pro Healthcare	duct or service		Calais,	and State where unit is located: ME			
5b. Description of Unit Involved	•	-				6a. No. of Employees in Unit:			
Included: Please see Attac Excluded:	chment A					6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No			
Check One: 7a. Request for	recognition as Bar	gaining Representa	tive was made on (Date)	and	Employer decli	ined recognition on or about			
	(Date)	(If no reply receive	d, so state).						
			epresentative and desires	certification under the	Act,				
8a. Name of Recognized or Certified B	argaining Agent (/	f none, so state).	8b. Addréss	•					
8c, Tel No.	8d Cell No.		8e. Fax No.		8f, E-Mail Addr	ess			
8g. Affiliation, if any	<del></del>		Bh. Date of Recognition or			Pate of Current or Most Recent (Month, Day, Year)			
				L					
9, is there now a strike or picketing at the	•				ployees are par	ticipating?			
(Name of labor organization)						· · · · · · · · · · · · · · · · · · ·			
10. Organizations or individuals other tha known to have a representative interest in none	n Petitioner and the arrany employees in	se named in items the unit described	8 and 9, which have claims in item 5b above. (If none,	ed recognition as represso state)	esentatives and	other organizations and individuals			
10a. Name	10b. Ad	dress		10c, Tel, No.	<del></del>	10d. Cell No.			
	1		i						
				10e. Fax No.		10f, E-Mail Address			
<ol> <li>Election Details: If the NLRB condu any such election.</li> </ol>			r position with respect to	11a, Election Type:		Mail Mixed Manual/Mail			
11b. Election Date(s): May 30, 2019		lection Time(s); M - 8:00 AM and 3	:00 PM - 5:00 PM	11d. Election Location OB Waiting Area at		cility			
12a. Full Name of Petitioner (including Maine State Nurses Association/National Nurse	es Organizing Commi	ittee/National Nurses		155 Grand Ave., Oa		ily, state, and ZIP code) 12			
12c, Full name of national or international American Federation of Labor and Cong	labor organization ress of Industrial	of which Petitioner Organizations (AF	is an affiliate or constituen L-CIO)	t (if none, so state)					
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 10-273-2290 510-663-4822 dwillhoite@calnurses.org									
13. Representative of the Petitioner wh	o will accept serv	ice of all papers fo							
13a. Name and Title David Willh			13b. Address (street and 155 Grand Ave., Oekland, C.	d number, city, state, a					
13c, Tel No.	13d. Cell No.	*	13e. Fax No.		13f. E-Mail Add fwillhoite@calr				
510-273-2275	ition and that the	statements are to	510-663-4822		- will followed	idi 303,019			
I declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef.  Name (Print) Signature Title Date									
Name (Print)			1 1110						

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 fitigation. 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 A

## RC Petition Caliais Regional Hospital

## by Maine State Nurses Association/National Nurses Organizing Committee/National Nurses United (MSNA/NNOC/NNU)

#### -2b. Address(es) of Establishment(s) involved

24 Hospital Lane, Calais, ME 04619

#### 5. Unit Involved

#### Included:

All full-time, part-time, and per diem Registered Nurses, Home Health Nurses, Substance Abuse Counselor, and Medical Technologists (MT) employed by the Hospital.

#### Excluded:

Shift Supervisors, Staff Relief Supervisors, Directors, Chief of Physician Assistant Services, Medical Laboratory Director, Laboratory Assistants, Assistant Medical Laboratory Director, Medical Laboratory Technician (MLT), the Patient Care Coordinator, Respiratory Therapist, Physical Therapist, CRNA, guards, all other supervisors as defined in the Act, and all other employees.

#### **Voting Group:**

#### Included:

All Radiology Technicians, Medical Laboratory Technicians, Respiratory Technicians and Medical Assistants.

#### Excluded:

Shift Supervisors, Staff Relief Supervisors, Directors, Chief of Physician Assistant Services, Medical Laboratory Director, Assistant Medical Laboratory Director, the Patient Care Coordinator, Physical Therapist, CRNA, guards, all other supervisors as defined in the Act, and all other employees.

2201-22220 VII HOLSON Find NOISTH Eligibility date is pay period ending Saturday, May 18, 2019. 2015 Hd LI XVH 6102

NECEIVED HEREIVED LABOR BOARD RELATIONS BOARD

Per diem/floaters/casual RNs are eligible if they have worked a minimum of one hundred and twenty (120) hours in either of the previous twelve (12) week periods immediately preceding the May 18, 2019 eligibility date for the election.

#### Resulting Unit:

#### Included:

All full-time, part-time, and per diem Registered Nurses, Home Health Nurses, Substance Abuse Counselors, and Medical Technologists (MT), Radiology Technicians, Medical Laboratory Technicians (MLT), Respiratory Technicians and Medical Assistants employed by the Hospital.

#### Excluded:

Shift Supervisors, Staff Relief Supervisors, Directors, Chief of Physician Assistant Services, Medical Laboratory Director, Assistant Medical Laboratory Director, the Patient Care Coordinator, Physical Therapist, CRNA, guards, all other supervisors as defined in the Act, and all other employees.

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
01-RC-241736	5/20/19

**RC PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirtigov/, 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 amployer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employous wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner allages 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. 2b, Address(es) of Establishment(s) involved (Street and number, City, State, ZiP code): 2a. Name of Employer: First Student Inc. 1 San Antonio Way, Pawtucket, RI 02860 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Frank Chauvette/Location Manager Same 3c, Tel, No. 401-724-5768 3e. Fax No. 401-889-4612 3d. Cell No. 3f F-Mail Address 4s. Type of Establishment (Factory, mine, wholeseler, etc.) 4b, Principal Product or Service 5a. City and State where unit is located: Pawtucket, RI Transportation Student Bussing 5b. Description of Unit Involved: 6a. Number of Employees in Unit Included: See attached 6b, Do a substantial number (30% or more)
of the employees in the unit wish to be
represented by the Petitionor? X Yes No Excluded: see attached Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). on or about (Date) 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: None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8h, Date of Recognition or Certification Si, Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or Individuals other than Petitioner and those named in items 8 and 9, which have dalmed 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. 10f, E-Mail Address 10e. Fax No. 11. Election Details: if the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: ☐ Manual 🔀 Mail ☐ Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): TRD $\mathtt{TBD}$ TBD 12b. Address (street and number, city, State and ZIP code): 121 Brightridge Avenue, East Providence, RI 02914 12a. Full Name of Petitioner (including local name and number): Teamsters Local 251 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 12e. Cell No. 12f. Fax No. 12g, E-Mail Address 12d. Tel. No. 401-434-0454 401-965-2024 401-431-1893 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 1130 Ten Rod Rd., North Kingstown, RI 02852 (Suite C-207) Marc Gursky/ Attorney 13f, E-Mail Address 13d. Cell No. 13c Tel. No. 401-294-4762 🖾 🗁 🖈 mgursky@rilaborlaw.com 401-294-4700 401-580-3402 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name *(Print*) Signature Title Organizer/ Trustee Michael Simone Mu un

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

## 5b. Description of Unit Involved:

Included: All full time and regular part-time operations clerks employed by the employer at its 1 San Antonio Way, Pawtucket, Ri location.

Excluded: All other employees, guards and supervisors as defined in the act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRIT	E IN THIS SPACE
Case No.	Date Filed
01-RC-241979	5-22-19

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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Calais Regional Hospital 24 Hospital Lane, Calais ME 04619 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) Rod Boula, CEO (same) 3c, Tel. No. 3d. Cell No. 3e, Fax No. 3f. E-Mail Address (207) 454-7521 (207) 454-3616 rod.boula@calaishospital.org 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Calais, ME Acute Care Hospital Healthcare 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Please see Attachment A 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Petitioner? Yes V No and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) \_ (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. Be. 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) none 10a. Name 10b, Address 10c. Tel. No. 10d. Cell No. 10f, E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mixed Manual/Mail any such election 11b. Election Date(s): 11c, Election Time(s): 11d. Election Location(s): 6:00 AM - 8:00 AM and 3:00 PM - 5:00 PM OB Waiting Area at Employer's Facility June 6, 2019 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Maine State Nurses Association/National Nurses Organizing Committee/National Nurses United (MSNA/NNOC/NNU) 155 Grand Ave., Oakland, CA 94612 12c, Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) 12o, E-Mail Address 12d Tel No 12e. Celi No. 12f Fay No dwillhoite@calnurses.org 510-663-4822 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title David Willhoite, Legal Counsel 13b, Address (street and number, city, state, and ZIP code) 155 Grand Ave., Oakland, CA 94612 13f, E-Mail Address 13g, Cell No 13e. Fax No. 13c Tel No 510-273-2275 510-663-4822 dwillhoite@calnurses.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Stan ture May 22, 2019 Legal Counsel David Willhoite WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1801)

#### 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 A

## RC Petition Caliais Regional Hospital

## by Maine State Nurses Association/National Nurses Organizing Committee/National Nurses United (MSNA/NNOC/NNU)

#### 2b. Address(es) of Establishment(s) involved

24 Hospital Lane, Calais, ME 04619

#### 5. Unit Involved

#### Included:

All full-time, part-time, and per diem Radiology Technicians, Medical Laboratory Technicians, Respiratory Technicians, Surgical Technicians, and Medical Assistants.

#### Excluded:

Shift Supervisors, Staff Relief Supervisors, Directors, Chief of Physician Assistant Services, Medical Laboratory Director, Assistant Medical Laboratory Director, the Patient Care Coordinator, Physical Therapist, CRNA, guards, all other supervisors as defined in the Act, and all other employees.

Eligibility date is pay period ending Saturday, May 18, 2019.

Per diems are eligible if they have worked a minimum of one hundred and twenty (120) hours in either of the previous twelve (12) week periods immediately preceding the May 18, 2019 eligibility date for the election.

Name (Print)

Robert M. Cheverie

UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE NATIONAL LABOR RELATIONS BOARD Case No. Date Filed RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3150 Main Street, Hartford, CT 06120 The Aero All-Gas Company 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Jonathan Pollack, Assistant Vice President Same 3e. Fax No. 3f. E-Mail Address 860-278-2376 860-527-2376 ip@allgas.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Supplier of various types of gas. Hartford, CT Warehouse 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All Full Time and Regular Part Time Truck Drivers, Warehousemen and platform men. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All executives, clerical, sales, cylinder maintenance, filling of propane cylinders and testing, office employees, professional employees and unit wish to be represented by the supervisory employees as defined under the Act. Petitioner? Yes ✓ No and Employer declined recognition on or about Request for recognition as Bargaining Representative was made on (Date) 5/17/19 Check One: (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 NONE 8c. Tel 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) NONE , 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) 10d Cell No 10a. Name 10b Address 10c Tel 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 11a. Election Type: Manual ີMail Γ Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): Morning. As soon as possible. Employer's facility. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 22 Britton Dr., Bloomfield, CT 06002 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, Chauffeurs, Warehousemen and Helpers of America Local 671 12d. Tel No. 12e Cell No. 12f Fay No. 12g. E-Mail Address 860-242-3200 860-769-6711 dlucas@teamsters671.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Robert M. Cheverie, Attorney 13b. Address (street and number, city, state, and ZIP code) 333 East River Drive, Suite 101, East Hartford, CT 06108 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 13e. Fax No. 860-305-3261 860-290-9611 rcheverie@cheverielaw.com 860-290-9610 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Attorney

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Date 5/24/19

#### 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 seg. 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. NLRB to decline to invoke its processes.



### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01_PC_2/219/	5/28/10				

				L		<u>-242194</u>			
INSTRUCTIONS: Unless e-Filed un employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition must named in the pe	be accompanied tition of: (1) the p	by bo etition	th a showing of interest (se n; (2) Statement of Position	e 6b below) and form (Form NL	i a certilica: RB-505); en	te of service showing service on Id (3) Description of Representation		
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to be	e certified as repres	sentati	ive of the employees. The Pet	titioner alleges	that the foll	lowing circumstances exist and		
2a. Name of Employer: Riverhead Building Suppl	y Corporatio	on ) 25. Ad 38 K	ings	(es) of Establishment(s) involved stown Rd., Richmond	ved (Street and a d, RI 02898	number, City	r, State, ZIP codej:		
3a. Employer Representative - Nan Kevin Muise/ Manager	ne and Tille:	3b, Ad Sam		(if same as 2b - state same):			<del></del> -	-	
3c. Tel. No. 401-539-3033	<del>-                                    </del>		Fax No. 1-539-0507	3f. E-Mail A	3f. E-Mail Address				
4a. Type of Establishment <i>(Factory, i</i> Retail	nine, wholesaler,	e(c.)		Principal Product or Service ilding Supplies			nd State where unit is located: ond, RI 02898		
6b. Description of Unit Involved: Included: See attached						6a. Numbe	er of Employees in Unit:		
Excluded: See attached						of the e	ubstantial number (30% or more) amployees in the unit wish to be ented by the Petitloner? 🗵 Yes 🔲 No	_ د	
Check One: 7a. Request for reconstruction on or about (Date)		(If no reply	receiv	made on (Date) ed, so state). tative and desires certification	······································	d Employer	declined recognition		
8a. Name of Recognized or Certifie				Bb. Address:	t direct die Not.			٦	
None				<u> </u>					
8c. Tel. No.	8d, Cell No.		8e. I	Fax No.	8f. E-Mail A	8f. E-Mail Address			
8g. Affiliation, if any:			3h. Dai	te of Recognition or Certificati			urrent or Most (Month, Dey, Year)		
9. Is there now a strike or picketing al	the Employer's e	stablishment(s) inv	olved'	No If so, approxi	-		s are participating?		
(Name of Labor Organization)  10. Organizations or individuals other	than Dalillanes at	of those named in	Itama	9 and 0 which have alaimed		•	er since (Month, Day, Year)	_	
individuals known to have a repre None	sentatīve interest	in any employees	in the 1	unit described in item 5b abov	va. (If none, so s	tate)	as and dutar diganzations and		
10a. Name	10b. /	Address			10c. Tel. No	<b>)</b> .	10d. Cell No.	7	
					10e, Fax N	<b>D.</b>	10f. E-Mail Address		
11. Election Details: If the NLRB cor	nducts and electio	n in this matter, sta	ate you	ir position with respect to any	such election:	11a. Election			
11b. Election Date(s): 6/18/2019	11c. E 7-8	Election Time(s): am			11d. Election Break re	n Location(s	3):		
12a. Full Name of Petitloner (includi Teamsters Local 251	ng local name an	d number):		12b. Address (street a 121 Brightridge					
12c. Full name of national or internati International Brotherhood	onal labor organiz of Teamster	etion of which Peti S	itioner	is an affiliate or constituent (a					
	12e. Cell No. 401-965-202		40	Fax No. 1-431-1893	12g. E-Mail				
<ol> <li>Representative of the Petitioner</li> <li>Name and Titler</li> <li>Marc Gursky/ Attorney</li> </ol>	who will accept	service of all pap	13b.	or purposes of the represent.  Address (street and number)  Ten Rod Rd., North	city. State and	ZIP code):	Suite C-207		
	13d, Cell No. 401-580-346		40	. Fax No. 1-294-4702	· · · — —		rlaw.com		
declare that I have read the above Name ( <i>Print</i> )	petition and tha	t the statements a	are tru		dge and belief. Tille		Date / _ /	$\dashv$	
Michael Simone		My les			Organizer/	Trustee	5/28/1	7	

### 5b. Description of Unit Involved:

Included: All full time and regular part-time truck drivers, yardmen, forklift operators, scissor hoist truck operators and customer gate checkers employed by the employer at its Richmond, RI facility.

Excluded: All other employees, managers, guards and supervisors as defined in the act.

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01**-**RC-242350 5/29/19 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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: Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Apple Rehab d/b/a Waterbury Extended 35 Bunker Hill Road, Watertown, CT 06795 Care 3b. Address (if same as 2b - state same): 3a. Employer Representative - Name and Title: Janet Shahen / Administrator 3d. Cell No. 3c. Tel. No Shahev@apple-rehab.com -5498 Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All requiarly 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No as defined Supervisors the 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) No reply (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act Ba. Name of Recognized or Certified Bargaining Agent (If none, so state) NONE 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) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (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: 11a. Election Type: Manual Manual ☐ Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 12b. Address (street and number, city, State and ZIP code) 12a. Full Name of Petitioner (including local name and number): United Food & Commercial Worker's Local 371 290 Post Road West, Westport, CT 06880 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state). JUI to zammercia 12e. Cell No. 203-260-7350 203 x1-0251 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) Director 290 Post Roll West, Westpor 13d. Cell No. 13e. Fax No 13f. E-Mail Address 1203-260-7350|203-4 203-a26-4751 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) Title Signature

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS S	PACE
Case No.	Date Filed
01-RD-240731	5-2-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/s, 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 as 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 native

Case Procedures (Form NLRB	4812). The sho	owing of interest	should only be file	d with	the NLF	RB and sho	uld <u>not</u> be served o	n the employ	ver or any other party.	
PURPOSE OF THIS PETITION recognized bargaining represen Labor Relations Board process	tative is no long	er their reprèsenta	tive. The Petitioner rsuant to Section 9	allege of the	s that t Nation	he followin al Labor Re	g circumstances ex elations Act.	ist and requ	ests that the National	
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)								code)		
Jones Lang LaSalle	One Post Office Square Boston, MA 02109									
3a. Employer Representative - N		3b. Address (If same as 2b - state same)								
Rob Albert			One Financial Center Boston, MA 02111							
· ·	3d. Fax No.	0565		3e. Cell No. 3f. E-Mail Address						
` /	(617) 426 -						ert@am.jll.com			
4a. Type of Establishment (Factory		ler, etc.)					al product or service			
Commercial office buildin	g					Facility	Maintenance	T55 04	Ctata at a super	
5a. Description of Unit Involved Included:									y and State where unit ocated:	
* See attached sheet *									on, MA	
Excluded:										
NONE										
6. No. of Employees in Unit 8			r (30% or more) of the		loyees i	n the unit no	longer wish to be re	presented by	the certified or currently	
8a. Name of Recognized or Certific			·				8b. Affiliation, if any			
Local 3 Fireman and Oiler	s (Lisa Ire	eson)					SEIU			
8c. Address		-		8d. Te	el. No.		8e. Cell No.			
10 Office Tower Park, Sui	te 415			(781	<b>28</b> 1	- 2877	(617) 257 - 525	55		
Woburn, MA 01801				8f. Fa			8g. E-Mail Address			
,				(781	).281	- 0184	lireson@local3	seiu.com		
9. Date of Recognition or Certificat 5/1/2015	ion		10. Expiration Date 4/17/2019	of Cur	rent or f	Most Recen	t Contract, if any (Mo	nth, Day, Yea	nr)	
11a. Is there now a strike or picket	ing at the Emplo	ver's establishme	ot/s) involved?	res [	X No	11h If so	annrovimately how m	anv emplove	es are participating? N/A	
11c. The Employer has been picket						715: 11 50,		, cp.c,c	a labor organization, of	
	ted by or on ber	iall of (moent wan	10)				eino	e (Month Da	y, Year) N/A	
(Insert Address) N/A	or those names	l in itama 0 and 11	a which have claim	ad raaa	anition				y, real) IN/A	
<ol> <li>Organizations or individuals oth and individuals known to have</li> </ol>								anizations		
12a. Name	12b. Addr					12c. Tel. N		12d. Fax No.		
IUOE Local 877	89 Acc	ess Rd, Unit 4				(781) 70	69 - 1877	(781) 769	(781) 769 - 2165	
(International Union of	Norwoo	od, MA 02062	12e. Cell No.			12f. E-Mail Address				
Operating Engineers)						İ		bchristo@	local877.org	
13. Election Details: If the NLRB matter, state your position with						13a. Elect	ion Type: 🔀 Manual	× Mail	➤ Mixed Manual/Mail	
13b. Election Date(s)		13c. Election Tir	ne(s)				ion Location(s)			
5/14, 5/21, 5/28 2019		Afternoon				One Fir	ancial Center Be	oston, MA	02111	
14. Full Name of Petitioner (b) (6), (b) (7)(C)										
14a. Address (Street and number,	city, state, ZIP c	code)				14b. Tel. f	No.	14c. Fax No.		
(b) (6), (b) (7)(C)						N/A		N/A		
						14d. Cell I	No.	14e. E-Mail	Address	
						(b) (6),	(b) (7)(C)	(b) (6), (	(b) (7)(C)	
14f. Affiliation, if any Current me	mber of bargi	ning unit								
15. Representative of the Petitio	ner who will ac	cept service of a	li papers for purpos	ses of t	he repr	esentation	proceeding.			
15a. Name					1=1	15b.Title				
(b) (6), (b) (7)(C)						(b) (6)	, (b) (7)(C)			
15c. Address (Street and number,	city, state, ZIP c	code)				15d. Tel. N		15e. Fax No.		
(b) (6), (b) (7)(C)	*	-				N/A		N/A		
						15f. Cell N	0.	15g. E-Mail A	5g. E-Mail Address	
						(b) (6), (	b) (7)(C)	(1) (0)	(b) (7)(C)	
I declare that I have read the abo	ve petition and	that the stateme	ents are true to the	hest o	f my kn	owledge ar	nd belief.	. / ( - /,		
Name (Print)	(D)	(o), (b) (7)(C	)						Date Filed	
(b) (6), (b) (7)(C)						(b)(6)	, (b) (7)(C)		5/2/2019	

# One Financial Center. Boston, MA 0211 Attachment to RD petetion section 5a " Description of Unit Involved"

### All full and partime employees covered under the following job titles

Job Classification
Chief Engineer
Asst Chief Engineer
Electrician
Operating Engineers
Carpenter
Maintenance Mechanic
Maintenance Helper

BOSTON, MA O2222-1872

2019 MAY -2 PM 2:30

KELETOPEN PELLENDAR GRAGE ENOITALIPE

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# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No. 01-RD-241207

DO NOT WRITE IN THIS SPACE

Date Filed

INSTRUCTIONS: Unless e-Filed using the Agency's website, [WWWFilth:gov], submit an original of this Petition to an manage 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.

employer concerned is located, the employer and all other parties Case Procedures (Form NLRB 48	s named in the petition of:	(1) the petition; (2) Sta	tement of Po	sition form	(Form NLRB-505);	and (3) Description	on of Representation
PURPOSE OF THIS PETITION: F recognized bargaining represental Labor Relations Board proceed	ive is no longer their represe	entative. The Petitione	r alleges that t	the followin	g circumstances e		
2a. Name of Employer	_				(Street and number		de)
AMherst Coffee 3a. Employer Representative - Nam	e	0	01 1.1	Mhers	st, MA C	1002	
lexy Allen		(b) (6), (b)					
_	. Fax No.	(b) (6), (b)	(7)(C)	ley	y @ amhe	staffee	.com
4a. Type of Establishment (Factory, n				4b. Princip	al product or service	e rallee	2. Cocktails
5a. Description of Unit Involved	540P	<del></del>		1	120110	15h City an	d State where unit
Included: Cushiers, 60	iristus, burten	ders		-		is locat	
Excluded:							-
Manage-5							
5. No. of Employees in Unit 15	7. Do a substantial num	ber (30% or more) of the		n the unit no	longer wish to be re	epresented by the	certified or currently
Ba. Name of Recognized or Certified E	Bargaining Agent				8b. Affiliation, if any		
Emma	Ellsworth				Unite	Here	
Bc. Address			8d. Tel. No.		8e, Cell No. 617 459	5443	
			8f. Fax No.		8n F-Mail Address		ite here.org
Date of Recognition or Certification		10. Expiration Date	of Current or I		Contract, if any (Mo		
3/28/19				N//	Α		
1a. Is there now a strike or picketing	at the Employer's establishr	nent(s) involved? 🔲 Y	es Mo	11b. If so,	approximately how r	nany employees a	re participating?
1c. The Employer has been picketed	by or on behalf of (Insert A	lame)					a labor organization, of
(Insert Address)	-					ce (Month, Day, Yo	eer)
<ol><li>Organizations or individuals other and individuals known to have a re</li></ol>	those named in items 8 and enresentative interest in any	11c, which have claims employees in the unit of	ed recognition a described in ite	as represent m 5 above.	tatives and other org (If none, so state)	janizations	
2a. Name	12b. Address			12c. Tel. N		12d. Fax No.	
N/A	N/A			_	<del></del>		
14 / P(	10/11		12e. Cell No			12f. E-Mail Addre	ess
3. Election Details: If the NLRB con	educts an election in this			13a. Election	on Type: \ Manua	Mail 16	Mixed Manual/Mail
matter, state your position with res	pect to any such election.	Time (a)					(
3b. Election Date(s)	ble as So		`. I.a	130. Election	on Location(s)		
4. Full Name of Potiti(b) (6)	VIE 30	64 1	918				
4a. Address (Street and number, city,	), (b) (7)(C)			14b. Tel. N	<u></u>	14c. Fax No.	
(b) (6), (b) (7)(C	/ / / / / / / / / / / / / / / / / / / /	(7)(C)		(b) (6	(b) (7)(C)		<del>-</del>
(5) (5), (5) (1)(6	(5) (5), (5	(0), (0), (0) (7)(0	C)	(b) (6	), (b) (7)(C)	(b) (6), (b)	(7)(C)
14f. Affiliation, if any			4				
5. Representative of the Petitioner	who will accept service of	all papers for purpos	es of the repr			V/Q)	
(b) (6), (b)	) (7)(C)			15b.Title	(b) (6), (b) (7	)(C)	
15c. Address (Street and number, city.	state, ZIP code)	(b) (6), (b) (7)(C)		15d Tel N	· (L) (7) (0)	15e. Fax No.	
(b) (6), (b) (7)(C) (回答)(例》	(b) (6), (b) (7)(	C)		(b) (6)	, (b) (7)(C)	_	
		(b) (6), (b) ( <del>7)(C)</del>		(b) (6)	(b) (7)(C)	(b) (6), (b)	7)(C)
declare that I have read the above	Sign:	(b) (7)(C)	ty Kno	Title (b		· · · · · · · · · · · · · · · · · · ·	Date Filed
(b) (6), (b) (7)(C)	aign		•	fine (ID)	) (6), (b) (7)(C	<b>(</b> )	5/9/19
WILLELIL FALSE STAT	EMENTS ON TH		EAN	D IMPRISO	NMENT (U.S. CODE	, TITLE 18, SECT	ION 1001)