

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-259897

Date Filed

5-4-2020

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

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

2a. Name of Employer Safe Passage		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 76 Carlon Drive MA Northampton 01060-2301	
3a. Employer Representative - Name and Title Marianne Winters		3b. Address (If same as 2b - state same) 76 Carlon Drive MA Northampton 01060-2301	
3c. Tel. No. (413) 586-1125	3d. Cell No.	3e. Fax No.	3f. E-Mail Address marianne@safepass.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services		4b. Principal product or service Domestic Violence Services	
5a. City and State where unit is located: Northampton, MA			5b. Description of Unit Involved
Included: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 27
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? 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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): May 18, 2020 to May 22, 2020	11c. Election Time(s): 9:00AM to 5:00PM	11d. Election Location(s): Safe Passage
12a. Full Name of Petitioner (including local name and number) Elizabeth Webb United Auto Workers Local 2322		12b. Address (street and number, city, state, and ZIP code) 4 Open Square Way #406 MA Holyoke 01040-5328	

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Automobile, Aerospace, and Agricultural Implement Workers of America (UAW)

12d. Tel No. (508) 688-2997	12e. Cell No.	12f. Fax No.	12g. E-Mail Address elizabeth@uaw2322.org
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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) Elizabeth Webb	Signature Elizabeth Webb	Title Organizer	Date 04/30/2020 19:17:53
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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 Community Engagement Coordinator, Development & Special Events Coordinators, Disabilities Services Counselor/Advocate & Hotline Coordinators, Donor Relations Specialists, First Contact specialists, Latinx & Immigrant Counselor Advocates, Latinx & Immigrant Outreach Coordinators, Legal Programs Directors, LGBTQ+ Counselor/Advocates, Mental Health Counselor/Advocate, Outreach Coordinators, Prevention Coordinators, Shelter Advocates, Shelter Children, Youth, and Family Advocates, Shelter Coordinators, Shelter Relief Staff, Shelter Staff, Transgender Non-binary and Gender Non-conforming Outreach Advocates, Youth Prevention Specialists

Employees Excluded

Accounting Manager, Associate Executive Director, Community Programs Director, Director of Community Engagement, Executive Assistant, Executive Director, Finance Director, Programs Manager, Shelter Director

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

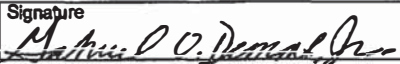
01-RC-259999

Date Filed

5/6/2020

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: North Shore Music Theatre		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 54 Dunham Road, Beverly, MA 01915	
3a. Employer Representative - Name and Title: Bill Hanney		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (978) 323-7200	3d. Cell No.	3e. Fax No. (978) 232-9999	3f. E-Mail Address Bill@theatrebiz.us
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Music Theatre		4b. Principal Product or Service Entertainment	5a. City and State where unit is located: Beverly, MA
5b. Description of Unit Involved: Included: Full-time and regular part-time production stagehands including Run crew. Excluded: All other employees, office clerical ees, guards and supervisors as defined in the Act.		6a. Number of Employees in Unit 30 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) 4/27/2020 and Employer declined recognition on or about (Date) No Reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None.		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
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: Ballots mailed 10 days after DDE		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts, Local 11		12b. Address (street and number, city, State and ZIP code): 152 Old Colony Avenue South Boston, MA 02127	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts			
12d. Tel. No. (617)269-5595	12e. Cell No. Colleen (617) 448-0902	12f. Fax No. (617) 269-6252	12g. E-Mail Address cglynn@iatse11.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Gabriel O. Dumont, Jr., Esq.		13b. Address (street and number, city, State and ZIP code): Dumont, Morris And Burke, PC 141 Tremont Street, Suite 500 Boston, MA 02111	
13c. Tel. No. (617) 227-7272	13d. Cell No. (617) 733-4804	13e. Fax No. (617) 227-7025	13f. E-Mail Address gdumont@dmdbpc.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) Gabriel O. Dumont, Jr.	Signature 	Title Attorney	Date 05/06/20

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-260130

Date Filed

5/8/2020

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

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

2a. Name of Employer
Maine Coast Regional Health Facilities d/b/a Maine Coast Memorial Hospital

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
50 Union St., Ellsworth, Maine 04606

3a. Employer Representative - Name and Title
Noah Lundy, Human Resources Director

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

3c. Tel. No.
207-664-5391

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
nlundy@emhs.org

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

4b. Principal product or service
Healthcare

5a. City and State where unit is located:
Ellsworth, Maine

5b. Description of Unit Involved

Included: See Attachment

Excluded: See Attachment

6a. No. of Employees in Unit:
53

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

8b. Address
23 Water Street, Ste. 301, Bangor ME 04401

8c. Tel No.
510-273-2275

8d. Cell No.
510-424-1478

8e. Fax No.
510-663-4822

8f. E-Mail Address

8g. Affiliation, if any
AFL-CIO

8h. Date of Recognition or Certification
12/11/2017

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)
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
Ballots mailed by Region by May 15, 2020

11c. Election Time(s):
Ballots returned to Region by June 1, 2020

11d. Election Location(s):
Ballot count at Region on June 3, 2020 at 10:00 a.m.

12a. Full Name of Petitioner (including local name and number)
Maine State Nurses Association/National Nurses Organizing Committee/National Nurses United (MSNA/NNOC/NNU)

12b. Address (street and number, city, state, and ZIP code)
23 Water Street, Ste. 301, Bangor ME 04401

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)

12d. Tel No.
510-273-2200

12e. Cell No.

12f. Fax No.
510-663-4822

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 B. Willhoite, Legal Counsel

13b. Address (street and number, city, state, and ZIP code)
155 Grand Ave., Oakland, CA 94612

13c. Tel No.
510-273-2275

13d. Cell No.
510-424-1478

13e. Fax No.
510-663-4822

13f. E-Mail Address
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.

Name (Print)
David B. Willhoite

Signature
/s/ David B. Willhoite

Title
Legal Counsel

Date
May 8, 2020

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

PRIVACY ACT STATEMENT

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Attachment A

RC Petition

Maine Coast Regional Health Facilities d/b/a Maine Coast Memorial Hospital

**by Maine State Nurses Association/National Nurses Organizing Committee/
National Nurses Unite (MSNA/NNOC/NNU)**

May 8, 2020

5. Unit Involved

Existing Unit:

Included:

All full-time, regular part-time and eligible per diem (who averaged four hours or more per week in the quarter preceding the eligibility date) technical employees employed by the Employer at its facility located at 50 Union Street, Ellsworth, Maine including employees with the following job titles: Medical Laboratory Technicians, Radiological Technologists, Nuclear Medicine Technologists, MRI Technologists, Respiratory Therapists, Sonographer/ Echocardiographers, Surgical Technicians, CT/Radiological Technologists, Lead Sonographer/ Echocardiographers, EEG Technicians (Registered), Mammography Technologists, Sleep Technologists and Sonographers, and excluding all other employees, professional employees, confidential employees, managerial employees, guards, and supervisors within the meaning of the Act.

Excluded:

All other employees, confidential employees, managerial employees, guards, and supervisors within the meaning of the Act.

Voting Unit:

Included:

All full-time, regular part-time and eligible per diem technical employees employed by the Employer at its following facilities: Northern Light Eleanor Widener Dixon Memorial Clinic at 37 Clinic Road, Gouldsboro, ME 04607; and Northern Light Primary Care-Southwest Harbor, 45 Herrick Rd - PO Box 786, Southwest Harbor, ME 04679 including employees with the following job titles: Radiological Technologists, and CT/Radiological Technologists.

Excluded:

All other employees, confidential employees, managerial employees, guards, and supervisors within the meaning of the Act.

Eligibility date is pay period ending April 18, 2020.

Per diem technicians and LPNs are eligible if they have regularly averaged four hours or more per week in the 13 weeks before April 18, 2020, the eligibility date. *Davison-Paxon Co.*, 185 NLRB 21 (1970).

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
01-RC-260446

Date Filed
5-15-2020

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

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

2a. Name of Employer
Veolia Water North America - Northeast LLC (Veolia)

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
50 Essex Ave AND 19 Russel Ave: both locations same state, city, zip
MA Gloucester 01930-

3a. Employer Representative - Name and Title
Dwight Beatty

3b. Address (If same as 2b - state same)
50 Essex Ave AND 19 Russel Ave both locations same state, city, zip
MA Gloucester 01930-

3c. Tel. No.
(978) 281-3741

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal product or service
Drinking water and wastewater operators and maintenance

5a. City and State where unit is located:
Gloucester, MA

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
13

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.

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

11b. Election Date(s):
June 15th, 2020

11c. Election Time(s):
TBD

11d. Election Location(s):
TBD

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

Nico Catano
International Brotherhood of Teamsters Joint Council 10 New England on Behalf of 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.
(857) 274-0725

12e. Cell No.
(857) 274-0725

12f. Fax No.
(617) 241-7512

12g. E-Mail Address
ncatano@teamstersjointcouncil10.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)
Nico Catano

Signature
Nico Catano

Title

Date
05/15/2020 12:46:17

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 drinking and Wastewater operators and maintenance (both jointly)

Employees Excluded

All other employees including Managers, Supervisors, Sewer Lift Stations, Secretaries and Guards as defined in the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-260715

Date Filed

5-22-2020

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1. PURPOSE OF THIS PETITION (if box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)
- ☒ **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.
- ☐ **RM-REPRESENTATION (EMPLOYER PETITION)** - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
- ☐ **RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
- ☐ **UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES)** - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.
- ☐ **UC-UNIT CLARIFICATION** - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) ☐ In unit not previously certified. ☐ In unit previously certified in Case No. _____
- ☐ **AC-AMENDMENT OF CERTIFICATION** - Petitioner seeks amendment of certification issued in Case No. _____. Attach statement describing the specific amendment sought.

2. Name of Employer Thrive Support & Advocacy		Employer Representative to contact Sean Rose, CEO	Tel. No.
3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 65 Boston Post Rd W, Suite 220, Marlborough, MA 01752		Fax No.	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Human Services	4b. Identify principal product or service Direct Care		Cell No. 508-561-5097
			e-Mail srose@icanthrive.org
5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) Included All full-time, part-time, and relief direct care employees. Excluded All other employees, including LPNs, supervisors and managers.			6a. Number of Employees in Unit: Present 50 Proposed (By UC/AC)
(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)			6b. Is this petition supported by 30% or more of the employees in the unit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *Not applicable in RM, UC, and AC

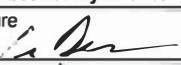
7a. <input checked="" type="checkbox"/> Request for recognition as Bargaining Representative was made on (Date) April 3, 2020 and Employer declined recognition on or about (Date) May 8, 2020 (If no reply received, so state).	
7b. <input type="checkbox"/> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.	
8. Name of Recognized or Certified Bargaining Agent (If none, so state.) None	
Affiliation	
Address	Tel. No.
	Date of Recognition or Certification
	Cell No.
	Fax No.
	e Mail
9. Expiration Date of Current Contract. If any (Month, Day, Year)	10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)
11a. Is there now a strike or picketing at the Employer's establishment(s) Involved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 Petitioner (and 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 unit described in item 5 above. (If none, so state) None			
Name	Address	Tel. No.	Fax No.
None			
		Cell No.	e-Mail

13. Full name of party filing petition (If labor organization, give full name, including local name and number) Service Employees International Union, Local 509			
14a. Address (street and number, city, state, and ZIP code) 93 Boston Post Rd W #4, Marlborough, MA 01752		14b. Tel. No. EXT 774-843-7509	14c. Fax No.
		14d. Cell No.	14e. e Mail

15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)
Service Employees International Union

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) Ian O. Russell	Signature 	Title (if any) Counsel for Union	
Address (street and number, city, state, and ZIP code) 2 Liberty Square, 10th Floor, Boston, MA		Tel. No. 617-367-7200	Fax No.
		Cell No. 617-888-0837	eMail irussell@pylerome.com

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 unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-260957

Date Filed

5/29/2020

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
Apple Rehab Rocky Hill

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
45 Elm St. Rocky Hill, CT 06067

3a. Employer Representative - Name and Title
Cory Cheyne, Administrator

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

3c. Tel. No.
(860)529-8661

3d. Cell No.

3e. Fax No.
(860)563-6639

3f. E-Mail Address
ccheyne@apple-rehab.com

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

4b. Principal product or service
Health Care

5a. City and State where unit is located:
Rocky Hill, CT

5b. Description of Unit Involved

Included: All full time, regular part time and per diem Licensed Practical Nurses.

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

6a. No. of Employees in Unit:
18

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) 5/28/20 and Employer declined recognition on or about 5/28/20 (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).
NONE

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

None

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
June, 11th 2020

11c. Election Time(s):

11d. Election Location(s):

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

NEW ENGLAND HEALTHCARE EMPLOYEES UNION, DISTRICT 1199, SEIU

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

77 Huyshope, Ave., 1st Fl., Hartford, CT 06106

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

12d. Tel No.

(860)549-1199

12e. Cell No.

12f. Fax No.

(860)251-6049

12g. E-Mail Address

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

13a. Name and Title
Edgar Aracena, Vice Presider

13b. Address (street and number, city, state, and ZIP code)
77 Huyshope, Ave., 1st Fl., Hartford, CT 06106

13c. Tel No.
(860)251-6053

13d. Cell No.
973-985-4313

13e. Fax No.
(860)251-6049

13f. E-Mail Address
earacena@seiu1199ne.org

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

Name (Print)
Edgar Aracena

Signature

Title
Vice President

Date
5/28/20

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-261005

5/29/2020

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

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

2a. Name of Employer DATTCO Middletown Terminal		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 131 Tuttle Rd CT Middletown 06457-	
3a. Employer Representative - Name and Title Andrea Ruimerman		3b. Address (If same as 2b - state same) 131 Tuttle Rd CT Middletown 06457-	
3c. Tel. No. (800) 969-0455	3d. Cell No.	3e. Fax No.	3f. E-Mail Address andrea.ruimerman@datco.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service School Bus	
4c. City and State where unit is located: Middletown, CT		5a. City and State where unit is located: Middletown, CT	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 90 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.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): July
11c. Election Time(s): TBD
11d. Election Location(s): TBD

12a. Full Name of Petitioner (including local name and number)
Nico Catano
International Brotherhood of Teamsters Joint Council 10 New England, Teamsters Local Union No. 671

12b. Address (street and number, city, state, and ZIP code)
544 Main St. Boston MA 02129
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. (857) 274-0725	12e. Cell No.	12f. Fax No.	12g. E-Mail Address ncatano@teamstersjointcouncil10.com
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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) Nico Catano	Signature Nico Catano	Title Organizer	Date 05/29/2020 13:39:07
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and regular part-time bus and van drivers at the Middletown location

Employees Excluded

All other employees including Managers, Supervisors, Monitors, Dispatchers and Guards as defined in the act.