

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 01-RC-230330	Date Filed 11/2/18

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 MGM Springfield		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) One MGM Way MA Springfield 01103-2134	
3a. Employer Representative - Name and Title Jason Rucker		3b. Address (If same as 2b - state same) One MGM Way MA Springfield 01103-2134	
3c. Tel. No. (413) 273-5550	3d. Cell No. (301) 265-6392	3e. Fax No.	3f. E-Mail Address jrucker@mgmpringfield.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Casinos & Gaming		4b. Principal product or service Casino & Gaming	
5a. City and State where unit is located: Springfield, MA		5b. Description of Unit Involved	
Included: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 170	
Excluded: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).			
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): November 21, 2018		11c. Election Time(s): 6:00 AM TO 8:15 AM and 2:00 to 4:30 PM	
		11d. Election Location(s): One MGM Way, Springfield, MA 01103	
12a. Full Name of Petitioner (including local name and number) Steve Maritas MGM Springfield Casino Law Enforcement Officers Security Union a division of the Law Enforcement Officers Security		12b. Address (street and number, city, state, and ZIP code) PO Box 562 Lally & Misir LLP 220 Old Country Rd # 2, Mineola, NY 11501 NY Bellmore 11710-0562	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA			
12d. Tel No. (800) 516-0094	12e. Cell No. (516) 499-2681	12f. Fax No. (202) 595-3510	12g. E-Mail Address LEOSUNIONS@GMAIL.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) Steve Maritas	Signature Steve Maritas	Title Organizing Director	Date 11/2/2018 00:07:19

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
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Employees Included

All regular part-time and regular full-time Security Officers, Lead Dispatch Officers, Bike Officers, Field Training Officers, K-9 officers, C.P.R. Training Officer, Defensive Tactics Officers, & Access Compliance Officers performing guard duties as defined in Section 9(b)(3) of the Act employed by the Employer at its location

Employees Excluded

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-230363

Date Filed

11/2/2018

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 St Luke's Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 101 Page St MA New Bedford 02702-7404	
3a. Employer Representative - Name and Title Carol Holland		3b. Address (If same as 2b - state same)	
3c. Tel. No. (508) 961-5555	3d. Cell No.	3e. Fax No.	3f. E-Mail Address medeirosmic@southcoast.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Healthcare	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: New Bedford, MA	
		6a. No. of Employees in Unit: 750	
		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.

11b. Election Date(s): November 27	11c. Election Time(s): 6am - 12pm 2pm - 5pm 6pm - 9pm	11d. Election Location(s): Knowles Auditorium
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12a. Full Name of Petitioner (including local name and number) Ole Kushner Hermanson St Luke's Hospital	12b. Address (street and number, city, state, and ZIP code) 340 Turnpike St MA Canton 02021-2700
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Massachusetts Nurses Association

12d. Tel. No. (860) 280-8045	12e. Cell No. (860) 280-8045	12f. Fax No. (781) 821-4449	12g. E-Mail Address OHermanson@mnaRN.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 Alan J McDonald McDonald, Lamond, Canzoneri		13b. Address (street and number, city, state, and ZIP code) 352 Turnpike Rd suite 210 MA southboro 01772-0	
13c. Tel. No. (508) 485-6600	13d. Cell No.	13e. Fax No. (508) 485-4477	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) Ole Kushner Hermanson	Signature Ole Kushner Hermanson	Title Director of Strategic Planning	Date 11/2/2018 10:55:40
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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
01-RC-230363	11/2/2018

Employees Included

All Full Part Time and Per Diem Direct Care Registered Nurses

Employees Excluded

All others including Supervisors, Team Leaders, Guards as defined by the act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
01-RC-230426	11/5/18

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 Orange Health Care		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 225 Boston Post Rd, Orange CT 06477	
3a. Employer Representative - Name and Title Andree Acampora		3b. Address (if same as 2b - state same) SAME	
3c. Tel. No. (203) 795-0835	3d. Cell No.	3e. Fax No. (203) 795-0836	3f. E-Mail Address aacampora@orange-healthcare.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: Orange, 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: 8
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) 11/5/18 and Employer declined recognition on or about 11/5/18 (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 None	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

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

11b. Election Date(s): Thursday, November 29th, 2018	11c. Election Time(s): 6:30 - 8:30 am and 2:30 - 4:30 pm	11d. Election Location(s): Orange Health Care, 225 Boston Post Rd, Orange CT 06477
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
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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 Robert Baril, Vice President		13b. Address (street and number, city, state, and ZIP code) 77 Huyshope, Ave., 1st Fl., Hartford, CT 06106	
13c. Tel No. (860)251-6088	13d. Cell No. (203)915-0126	13e. Fax No. (860)251-6049	13f. E-Mail Address rbaril@seiu1199ne.org

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

Name (Print) Robert Baril	Signature 	Title Secretary Treasurer	Date 11/5/18
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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

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
01-RC-230427

Date Filed
11/5/2018

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: Northeastern University	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Office of the General Counsel 716 Columbus Avenue, Suite 301, Boston, MA 02215
3a. Employer Representative - Name and Title: Scott Merrill Senior Director of Labor Operations	3b. Address (if same as 2b - state same): Same

3c. Tel. No. 617-373-8064	3d. Cell No.	3e. Fax No. 617-373-8090	3f. E-Mail Address s.merrill@northeastern.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) University		4b. Principal Product or Service higher education	5a. City and State where unit is located: Boston, MA
5b. Description of Unit Involved: Included: SEE ATTACHED Excluded: SEE ATTACHED			6a. Number of Employees in Unit: 388
			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: ☐ 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:**
☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 11/26/18	11c. Election Time(s):	11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number): Service Employees International Union, Local 509	12b. Address (street and number, city, State and ZIP code): 293 Boston Post Road West, 4th Floor Marlborough, MA 01752
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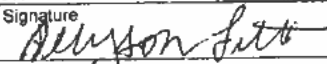
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Service Employees International Union

12d. Tel. No. 774-843-7509	12e. Cell No.	12f. Fax No. 508-485-8529	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:
Patrick N. Bryant, Attorney
13b. Address (street and number, city, State and ZIP code):
Pyle Rome Ehrenberg PC
2 Liberty Square, 10th Floor, Boston, MA 02109

13c. Tel. No. 617-367-7200	13d. Cell No.	13e. Fax No. 617-367-4820	13f. E-Mail Address pbryant@pylerome.com

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

Name (Print) Ally Little	Signature 	Title Organizer	Date 11/05/18
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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

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ATTACHMENT to RC PETITION

5b. Description of Unit Involved:

Included: All full-time non-tenured or non-tenure track faculty employed by Northeastern University at its campuses located at 360 Huntington Avenue, Boston and 89 Broad Street, Boston, Massachusetts, including, but not limited to, faculty with the titles Assistant Teaching Professor, Associate Teaching Professor, Teaching Professor, Visiting Assistant Teaching Professor, Visiting Associate Teaching Professor, Visiting Assistant Professor, Visiting Associate Professor, Visiting Professor, Visiting Lecturer, Assistant Academic Specialist, Associate Academic Specialist, Academic Specialist, Senior Academic Specialist, Executive Professor, Lecturer, Senior Lecturer, and Professor of the Practice. Bargaining unit faculty above who also have title or responsibilities identified in the exclusions remain included within the unit, unless they are a supervisory, managerial or confidential employee as defined by the Act.

Excluded: Part-time faculty, including adjuncts, tenured and tenure-track faculty, deans, provosts, professionals and non-professional employees, department chairs, graduate assistants, graduate students, research assistants, clinical fellows, teaching fellows, athletic coaches, academic advisors, maintenance employees, clerical employees, post-doctoral scholars, assistant clinical professors, associate clinical professors, clinical professors, clinical instructors, assistant co-op coordinators, associate co-op coordinators, co-op coordinators, “remote faculty” (i.e., faculty assigned to non-Boston campuses and/or faculty who only teach online and do not have a reasonable expectation of teaching in person), and guards, supervisors, and confidential employees as defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
01-RC-231049

Date Filed
11/15/2018

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
Falmouth Hospital

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
100 Ter Heun Dr, Falmouth, MA 02540

3a. Employer Representative - Name and Title
Colleen Wooding

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

3c. Tel. No.
508-457-7355

3d. Cell No.
NA

3e. Fax No.
508-457-3857

3f. E-Mail Address
NA

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

4b. Principal product or service
SECURITY

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

5b. Description of Unit Involved
Included: all fulltime and part time armed and unarmed security officers employed by the employer
Excluded: clerical, managerial, salaried, and supervisory personnel as defined by the act

6a. No. of Employees in Unit:
20

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) NA and Employer declined recognition on or about NA (Date) (If no reply received, so state). NA
☐ 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).
NA

8b. Address
NA

8c. Tel No.
NA

8d. Cell No.
NA

8e. Fax No.
NA

8f. E-Mail Address
NA

8g. Affiliation, if any
NA

8h. Date of Recognition or Certification
NA

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NA If so, approximately how many employees are participating? NA
(Name of labor organization) NA, has picketed the Employer since (Month, Day, Year) NA

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)
NA

10a. Name
NA

10b. Address
NA

10c. Tel. No.
NA

10d. Cell No.
NA

10e. Fax No.
NA

10f. E-Mail Address
NA

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):
first available Tuesday

11c. Election Time(s):
0700--0900, 1500-1800

11d. Election Location(s):
Conference Room C

12a. Full Name of Petitioner (including local name and number)
United Government Security Officers of America and Its Local 300

12b. Address (street and number, city, state, and ZIP code)
2879 Cranberry Highway East Wareham, MA 02538

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)
United Government Security Officers of America International Union

12d. Tel No.
617-620-7225

12e. Cell No.
617-620-7225

12f. Fax No.
NA

12g. E-Mail Address
Mieblanc@ugsoa.com

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

13a. Name and Title
Mike LeBlanc DHS Vice President UGSOA International Union

13b. Address (street and number, city, state, and ZIP code)
2879 Cranberry Highway East Wareham, MA 02538

13c. Tel No.
617-620-7225

13d. Cell No.
617-620-7225

13e. Fax No.
774-678-4658

13f. E-Mail Address
Mieblanc@ugsoa.com

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

Name (Print)
Mike LeBlanc

Signature


Title
DHS Vice President UGSOA International Union

Date
11/13/18

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 01-RC-231247

Date Filed 11/19/2018

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
Saint Anne's Hospital

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
795 Middle Street, Fall River, MA 02721

3a. Employer Representative - Name and Title
Michael Bushell, CEO

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

3c. Tel. No.
(508)874-5600

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
michael.bushell@steward.org

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

4b. Principal product or service
Hospital Services

5a. City and State where unit is located:
Fall River, MA and other MA towns

5b. Description of Unit Involved

Included: See attached (Attachment A)

Excluded: See attached (Attachment A)

6a. No. of Employees in Unit:
16

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

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

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11b. Election Date(s):

See attached (Attachment B)

11c. Election Time(s):

See attached (Attachment B)

11d. Election Location(s):

See attached (Attachment B)

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

1199SEIU United Healthcare Workers East

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

108 Myrtle St, Quincy, MA 02171

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

Service Employees International Union

12d. Tel No.

(617) 474-7140

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

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

13a. Name and Title
Ian O. Russell, Counsel

13b. Address (street and number, city, state, and ZIP code)
2 Liberty Square, 10th Floor, Boston, MA 02109

13c. Tel No.

617-367-7200

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

irussell@pylerome.com

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

Name (Print)

Ian Russell

Signature

Ian Russell

Title

Counsel for Petitioner

Date

11/19/18

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

PRIVACY ACT STATEMENT

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

**1199SEIU United Healthcare Workers East and Saint Anne's Hospital
NLRB Petition – Skilled Maintenance Employees**

Attachment A

Included: All full-time, regular part-time, and per diem skilled maintenance employees who have worked an average of at least eight (8) hours per week over the 13 week period preceding the filing of the petition for election.

Excluded: All other employees, including managers, supervisors, confidential employees, guards, physicians, registered nurses, professional employees, technical employees, all other non-professional employees, business office clerical employees, employees of outside registries and other agencies supplying labor to the Hospital, already represented employees and per diem employees who have not regularly worked an average of at least eight hours per week over the 13 week period preceding the filing of the petition for election.

**1199SEIU United Healthcare Workers East and Saint Anne's Hospital
NLRB Petition – Skilled Maintenance Employees**

Attachment B

11(b) Election Date

December 12, 2018

11(c) and 11(d) Election Times and Locations

Election to be held at the following locations:

Main Hospital Campus
795 Middle Street, Fall River, MA 02721
Polling Place: Wellness Center

- 6am to 9am
- 12pm to 2pm
- 4pm to 7pm

Geriatric Psychiatry Program at New England Sinai Hospital
150 York Street, Stoughton, MA 02072
Polling Place: Conference room next to breakroom

- 6am to 8am
- 2pm to 4pm

Swansea Pain Management
440 Swansea Mall Drive, Swansea MA 02777
Polling Place: 2nd floor conference room

- 11 am to 2pm

Southern New England Surgery Center
738 Washington Street, Attleboro, MA 02703
Polling Place: Conference room next to breakroom

- 7am to 9am

Sleep Center
537 Faunce Corner Road, North Dartmouth MA 02747
Polling Place: First floor conference room – 537

- 11am to 2pm
- 5pm to 7pm

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
01-RC-231306

Date Filed
11/20/2018

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 Saint Anne's Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 795 Middle Street, Fall River, MA 02721	
3a. Employer Representative - Name and Title Michael Bushell, CEO		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. (508)674-5600	3d. Cell No.	3e. Fax No.	3f. E-Mail Address michael.bushell@steward.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute Care Hospital		4b. Principal product or service Hospital Services	
5b. Description of Unit Involved Included: See attached (Attachment A) Excluded: See attached (Attachment A)		5a. City and State where unit is located: Fall River, MA and other MA towns	
		6a. No. of Employees in Unit: 60	
		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.

11b. Election Date(s): See attached (Attachment B)	11c. Election Time(s): See attached (Attachment B)	11d. Election Location(s): See attached (Attachment B)
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12a. Full Name of Petitioner (including local name and number)
1199SEIU United Healthcare Workers East

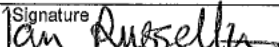
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union

12d. Tel No. (617) 474-7140	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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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 Ian O. Russell, Counsel		13b. Address (street and number, city, state, and ZIP code) 2 Liberty Square, 10th Floor, Boston, MA 02109	
13c. Tel No. 617-367-7200	13d. Cell No.	13e. Fax No.	13f. E-Mail Address irussell@pylerome.com

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

Name (Print) Ian Russell	Signature 	Title Counsel for Petitioner	Date 11/19/18
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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

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

**1199SEIU United Healthcare Workers East and Saint Anne's Hospital
NLRB Petition – Business Office Clerical Unit**

Attachment A

Included: All full-time, regular part-time, and per diem business office clerical employees who have worked an average of at least eight (8) hours per week over the 13 week period preceding the filing of the petition for election.

Excluded: All other employees, including managers, supervisors, confidential employees, guards, physicians, registered nurses, professional employees, technical employees, all other non-professional employees, skilled maintenance employees, employees of outside registries and other agencies supplying labor to the Hospital, already represented employees and per diem employees who have not regularly worked an average of at least eight hours per week over the 13 week period preceding the filing of the petition for election.

**1199SEIU United Healthcare Workers East and Saint Anne's Hospital
NLRB Petition – Business Office Clerical Unit**

Attachment B

11(b) Election Date

December 12, 2018

11(c) and 11(d) Election Times and Locations

Election to be held at the following locations:

Main Hospital Campus

795 Middle Street, Fall River, MA 02721

Polling Place: Wellness Center

- 6am to 9am
- 12pm to 2pm
- 4pm to 7pm

Geriatric Psychiatry Program at New England Sinai Hospital

150 York Street, Stoughton, MA 02072

Polling Place: Conference room next to breakroom

- 6am to 8am
- 2pm to 4pm

Swansea Pain Management

440 Swansea Mall Drive, Swansea MA 02777

Polling Place: 2nd floor conference room

- 11 am to 2pm

Southern New England Surgery Center

738 Washington Street, Attleboro, MA 02703

Polling Place: Conference room next to breakroom

- 7am to 9am

Sleep Center

537 Faunce Corner Road, North Dartmouth MA 02747

Polling Place: First floor conference room – 537

- 11am to 2pm
- 5pm to 7pm

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
01-RC-231316

Date Filed
11/20/2018

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
Saint Anne's Hospital

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
795 Middle Street, Fall River, MA 02721

3a. Employer Representative - Name and Title
Michael Bushell, CEO

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

3c. Tel. No.
(508)674-5600

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
michael.bushell@steward.org

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

4b. Principal product or service
Hospital Services

5a. City and State where unit is located:
Fall River, MA and other MA towns

5b. Description of Unit Involved

Included: See attached (Attachment A)

Excluded: See attached (Attachment A)

6a. No. of Employees in Unit:
580

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):
See attached (Attachment B)

11c. Election Time(s):
See attached (Attachment B)

11d. Election Location(s):
See attached (Attachment B)

12a. Full Name of Petitioner (Including local name and number)
1199SEIU United Healthcare Workers East

12b. Address (street and number, city, state, and ZIP code)
108 Myrtle St, Quincy, MA 02171

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

12d. Tel No.
(617) 474-7140

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

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

13a. Name and Title
Ian O. Russell, Counsel

13b. Address (street and number, city, state, and ZIP code)
2 Liberty Square, 10th Floor, Boston, MA 02109

13c. Tel No.
617-367-7200

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
irussell@pylerome.com

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

Name (Print)
Ian Russell

Signature
Ian Russell

Title
Counsel for Petitioner

Date
11/19/18

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

PRIVACY ACT STATEMENT

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

**1199SEIU United Healthcare Workers East and Saint Anne's Hospital
NLRB Petition – Service and Maintenance Unit**

Attachment A

Included: All full-time, regular part-time, and per diem service and maintenance employees (“all other non-professionals,” for purposes of the NLRB’s acute care hospital bargaining unit rules) who have worked an average of at least eight (8) hours per week over the 13 week period preceding the filing of the petition for election.

Excluded: All other employees, including managers, supervisors, confidential employees, guards, physicians, registered nurses, professional employees, technical employees, business office clerical employees, skilled maintenance employees, employees of outside registries and other agencies supplying labor to the Hospital, already represented employees and per diem employees who have not regularly worked an average of at least eight hours per week over the 13 week period preceding the filing of the petition for election.

**1199SEIU United Healthcare Workers East and Saint Anne's Hospital
NLRB Petition – Service and Maintenance Unit**

Attachment B

11(b) Election Date

December 12, 2018

11(c) and 11(d) Election Times and Locations

Election to be held at the following locations:

Main Hospital Campus
795 Middle Street, Fall River, MA 02721
Polling Place: Wellness Center

- 6am to 9am
- 12pm to 2pm
- 4pm to 7pm

Geriatric Psychiatry Program at New England Sinai Hospital
150 York Street, Stoughton, MA 02072
Polling Place: Conference room next to breakroom

- 6am to 8am
- 2pm to 4pm

Swansea Pain Management
440 Swansea Mall Drive, Swansea MA 02777
Polling Place: 2nd floor conference room

- 11 am to 2pm

Southern New England Surgery Center
738 Washington Street, Attleboro, MA 02703
Polling Place: Conference room next to breakroom

- 7am to 9am

Sleep Center
537 Faunce Corner Road, North Dartmouth MA 02747
Polling Place: First floor conference room – 537

- 11am to 2pm
- 5pm to 7pm

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 01-RC-231319	Date Filed 11-19-18
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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 Martha's Vineyard Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) One Hospital Road, PO Box 1477, Oak Bluffs, MA 02557	
3a. Employer Representative - Name and Title Christine Gould, Director of Human Resources		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (508) 957-9598	3d. Cell No.	3e. Fax No.	3f. E-Mail Address cgould1@partners.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Hospital Services	
5b. Description of Unit Involved Included: See Attachment Excluded:			5a. City and State where unit is located: Oak Bluffs, MA
			6a. No. 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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 10/24/2018 and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

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

11b. Election Date(s): Monday, December 10, 2018	11c. Election Time(s): 11:30 AM-1:30 PM	11d. Election Location(s): Community Room, 1st Floor
------------------------------------------------------------	---------------------------------------------------	----------------------------------------------------------------

12a. Full Name of Petitioner (including local name and number)
1199SEIU United Healthcare Workers East

12b. Address (street and number, city, state, and ZIP code)
108 Myrtle St, Quincy, MA 02171

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

12d. Tel. No. (617) 474-7140	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
----------------------------------------	----------------------	---------------------	----------------------------

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

13a. Name and Title David Rome, Counsel		13b. Address (street and number, city, state, and ZIP code) 2 Liberty Square, 10th Floor, Boston, MA 02109	
13c. Tel. No. 617-367-7200	13d. Cell No.	13e. Fax No.	13f. E-Mail Address drome@pylerome.com

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

Name (Print) David Rome	Signature <i>David Rome</i>	Title Counsel for Petitioner	Date 11/19/18
-----------------------------------	---------------------------------------	----------------------------------------	-------------------------

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

PRIVACY ACT STATEMENT

Solidation 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

5b. Description of Unit.

Unit: Unit: All full-time, regular part-time and per diem employees employed by Martha's Vineyard Hospital (MVH) in specialty practices, support services or in the offices of MVH primary care physicians but excluding supervisors, confidential employees, executive and managerial employees, Registered Nurses, professional employees and all other employees employed by MVH.

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

All service, maintenance, technical, LPNs, business office and clerical workers, dental hygienists, Dental clinic department secretaries, dental assistants and dental clerks employed by and at Martha's Vineyard Hospital, excluding supervisors, confidential employees, executive and managerial employees and Registered Nurses and professionals

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


Date Filed

01-RC-231322

11/20/18

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 Sheraton Stamford		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 700 E. Main St., Stamford, CT 06902	
3a. Employer Representative - Name and Title Thomas Carlos, General Manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. (203) 358-8400	3d. Cell No.	3e. Fax No. 203-358-8872	3f. E-Mail Address tcarlos@sheratonstamford.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel		4b. Principal product or service Hospitality	
5a. City and State where unit is located: Stamford, CT		6a. No. of Employees in Unit: 125	
5b. Description of Unit Involved Included: All non-supervisory employees in Housekeeping, Food & Beverage, Banquets, Bell staff, Front Desk and Engineering Excluded: all other classifications, and specifically excluding office clericals, sales, accounting, guards, managers and supervisors defined by the Act		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>Nov 19</u> and Employer declined recognition on or about <u>no reply</u> (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Dec. 4, 2018		11c. Election Time(s): 6- 11 AM; 3-6 PM	
11d. Election Location(s): Employee cafeteria			
12a. Full Name of Petitioner (including local name and number) UNITE HERE Local 217		12b. Address (street and number, city, state, and ZIP code) 425 College St New Haven, Connecticut 06511	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) UNITE HERE International Union, AFL-CIO			
12d. Tel No. (203) 865-7315	12e. Cell No.	12f. Fax No. 203-776-6438	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 Michael T Anderson, Attorney		13b. Address (street and number, city, state, and ZIP code) Murphy Anderson PLLC, 33 Harrison Ave., 7th Fl., Boston MA 02111	
13c. Tel No. 617-227-5720	13d. Cell No.	13e. Fax No. 617-227-5767	13f. E-Mail Address manderson@murphypllc.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Andrew Tillett-Saks	Signature 	Title Director	Date Nov. 19, 2018

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-231420

11/21/18

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

M & J Bus Inc.

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

130 Ingham Hill Road P.O. Box 801
CT Old Saybrook 06475-

3a. Employer Representative - Name and Title

Jon Hipsher

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

130 Ingham Hill Road P.O. Box 801
CT Old Saybrook 06475-

3c. Tel. No.

(860) 388-6782

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

Transportation

4b. Principal product or service

Transporting children

5a. City and State where unit is located:

North Stonington, 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:

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):
December 2018

11c. Election Time(s):
8:30 to 10:00 a.m.

11d. Election Location(s):
North Stonington CT

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

Kelly Martinez
AFSCME Council 4

12b. Address (street and number, city, state, and ZIP code)
444 E Main St
CT New Britain 06051-2055

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

12d. Tel No.
(860) 978-5065

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
kmartinez@council4.org

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

13a. Name and Title

Anthony Bento Staff Attorney Representative
AFSCME, Council 4

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

444 E Main St
CT New Britain 06051-2055

13c. Tel No.

(860) 989-9133

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
abento@council4.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)

Kelly Martinez

Signature

Kelly Martinez, Organizing Coordinator

Title

Organizing Coordinator

Date

11/20/2018 14:44:21

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 01-RC-231420	Date Filed 11/21/18

Employees Included

All regularly scheduled bus drivers from the North Stonington Bus yard

Employees Excluded

Supervisors employees as excluded by law

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

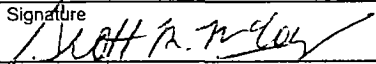
01-RC-231775

Date Filed

11/29/18

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

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

2a. Name of Employer: Eversource Energy		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 107 Selden Street, Berlin, CT 06037	
3a. Employer Representative - Name and Title: Angela Ruggiero- Legal Representative		3b. Address (if same as 2b - state same): 107 Selden Street, Berlin, CT 06037	
3c. Tel. No. 860-665-3667	3d. Cell No.	3e. Fax No. 860-665-5504	3f. E-Mail Address angela.ruggiero@eversource.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Public Utility		4b. Principal Product or Service Electricity	5a. City and State where unit is located: Berlin, CT
5b. Description of Unit Involved: Included: please see attached. Excluded:			6a. Number of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s):		11c. Election Time(s): 10 am to 12 pm	11d. Election Location(s): 107 Selden Street, Berlin, CT 06037
12a. Full Name of Petitioner (including local name and number): IBEW Local 457, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 2590 Berlin Turnpike, Suite 1, Berlin, CT 06037	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers			
12d. Tel. No. 860-505-0948	12e. Cell No.	12f. Fax No. 860-505-8859	12g. E-Mail Address office@ibewlocal457.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Scott McCoy, Assistant Business Manager		13b. Address (street and number, city, State and ZIP code): 2590 Berlin Turnpike, Suite 1, Berlin, CT 06037	
13c. Tel. No. 860-505-0948	13d. Cell No. 860-558-5061	13e. Fax No. 860-505-8859	13f. E-Mail Address office@ibewlocal457.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) Scott McCoy		Signature 	Title Assistant Business Manager Date 11/28/18

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

PRIVACY ACT STATEMENT

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

United State of America
National Labor Relations Board
RC Petition

November 28, 2018

Petitioner: IBEW Local 457, AFL-CIO

5b. Description of Unit Involved:

Included: All full-time and regular part-time Test Technicians and Senior Test Specialists in Distribution Automation and Substation Automation employed by the Employer at its Berlin, Connecticut facility that work statewide.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
01-RC-231256

Date Filed
11/19/2018

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
Saint Anne's Hospital

2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)
795 Middle Street, Fall River, MA 02721

3a. Employer Representative - Name and Title
Michael Bushell, CEO

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

3c. Tel. No.
(508)674-5600

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
michael.bushell@steward.org

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

4b. Principal product or service
Hospital Services

5a. City and State where unit is located:
Fall River, MA and other MA towns

5b. Description of Unit Involved

Included: See attached (Attachment A)

Excluded: See attached (Attachment A)

6a. No. of Employees in Unit:
180

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):
See attached (Attachment B)

11c. Election Time(s):
See attached (Attachment B)

11d. Election Location(s):
See attached (Attachment B)

12a. Full Name of Petitioner (Including local name and number)
1199SEIU United Healthcare Workers East

12b. Address (street and number, city, state, and ZIP code)
108 Myrtle St, Quincy, MA 02171

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

12d. Tel No.
(617) 474-7140

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

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

13a. Name and Title
Ian O. Russell, Counsel

13b. Address (street and number, city, state, and ZIP code)
2 Liberty Square, 10th Floor, Boston, MA 02109

13c. Tel No.
617-367-7200

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
irussell@pylerome.com

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

Name (Print)
Ian Russell

Signature
Ian Russell

Title
Counsel for Petitioner

Date
11/19/18

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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**1199SEIU United Healthcare Workers East and Saint Anne's Hospital
NLRB Petition – Technical Unit**

Attachment A

Included: All full-time, regular part-time, and per diem technical employees who have worked an average of at least eight (8) hours per week over the 13 week period preceding the filing of the petition for election.

Excluded: All other employees, including managers, supervisors, confidential employees, guards, physicians, registered nurses, all other non-professional employees, business office clerical employees, skilled maintenance employees, employees of outside registries and other agencies supplying labor to the Hospital, already represented employees and per diem employees who have not regularly worked an average of at least eight hours per week over the 13 week period preceding the filing of the petition for election.

**1199SEIU United Healthcare Workers East and Saint Anne's Hospital
NLRB Petition – Technical Unit**

Attachment B

11(b) Election Date

December 12, 2018

11(c) and 11(d) Election Times and Locations

Election to be held at the following locations:

Main Hospital Campus
795 Middle Street, Fall River, MA 02721
Polling Place: Wellness Center

- 6am to 9am
- 12pm to 2pm
- 4pm to 7pm

Geriatric Psychiatry Program at New England Sinai Hospital
150 York Street, Stoughton, MA 02072
Polling Place: Conference room next to breakroom

- 6am to 8am
- 2pm to 4pm

Swansea Pain Management
440 Swansea Mall Drive, Swansea MA 02777
Polling Place: 2nd floor conference room

- 11 am to 2pm

Southern New England Surgery Center
738 Washington Street, Attleboro, MA 02703
Polling Place: Conference room next to breakroom

- 7am to 9am

Sleep Center
537 Faunce Corner Road, North Dartmouth MA 02747
Polling Place: First floor conference room – 537

- 11am to 2pm
- 5pm to 7pm

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.
01-RD-231505

Date Filed
11/21/2018

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: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Ctown Supermarket		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 482 Greenwich Ave CT New Haven 06519-	
3a. Employer Representative - Name and Title KEVIN López Manager		3b. Address (If same as 2b - state same) 482 Greenwich Ave CT New Haven 06519-	
3c. Tel. No. (203) 773-8998	3d. Cell No.	3e. Fax No. (203) 773-1841	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc) Retail (Grocery)		4b. Principal product or service Supermarket	
5a. City and State where unit is located: New Haven, 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: 35		6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? 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 Local 371		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 01/24/2016	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 01/24/2019

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

10a. Name		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11b. Election Date(s): 12/03/18 11c. Election Time(s): 10 am				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail 11d. Election Location(s): 482 Greenwich ave 12a. Full Name of Petitioner: (b) (6), (b) (7)(C) 12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C)			

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 11/21/2018 15:31:47
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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

Employees Included
All employee

Employees Excluded
Supervisors

DO NOT WRITE IN THIS SPACE	
Case 01-RD-231505	Date Filed 11/21/2018