(Name of labor organization)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer One MGM Way
MA Springfield 01103-2134

3b. Address (If same as 2b – state same) MGM Springfield 3a. Employer Representative - Name and Title One MGM Way MA Springfield 01103-2134 Jason Rucker 3d. Cell No. 3f. E-Mail Address 3c Tel No 3e Fax No. jrucker@mamspringfield.com (413) 273-5550 (301) 265-6392 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Springfield, MA Casinos & Gaming Casino & Gaming 5b. Description of Unit Involved 6a No. of Employees in Unit: included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes [] No [] 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f F-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating?

		d 9, which have claimed recognition as representat	tives and other organizations and individual
known to have a representative in	nterest in any employees in the unit described in ite	m 5b above. (If none, so state)	
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.

, has picketed the Employer since (Month, Day, Year)

10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mail Mixed Manual/Mail any such election. 11b. Election Date(s): November 21, 2018 11c. Election Time(s): 11d. Election Location(s): 6:00 AM TO 8:15 AM and 2:00 to 4:30 PM One MGM Way, Springfield, MA 01103 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 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

MGM Springfield Casino Law Enforcement Officers Security Union a division of the Law Enforcement Officers Security

MGM Springfield Casino Law Enforcement Officers Security Union a division of the Law Enforcement Officers Security

MGM Springfield Casino Law Enforcement Officers Security Union a division of the Law Enforcement Officers Security

MGM Springfield Casino Law Enforcement Officers Security Union a division of the Law Enforcement Officers Security

MGM Springfield Casino Law Enforcement Officers Security Union a division of the Law Enforcement Officers Security

MGM Springfield Casino Law Enforcement Officers Security

MG 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 12g. E-Mail Address LEOSUNIONS@GMAIL.COM 12d Tel No 12e. Cell No. 12f. Fax No (800) 516-0094 (516) 499-2681 (202) 595-3510

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)

13f. E-Mail Address 13c. Tel No. 13d. Cell No. 13e. Fax No.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Title

Steve Maritas Organizing Director 11/2/2018 00:07:19 Steve Maritas

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

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
01 RC 230330	11/2/18		

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.	Date Filed				
01-RC-230363	11/2/2018				

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 representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 101 Page St MA New Bedford 02702-7404 St Luke's Hospital 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Carol Holland 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address medeirosmic@southcoast.org (508) 961-5555 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare New Bedford, MA 6a. No. of Employees in Unit: 5b. Description of Unit Involved 750 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V 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 curren ly 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 8q. 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 Mail ____ Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): November 27 6am - 12pm 2pm - 5pm 6pm - 9pm Knowles Auditorium 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 340 Tumpike St MA Canton 02021 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Massachusetts Nurses Association 12g. E-Mail Address OHermanson@mnaRN.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (860) 280-8045 (781) 821-4449 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) Alan J McDonald McDonald, Lamond, Canzoneri 352 Turnpike Rd suite 210 MA southboro 01772-0 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address (508) 485-6600 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date **Director of Strategic Planning** Ole Kushner Hermanson 11/2/2018 10:55:40 Ole Kushner Hermanson

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

PRIVACY ACT STATEMENT

 DO NOT WRITE IN THIS SPACE

 Case
 Date Filed

 Attachment
 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				DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR		ARD	Case No.			Date Filed	
RC PE INSTRUCTIONS: Unless e-Filed us	01-RC-	230426,	. D. CC	1.1.	L/5/18		
in which the employer concerned							
of service showing service on the							
(Form NLRB-505); and (3) Descrip	•		·	RB 4812). The s	howing	g of inte	erest should only be filed
with the NLRB and should not be				- (6 - Hardina
1: PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of requests that the National Labor Rela	lesires to be certif	ied as representativ	ve of the employees. The	Petitioner alleges t	hat the f	following	circumstances exist and
2a. Name of Employer	dono non pro-		Idress(es) of Establishmen				
Orange Health Care 225 Boston Post Rd, Orange CT 06477							
3a. Employer Representative - Name and	d Title		3b. Address (If same as	s 2b – state same)			
Andree Acampora			SAME				<u> </u>
3c, Tel. No.	3d. Cell No.		3e. Fax No.			Mail Addr	,
(203) 795-0835	<u> </u>	;	(203) 795-0836				Oorange-healthcare.com
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Principal pro	duct or service			•	and State where unit is located:
Nursing Home		Health Care				<u>Drange</u>	
5b. Description of Unit Involved							6a. No. of Employees in Unit: 8
Included: All full time, regula	ar part tim	e and per d	iem Licensed P	ractical Nurs	ses.		6b. Do a substantial number (30%
Excluded:							or more) of the employees in the
All other employees, all	professional	employees, al	guards and supervi	sors as defined	in the	act.	unit wish to be represented by the Petitioner? Yes V No
Check One: 7a. Request for re	•	gaining Representa (If no reply receive		1-1/ 5/15 a	na Empi	Jyer deci	ned recognition on or about
1			epresentative and desires	certification under the	e Act		
8a. Name of Recognized or Certified Bar			8b. Address	oorange and an area			
NONE							
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-1	Mail Addr	ess
8g. Affiliation, if any	1		8h. Date of Recognition o	r Certification	8i. Ex	piration D	ate of Current or Most Recent
			_		Contra	act, if any	(Month, Day, Year)
	·	<u></u>			ــــــــــــــــــــــــــــــــــــــ		
9. Is there now a strike or picketing at the E	mployer's establi	-		dmately how many e	mployee	s are par	ticipating?
(Name of labor organization)		, has pick	keted the Employer since (Month, Day, Year) _			
10. Organizations or individuals other than known to have a representative interest in a					presenta	tives and	other organizations and individuals
10a. Name	10b. Ad	Idress		10c. Tel. No.			10d, Cell No.
roa. Name	100.710	ia io o o		100.70710.			
None				10e. Fax No.			10f. E-Mail Address
 Election Details: If the NLRB conduct any such election. 	s an election in th	is matter, state you	r position with respect to	11a. Election Type	e: 🗸 N	fanual	Mail Mixed Manual/Mail
11b. Election Date(s): Thursday ,November 29th , 2018		lection Time(s): 3:30 am and 2:30	- 4:30 pm	11d. Election Local Orange Health Ca		Boston F	Post Rd,Orange CT 06477
12a. Full Name of Petitioner (including lo	ocal name and n	umber)		12b. Address (stre 77 Huyshope, Ave			ity, state, and ZIP code)
12c. Full name of national or international la					-,	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Service Employees International Union							
12d. Tel No. (860)549-1199	12e. Cell No.	•	12f. Fax No. (860)251-6049		12g. E	-Mail Ad	dress
13. Representative of the Petitioner who	will accept serv	ice of all papers fo	<u> </u>	sentation proceeding	ng.		
13a. Name and Title Robert Bari	l, Vice Pre	esident	13b. Address (street and 77 Huyshope, Ave., 1st Fl.,		, and ZIF	code)	
13c. Tel No.	13d. Cell No.		13e. Fax No.	,	13f. E	-Mail Add	ress
(860)251-6088	(203)915-0126		(860)251-6049		rbaril@	gseiu119	9ne.org
I declare that I have read the above petit	ion and that the	statements are tru	ue to the best of my know	vledge and belief.			·
	gnature ()	10	Title			ate	
Robert Baril	ILUX L		Secretary Treasurer		11/	/5/18	

Date 11/5/18 Secretary Treasurer WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
01-RC-230427	11/5/2018			

INSTRUCTIONS: Unless e-Filed us employer concerned is located. The the employer and all other parties	e petition mu	st be accompt	enied by Lithe neti:	oom a snoi tion: (2) Sta	wing of interest (see of tement of Position for	rm (Form NLR)	B-505); and	(3) Descriptio	n of Repre	sentation
the employer and all other parties Case Procedures (Form NLRB 481 1. PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petiti requests that the National Labo	2). The showle C-CERTIFICA	ng of interest TION OF REPI be certified as and proceed u	RESENTA representantes	ATIVE - A su lative of the proper auti	ubstantial number of en employees. The Petiti fority pursuant to Sec	nployees wish t oner alleges th tion 9 of the N	o be represe nat the follow lational Labo	nted for purpo ving circums or Relations A	ses of collectances exis	ctive
2a. Name of Employer: Northeastern University			Office	of the G	stablishment(s) involved ieneral Counsel Avenue, Suite 3				e):	
3a. Employer Representative - Nan Scott Merrill Senior Director of Labor (3b. Addre Same	ass (if same	as 2b - state same):					
3c. Tel. No 617-373-8064	3d. Cell No.		- [-	3e, Fax No. 617-373		3f. E-Mail Ad s.merrill	@northea	ıstern.edu		
4a. Type of Establishment (Factory, a University	nine, wholesak	er, etc.)			Product or Service ducation		Boston,			ed:
5b. Description of Unit Involved: Included: SEE ATTACHED							388	of Employees		more)
SEE ATTACHED					(7)	200	of the er represer	nployees in the sted by the Perecined recogn	e unit wish titioner?	o be
Check One: 7a. Request for ret on or about (Date) 7b. Petitioner is cu	rrently recogniz	lf ned as Bargain	o reply re ing Repre	ceived, so s sentative an	tate).		- Employer u	culted recogn		
8a. Name of Recognized or Certifi	ed Bargaining	Agent (if none	e, so state	e) 8b.Add	dress:					
8c. Tel. No.	8d. Cell No.			8e. Fax No.		8f. E-Mail A	ddress			
8g. Affiliation, if any:	liation, if any: 8b. 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 Employe	's establishme	nt(s) invo	lved?	if so, approxir	nately how man				r)
(Name of Labor Organization) 10. Organizations or individuals othe individuals known to have a repr	er than Petition esentative inter	er and those na rest in any emp	amed in it ployees in	ems 8 and 9 the unit des), which have claimed r scribed in item 5b above	ecognition as n	epresentative			
10a. Name	1	0b. Address				10c. Tel. No	0.	10d. Cell No.		
8						10e. Fax N	0.	10f. E-Mail Ad	ddress	
11. Election Details: If the NLRB c	onducts and ele	ection in this m	atter, stat	e your posit	ion with respect to any	such election:	11a. Etection		☐ Mixed	Manual/Mail
11b. Election Date(s): 11/26/18	1	1c. Election Ti	me(s):			11d. Election	on Location(s			
12a. Full Name of Patitioner (inclu Service Employees Intern	national Ui	nion, Loca	1 209		12b. Address (street a 293 Boston Pos Marlborough, N	t Road We AA 01752	st, 4th Fl	CIP code): OOT		
12c. Full name of national or internal Service Employees Internal	ational labor org	panization of w	hich Petit	ioner is an a	iffiliate or constituent (if	none, so state,	J:			
12d. Tel. No. 774-843-7509	12e. Cell No			12f. Fax N 508-48.	5-8529	12g. E-Mai				
13. Representative of the Petition 13a. Name and Title: Patrick N. Bryant, Attorney		cept service o	of all pap	Pyle Ro	poses of the represent ess (street and number me Ehrenberg PC y Square, 10th Flo	oor, Boston,	MA 0210	9		
13c Tel, No. 617-367-7200	13d. Cell No			13e. Fax N 617-36	7-4820	1.	@pylero	me.com		2
I declare that I have read the abounder (Print) Ally Little	ve petition and	Signatur	re	re true to t	he best of my knowled	dge and belief Title Organizer				Date 11/05/18
Taily Ettile			10 13	VIV	/					

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

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.	Date Filed				
01-RC-231049	11/15/2018				

INSTRUCTIONS: Unless e-Filed us								
in which the employer concerned i								
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) Descript	ion of Repres	entation Case I	Procedures (Form NL:	RB 4812). The s	howing of i	nterest should only be filed		
with the NLRB and should <u>not</u> be s	erved on the	employer or an	y other party.					
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner do requests that the National Labor Relations	esires to be certif	ied as representati	ve of the employees. The	Petitioner alleges ti	hat the follow	ing circumstances exist and		
2a. Name of Employer	iono Boora pro-		dress(es) of Establishmen					
Falmouth Hospital		100 1	er Heun Dr, Falmout	th, MA 02540				
3a. Employer Representative - Name and	Title		3b. Address (If same as	2b - state same)				
Colleen Wooding Same								
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail A	ddress		
508-457-7355	NA		508-457-3857		NA			
4a. Type of Establishment (Factory, mine, v Hospital	vholesaler, etc.)	4b. Principal pro	duct or service			ly and State where unit is located: outh MA		
5b. Description of Unit Involved		OLOGIAITI				6a. No. of Employees in Unit:		
Included: all fulltime and part ti	me armed a	nd unarmed	security officers em	nnioved by the	employer	100		
an randing area part in		na anamica	occurry criticals on	pioyed by the	op.o, o.	60. Do a substantial number (30%		
Excluded: or more) of the employees in the clarical managerial salaried and supervisory personal as defined by the act unit wish to be represented by the								
clerical, managerial, salaried, and supervisory personel as defined by the act unit wish to be represented by the Petitioner? Yes No								
Check One: 7a. Request for recognition as Bargaining Representative was made on (Oate) NA and Employer declined recognition on or about								
H NA			d, so state). NA			-		
	rrently recognize	ed as Bargaining R	epresentative and desires (certification under the	Act.			
8a. Name of Recognized or Certified Bargaining Agent (<i>if none, so state</i>). 8b. Address NA NA								
8c. Tel No. NA	8d Cell No. NA				81. E-Mail A NA	8f. E-Mail Address VA		
8g. Affiliation, if any		1	8h. Date of Recognition or	Certification		Date of Current or Most Recent		
NA			NA Contract, if an			any (Month, Day, Year)		
9. Is there now a strike or picketing at the E	mployer's establi	shment(s) involved	? NA If so, approx	imately how many er	mployees are	participating? NA		
(Name of labor organization) NA		, has pici	ceted the Employer since (/	Month, Day, Year)	VAA			
10. Organizations or individuals other than I	etitioner and tho					and other organizations and individuals		
known to have a representative interest in a NA								
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No. NA		
NA	NA			10e. Fax No.		10f. E-Mail Address		
	an alastian in th	la mattain atata	and the second to	NA		INA		
 Election Details: If the NLRB conducts any such election. 	an election in in	is maiter, state you	ir position with respect to	11a. Election Type	: Manual	Mail Mixed Manual/Mail		
11b. Election Date(s); first available Tuesday		lection Time(s): 0900, 1500-1800		11d. Election Loca Confrence Room (
12a. Full Name of Petitioner (including to	cal name and n	umber)		12b. Address (stre	et and numbe	r, city, state, and ZIP code) Nareham MA 02538		
United Government Security Officers of America and its Local 300 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. 12e. Cell No. 12l. Fax No. 12g. E-Mail Address								
617-620-7225	617-620-7225		NA		Mieblanc@u	gsoa.com		
13. Representative of the Petitioner who	· ·				_			
13a. Name and Title Mike LeBlanc DHS Vice	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 / Mieblanc@u			
I declare that I have read the above petiti		statements are tr		riedge and belief.	L	-		
<u>'</u>								
Mike LeBlanc	//40)	1/1/	DHS Vice President UGS	SOA International Un				
WILLFUL FALSE STATEME	NTS ON THIS PI	ETITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (U	S. CODE. TI	TLE 18, SECTION 1001)		

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE	IN THIS SPACE
Cost NC-231247		Pata Flag 201

INSTRUCTIONS: Unless e-Filed								
in which the employer concerne								
of service showing service on the								
(Form NLRB-505); and (3) Descri				NLRB 4812). The	show	ing of inte	rest should on	ly be filed
with the NLRB and should not b	e served on the	employer or an	y 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	nauons Board pro	2b. Ac	dress(es) of Establish	ment(s) involved (Stree	t and n	umber, citv.	State, ZIP code)	
Saint Anne's Hospital 795 Middle Street, Fall River, MA 02721								
3a. Employer Representative – Name and Title 3b. Address (if same as 2b – state same) Michael Bushell, CEO Same								
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f.	E-Mail Addre	ess	
(508)674-5600					mic	hael.bust	nell@steward.d	org
4a. Type of Establishment (Factory, mine	, wholesaler, etc.)	4b. Principal pro	duct or service				nd State where uni	
Acute Care Hospital		Hospital Serv	rices			Fall Rive	er, MA and other	er MA towns
5b. Description of Unit Involved							6a. No. of Employe	
Included: See attached (A	ttachment A	1)				Ľ	16	
	itaciiiieiit z	' /					6b. Do a substanti	
Excluded: See attached (At	tachment A)						or more) of the em unit wish to be rep	
Petitioner? Yes V No						✓ 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								
8a. Name of Recognized or Certified B	argaining Agent (/	f none, so state).	8b. Addres	55				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f	E-Mail Addre	200	***************************************
56, 75, 116.	04 0011140.		00.1 82.140,		oi.	L-IVIAII AUGIE	355	
8g. Affiliation, if any			8h. Date of Recognition	on or Certification	8i.	Expiration Da	ate of Current or M	ost Recent
						Contract, if any (Month, Day, Year)		
O to those pour o strike as night time at the	Parataunda adalılı	-h	2.11					
9. Is there now a strike or picketing at the								
				ce (Month, Day, Year)				
Organizations or individuals other that known to have a representative interest in	n Petitioner and tho n any employees in	se named in items the unit described i	8 and 9, which have c in item 5b above. <i>(If n</i>	laimed recognition as re one, so state)	epreser	ntatives and	other organizations	and individuals
10a. Name	10b. Ad	dress	10c. Tel. No.			10d. Cel		
				10e. Fax No.			10f. E-Mail Addre	ess
				10011 0111101			Total Many Tradic	-
 Election Details: If the NLRB condu any such election. 		•	r position with respect	Tru. Eloonori Typ			Mail Mixed	d Manual/Mail
11b. Election Date(s): See attached (Attachment B)		ection Time(s): ached (Attachmer	ot B)	11d. Election Loc See attached (At				
12a. Full Name of Petitioner (including			ii b)				ty, state, and ZIP c	ada)
1199SEIU United Healthcare Workers E	East			108 Myrtle St, Qu			ty, state, and ziP c	JG 0)
12c. Full name of national or international Service Employees International Union	labor organization	of which Petitioner	is an affiliate or constit	tuent (if none, so state)				
12d. Tel No.	12e. Cell No.		12f. Fax No.		120	E Mail Add	roca	
(617) 474-7140	126. Cell 110.		IZI. FAX NO.		129	. E-Mail Add	1688	
13. Representative of the Petitioner wh	o will accept servi	ce of all papers fo	or purposes of the rep	presentation proceedi	ng.			
13a. Name and Title Ian O. Rus			13b. Address (street	t and number, city, state	_	ZIP code)		
13c. Tel No.	13d. Cell No.		13e. Fax No.	,,		E-Mail Add		
617-367-7200	ition and that the	totomont 1	a da dha ha at at at a	named along a 100 M a	iruss	ell@pyleror	me.com	
I declare that I have read the above pet		statements are tru		nowledge and belief.				
Name (Print)	Signature Aus	Sell	Title Counsel for Petition	er		Date 1/19/18		

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

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

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

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

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

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

o 11 am to 2pm

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

o 7am to 9am

Sleep Center

537 Faunce Corner Road, North Dartmouth MA 02747

Polling Place: First floor conference room - 537

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
01-RC-231306	Date Fled 11/20/2018				

in which the employer concerned	ing the Agend	cy's website, <u>w</u>	<u>ww.nirb.gov</u> , submit a	an original of this	Petition to a	n NLRB office in the Region		
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form								
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed								
with the NLRB and should not be s	served on the	emplover or ar	iv other party.		_	•		
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	REPRESENTAT	IVE - A substantial number	r of employees wish to	o be represented	for purposes of collective		
bargaining by Petitioner and Petitioner d requests that the National Labor Rela	esires to be certifi tions Board proc	ied as representati seed under its pro	ive of the employees. The	Petitioner alleges the Na	nat the following	g circumstances exist and		
2a. Name of Employer		2b, A	ddress(es) of Establishmen	t(s) involved (Street a	and number, city,	State, ZIP code)		
Saint Anne's Hospital		795 N	Middle Street, Fall Ri					
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same) Michael Bushell, CEO Same								
3c, Tel, No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr			
(508)674-5600	<u> </u>		ļ			hell@steward.org		
4a. Type of Establishment (Factory, mine, v Acute Care Hospital	vnolesaler, etc.)	4b. Principal pro Hospital Serv				and State where unit is located:		
5b. Description of Unit Involved		Hospital Selv	rices		Fall KiV	er, MA and other MA towns		
Included: See attached (Atta	achment A	١)				6a. No. of Employees in Unit:		
Excluded:		,				6b. Do a substantial number (30% or more) of the employees in the		
See attached (Atta						unit wish to be represented by the Petitioner? Yes V No		
Check One: 7a. Request for re				an	d Employer decl	ned recognition on or about		
7b. Petitioner is co	rrently recognize	(If no reply receive d as Bargaining R	d, so state). epresentative and desires	certification under the	Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address								
8c. Tel No,	Tel No. 8d Cell No. 8e, Fax No.				8f. E-Mail Address			
8g. Affiliation, if any	8h. Date of Recognition or	r Certification	Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
9. Is there now a strike or picketing at the En	nployer's establis				nployees are par	ticipating?		
(Name of labor organization)			ceted the Employer since (i			·		
Organizations or individuals other than F known to have a representative interest in a	Petitioner and thos ny employees in t	se named in items he unit described	8 and 9, which have claim in item 5b above. (If none,	ed recognition as rep so state)	resentatives and	other organizations and individuals		
10a. Name	10b. Add	fress		10c, Tel. No.		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
 Election Details: If the NLRB conducts any such election. 		s matter, state you ection Time(s):	r position with respect to	11a. Election Type: Manual Mail Mixed Manual/Mail				
11b. Election Date(s); See attached (Attachment B)	nt B)	11d. Election Location(s): See attached (Attachment B)						
12a. Full Name of Petitioner (<i>including lo</i> 1199SEIU United Healthcare Workers Eas	st			12b. Address (street and number, city, state, and ZIP code) 108 Myrtle St, Quincy, MA 02171				
12c. Full name of national or international la Service Employees International Union	oor organization o	of which Petitioner	is an affiliate or constituen	t (if none, so state)				
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (617) 474-7140					iress			
13. Representative of the Petitioner who			or purposes of the repres	entation proceeding	J.			
13a. Name and Title Ian O. Russe	13b. Address (street and 2 Liberty Square, 10th Floor,	, , , , .	and ZIP code)					
13c, Tel No. 617-367-7200	13e. Fax No.		13f. E-Mail Add irussell@pylero					
I declare that I have read the above petition			e to the best of my know	ledge and belief.				
Name (<i>Print</i>) 1Sig an Russell 1	nature Rubs	ellu	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)

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

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

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

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

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

o 11 am to 2pm

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

o 7am to 9am

Sleep Center

537 Faunce Corner Road, North Dartmouth MA 02747

Polling Place: First floor conference room -537

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
01-RC-231316	Pate Filed 11/20/2018				

	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							
				KB 4612). The Si	lowing of little	rest snould only be filed	
with the NLRB and should not be s	RTIFICATION OF REPRESENTATI	<i>y Ourer party.</i> VE - A substanti	al number	of employees wish to	he represented	for purposes of collective	
bargaining by Petitioner and Petitioner de	esires to be certified as representati	e of the employe	ees. The	Petitioner alleges th	at the following	circumstances exist and	
requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.							
2a. Name of Employer 2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) Saint Anne's Hospital 795 Middle Street, Fall River, MA 02721							
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)							
Michael Bushell, CEO	11110	Same	ii saino ac	2D - state same,			
3c. Tel. No.	3d. Cell No.	3e. Fax No.			3f. E-Mail Addre	988	
(508)674-5600					michael.busl	nell@steward.org	
4a. Type of Establishment (Factory, mine, w						nd State where unit is located:	
Acute Care Hospital	Hospital Serv	ices			Fall Rive	er, MA and other MA towns	
5b. Description of Unit Involved						6a. No. of Employees in Unit: 580	
Included: See attached (Atta	achment A)				F	6b. Do a substantial number (30%	
Excluded:	- L					or more) of the employees in the unit wish to be represented by the	
See attached (Atta	cnment A)					Petitioner? Yes V No	
Check One: 7a. Request for re	cognition as Bargaining Representa	tive was made o	n (Date)	an	d Employer decil	ned recognition on or about	
<u> </u>	(Date) (If no reply received						
7b. Petitioner is cu	rrently recognized as Bargaining Re			certification under the	Act.		
8a. Name of Recognized or Certified Barg	paining Agent (If none, so state).	8b. A	Address				
8c. Tel No.	8d Cell No. 8e. Fax No. 8f. E-Mail Addres				ess		
8g. Affiliation, if any 8h. Date of Recognition or Certification				Certification	8i. Expiration D	ate of Current or Most Recent	
					(Month, Day, Year)		
9. Is there now a strike or picketing at the Er	nnlover's establishment(s) involved	2 No. If s	so approv	imately how many en	nnlovees are nar	icinatina?	
(Name of labor organization)		-,-,-		Month, Day, Year)	inprovees are part	ioipaingr	
10. Organizations or individuals other than F			-		recentatives and	other organizations and individuals	
known to have a representative interest in a					resemanves and	other organizations and marviquals	
				Y			
10a. Name	10b. Address			10c, Tel. No.		10d. Cell No.	
	l			10e, Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB conducts any such election. 	an election in this matter, state you	r position with re	spect to	11a, Election Type:	: 🗸 Manual	Mail Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):		i		Election Location(s):		
See attached (Attachment B)	See attached (Attachmen	t B)		See attached (Atta		(
12a. Full Name of Petitioner (Including Ioc 1199SEIU United Healthcare Workers Eas				108 Myrtle St, Quir		ty, state, and ZIP code)	
12c, Full name of national or international lal Service Employees International Union		is an affiliate or o	constituent				
12d. Tel No.	12e. Cell No.	12f. Fax No.			12g. E-Mail Add	Iress	
(617) 474-7140							
13. Representative of the Petitioner who	vill accept service of all papers fo	r purposes of t	he repres	entation proceeding).		
13a. Name and Title Ian O. Russe	ell, Counsel			i number, city, state, Boston, MA 02109	and ZIP code)		
13c, Tel No.	13d. Cell No.	13e. Fax No.			13f, E-Mail Add	,	
617-367-7200 I declare that I have read the above petition	on and that the statements are tru	e to the best of	my know		irusseli@pylero	me.com	
Name (Print) Signature A Title Date							
lan Russell	un kussellh	Counsel for Pe			11/19/18		
WILLFUL FALSE STATEMEN	ITS ON THIS PETITION CAN BE P	UNISHED BY F	INE AND	IMPRISONMENT (U.	S. CODE, TITLE	18, SECTION 1001)	

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

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

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

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

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

o 11 am to 2pm

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

o 7am to 9am

Sleep Center

537 Faunce Corner Road, North Dartmouth MA 02747

Polling Place: First floor conference room -537

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
01-RC-231319	11-19-18					

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition: (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Martha's Vineyard Hospital One Hospital Road, PO Box 1477, Oak Bluffs, MA 02557 3a, Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Christine Gould, Director of Human Resources Same 3e, Fax No. 3f. E-Mail Address (508) 957-9598 cgould1@partners.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Oak Bluffs, MA Hospital Services Hospital 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attachment 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 10/24/2018 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c, Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 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 10h 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 Mail Mixed Manual/Mail 11a. Election Type: ✓ Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Monday, December 10, 2018 11:30 AM-1:30 PM Community Room, 1st Floor 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1199SEIU United Healthcare Workers East 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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (617) 474-7140 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. 13d, Cell No. 13e. Fax No. 13f. E-Mail Address 617-367-7200 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) Signature Date omo Counsel for Petitloner 11/19/18 David Rome

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

1199SEIU and Martha's Vineyard Hospital NLRB Petition-November 19, 2018

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved?

Signature

(Name of labor organization)

RC PE	RC PETITION			01-RC-231322		11	/20/18	
INSTRUCTIONS: Unless e-Filed us	INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region							
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate								
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form								
(Form NLRB-505); and (3) Descript	ion of Represer	ntation Case F	Procedui	res (Form NLRB 4812). The s	howi	ng of int	erest should only be filed	
with the NLRB and should not be s	served on the en	nployer or an	y other p	party.		Ξ.	-	
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Rela-	esires to be certified	l as representativ	e of the e	mployees. The Petitioner alleges the	hat the	following	circumstances exist and	
2a. Name of Employer			٠,	of Establishment(s) involved (Street	and nu	mber, city	State, ZIP code)	
Sheraton Stamford		700 E		St., Stamford, CT 06902				
3a. Employer Representative – Name and				ress (If same as 2b - state same)				
Thomas Carlos, General Mana	<u> </u>		same					
3c. Tel. No.	3d. Cell No.		i	Fax No. 3f. E-Mail A				
				58-8872	tcarlos@sheratonstamford.com			
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal production Hotel Hospitality				vice	and State where unit is located: rd, CT			
5b. Description of Unit Involved							6a. No. of Employees in Unit:	
included: All non-supervisory employ	ees in Housekee	ping, Food & E	Beverage	, Banquets, Bell staff, Front Desi	k and		125	
					or more) of the employees in the unit wish to be represented by the			
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) Nov 19 and Employer declined recognition on or about no reply (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 Bar None		ione, so state).		8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax	8e. Fax No. 8f. E		-Mail Add	ress	
8g. Affiliation, if any 8h. Date				Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				

Case No.

DO NOT WRITE IN THIS SPACE

If so, approximately how many employees are participating?

Date Filed

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.

, has picketed the Employer since (Month, Day, Year)

10e, Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail _ Mixed Manual/Mail any such election 11c. Election Time(s): 11d. Election Location(s) 11b. Election Date(s): 6-11 AM; 3-6 PM Employee cafeteria Dec. 4, 2018 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) UNITE HERE Local 217 425 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 (203) 865-7315 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. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address

617-227-5767 manderson@murphyplic.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Andrew Tillett-Saks Director 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

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01_PC_231420	11/21/18				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 130 Ingham Hill Road P.O. Box 801 CT Old Saybrook 06475-M & J Bus Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 130 Ingham Hill Road P.O. Box 801 CT Old Saybrook 06475-Jon Hipsher 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (860) 388-6782 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Transporting children North Stonington, CT 5b. Description of Unit Involved 6a. No. of Employees in Unit: included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes [] No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 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) 10b. Address 10c. Tel. No. 10d. Cell No. 10a, Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): December 2018 North Stonington CT 8:30 to 10:00 a.m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Kelly Martinez AFSCME Council 4 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
AFSCME 12g. E-Mail Address kmartinez@council4.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (860) 978-5065 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) Anthony Bento Staff Attorney Representtive AFSCME, Council 4 444 E Main St CT New Britain 06051-2055 13d. Cell No. 13e. Fax No. 13f F-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) Date Kelly Martinez, Organizing Coordinator Organizing Coordinator 11/20/2018 14:44:21 Kelly Martinez

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

Attachment

DO NOT WRITE IN THIS SPACE						
Case	Date Filed					
01-RC-231420	11/21/18					

Employees Included
All regularly scheduled bus drivers from the North Stonington Bus yard

Employees Excluded
Supervisors employees as excluded by law

FORM NLRB-502 (RC) (2-18)

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

DO NOT WRITE II	N THIS SPACE
Case No.	Date Filed
01 DC 221775	11 /20 /10

					<u></u>	OT-KC	<u>-231//5</u>		29/18	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accomp the petition of: (panied by 1) the petit	both a si tion; (2) S	nowing of interest (se Statement of Position	ee 6b below) a form (Form	and a certifica NLRB-505); ar	te of service showing s id (3) Description of Re	ervice on presentation	
PURPOSE OF THIS PETITION: It bargaining by Petitioner and Petit requests that the National Laboratory	ioner desi <u>r</u> e	s to be certified a	s represen	tative of the	ne employees. The Pe	titioner alleg	es that the fol	lowing circumstances		
2a. Name of Employer:			2b. Addre	ss(es) of	Establishment(s) invol	ved (Street ar	d number, City	, State, ZIP code):		
Eversource Energy 107 Selden Street, Berlin, CT 06037										
3a. Employer Representative - Nar	ne and Title		3b. Addre	ss (if sam	ne as 2b - state same):					
Angela Ruggiero- Legal Representative 107 Selden Street, Berlin, CT 06037										
3c. Tel. No. 860-665-3667	3d. Cell No).	:		5-5504		il Address a.ruggiero(@eversource.com		
4a. Type of Establishment (Factory,	mine, whole	saler, etc.)	1	•	al Product or Service		1	nd State where unit is loc	ated:	
Public Utility 5b. Description of Unit Involved:				Electric	city		Berlin, C	or of Employees in Unit:		
Included:								er or Employees in Onic.		
please see attached.							8			
Excluded:			,				i of the e	ubstantial number (30% employees in the unit wis ented by the Petitioner?	h to be	
Check One: 7a. Request for reconnection on or about (Date)	ognition as		esentative v no reply rec		• •		and Employer	declined recognition		
	rently recog				state). and desires certification	n under the A	at.			
8a. Name of Recognized or Certific					idress:					
none										
8c. Tel. No.	8d. Cell No		8	e. Fax No).	8f. E-Ma	8f. E-Mail Address			
8g. Affiliation, if any:			8h.	Date of R	ecognition or Certificat		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing a	t the Employ	/er's establishme	nt(s) involv	ed? No	If so, approx	timately, how n	nany employee	s are participating?		
(Name of Labor Organization)						, has picke	ted the Employ	er since (Month, Day, Ye	ar)	
 Organizations or individuals other individuals known to have a representation 	than Petition esentative in	oner and those na terest in any emp	amed in iter ployees in t	ns 8 and he unit de	9, which have claimed scribed in item 5b abo	recognition a ve. (If none, s	s representativ o state)	es and other organization	ns and	
10a. Name		10b. Address				10c. Tel.	No.	10d. Cell No.		
						10e. Fax	No.	10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and			your posi	tion with respect to any			al Mail Mixed	Manual/Mail	
11b. Election Date(s):		11c. Election Tir	` '				11d. Election Location(s): 107 Selden Street, Berlin, CT 06037			
12a. Full Name of Petitioner (includ	ing lood no	10 am to 12			12b. Address (street					
IBEW Local 457, AFL-C		ne and number).			2590 Berlin Tu		=	*		
12c. Full name of national or internati International Brotherhood				ner is an a	iffiliate or constituent (if none, so sta	te):			
12d. Tel. No. 12e. Cell No. 12f. Fax No. 860-505-0948 860-505-8859				office	12g. E-Mail Address office@ibewlocal457.org					
13. Representative of the Petitione	r who will a	ccept service o								
13a. Name and Title: Scott McCoy, Assistant Bus	iness Ma	nager	l l	13b. Address (street and number, city, 2590 Berlin Turnpike, Suite 1			-	7		
13ć. Tel. No.	13d. Cell N	la.		3e. Fax N	ło.	13f. E-M	ail Address			
860-505-0948	860-55				5-8859	office@ibewlocal457.org				
declare that I have read the above								· · · · · · · · · · · · · · · · · · ·		
Name (Print)		Signature	0// 4	1 -1-	da	Title			Date	
Scott McCoy		- 1 /. K	SH 1	۲. /نــ	Lety 1	Assistan	Business	Manager	11/28/18	

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 us	ing the Agenc	y's website, <u>w</u>	ww.nlrb.gov, sub	mit a	an original of this	Petit	ion to ar	NLRB office in the Region
in which the employer concerned i	s located. The	e petition mus	t be accompanied	l by	both a showing o	of inte	rest (see	e 6b below) and a certificate
of service showing service on the	employer and	all other partie	s named in the p	etiti	on of: (1) the peti	ition;	(2) State	ment of Position form
(Form NLRB-505); and (3) Descript				1 NL	.RB 4812). The s	nowir	ig of inte	erest should only be filed
with the NLRB and should not be s 1. PURPOSE OF THIS PETITION: RC-CE	ervea on the	employer or ar	y otner party.		of amalauaaa walab A	- 6		£
bargaining by Petitioner and Petitioner de	esires to be certific	ed as representat	ve of the employees.	The	Petitioner alleges th	hat the	following	circumstances exist and
requests that the National Labor Relat 2a. Name of Employer	ions Board proc	2b. A	oper autnority pursu ddress(es) of Establis	ant to	o Section 9 of the Na of(s) involved (Street a	ational	mber city	State ZIP code)
Saint Anne's Hospital		795	Middle Street, Fa	II Ri	ver, MA 02721	and no	ribor, ony,	otato, 211 0000)
3a. Employer Representative – Name and	Title		1 _ `	me a	s 2b – state same)			
Michael Bushell, CEO 3c. Tel. No.	3d, Cell No.		Same 3e. Fax No.			05.5	-Mail Addr	
(508)674-5600			Se. Pax No.					hell@steward.org
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal pro				·		nd State where unit is located:
Acute Care Hospital 5b. Description of Unit Involved		Hospital Serv	rices				Fall Rive	er, MA and other MA towns
Included: See attached (Atta	ohmont A	١						6a. No. of Employees in Unit: 180
)						6b. Do a substantial number (30%
Excluded: See attached (Atta	chment A)						1	or more) of the employees in the unit wish to be represented by the
oce attached (7 tta	oriniont Ay							Petitioner? Yes V No
Check One: 7a. Request for re	-		ative was made on (D	ate) _	an	nd Emp	loyer decli	ned recognition on or about
7h Petitioner is ou		lf no reply receive	<i>d, so state</i>). epresentative and de	aleaa	aartification under the	- 1 -1		
8a. Name of Recognized or Certified Barg			8b. Addre		certification under the	e ACL		
					77.7			
8c. Tel No.	8d Cell No.	d Cell No. 8e, Fax No. 8f, E-Mail Address					938	
8g. Affiliation, if any			8h. Date of Recognit	ion o	r Certification			ate of Current or Most Recent
		l				Conti	ract, if any	(Month, Day, Year)
9. Is there now a strike or picketing at the Er	nployer's establis	hment(s) involved	? Nolf so, a	pprox	imately how many er	mploye	es are par	licipating?
			keted the Employer si					
10. Organizations or individuals other than F	etitioner and thos	e named in items	8 and 9, which have	claim	ed recognition as rep	resenta	atives and	other organizations and individuals
known to have a representative interest in a	ny employees in ti	he unit described	in item 5b above. (If	none,	, so state)			•
10a. Name	10b. Add	ress			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 you	r position with respec	t to	11a, Election Type	: 🗸 1	Manual	Mail Mixed Manual/Mail
any such election. 11b. Election Date(s):	11c Fle	ection Time(s):			11d. Election Local	tion/e)		
See attached (Attachment B)		ched (Attachmer	nt B)		See attached (Atta	. ,		
12a. Full Name of Petitioner (including loc		mber)						ty, state, and ZIP code)
1199SEIU United Healthcare Workers Eas		Anablah Dalita	1 661.4		108 Myrtle St, Quir	ncy, M	A 02171	
12c. Full name of national or international lal Service Employees International Union	or organization o	f which Petitioner	is an affiliate or cons	ituen	t (if none, so state)			
12d. Tel No.	12e. Cell No.		12f. Fax No.			12g.	E-Mail Add	iress
(617) 474-7140								
13. Representative of the Petitioner who v	vill accept servic	e of all papers fo				-		-
13a. Name and Title Ian O. Russe	ell, Couns	el	13b. Address (street 2 Liberty Square, 10th		d number, city, state, Boston, MA 02109	and Zi	P code)	
13c. Tel No.	13d. Cell No.		13e. Fax No.		,	13f. E	-Mail Add	ress
617-367-7200	00 Irussell@pylerome.com					me.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) Signal Russell Ca	Name (Print) In Signature Counsel for Petitioner Signature Counse							
WILLFUL FALSE STATEMEN					IMPRISONMENT (U.			18, SECTION 1001)

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

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

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

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

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

o 11 am to 2pm

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

o 7am to 9am

Sleep Center

537 Faunce Corner Road, North Dartmouth MA 02747

Polling Place: First floor conference room – 537

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE			
Case No.	Date Filed		
01-RD-231505	11/21/2018		

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

1. PURPOSE OF THIS PETITION: 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
487 Greenwich Ave
CT New Haven 06519-2a. Name of Employer Ctown Supermarket 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 482 Greenwich Ave KEVIN López Manager CT New Haven 06519-3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. F-Mail Address (203) 773-8998 (203) 773-1841 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Retail (Grocery) Supermarket New Haven, CT 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he unit no longer wish to be Excluded: See Attached Page 2 for additional details represented by the cer ified or currently recognized bargaining representative? Yes 🔽 No 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representa ive and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent 8b. Address Local 371 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) 01/24/2016 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? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 482 Greenwich ave 12/03/18 10 am 12a. Full Name of Petitioner (b) (6), (b) (7)(C) 12b. Address (street and number, city, state, and ZIP code) 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) 12q. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 13c. Tel No 13d Cell No 13e Fax No 13f F-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) Signature Title Date (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 11/21/2018 15:31:47

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

PRIVACY ACT STATEMENT

Attachment

Employees Included All employee

Employees Excluded Supervisors

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