

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-228460

Date Filed

10-2-18

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.

2a. Name of Employer:
Twin River-Tiverton, LLC d/b/a Tiverton
Casino Hotel

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

777-Tiverton Casino Blvd.
Tiverton, RI 02878-2497

3a. Employer Representative - Name and Title:
Joseph Moore - General Manager
Renee Bianco - HR Manager

3b. Address (if same as 2b - state same):
same

3c. Tel. No.
401.816.6000

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

jmoore and rbianco@twinrivertiverton.com

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

4b. Principal Product or Service
Gaming

5a. City and State where unit is located:
Tiverton, RI

5b. Description of Unit Involved:

Included:

All Full-Time and regular Part-Time Table Game Dealers

Excluded:

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

6a. Number of Employees in Unit
150

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) by this petition 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)

Rhode Island Laborers' District Council on behalf of Local Union 711 of the Laborers' International Union of North America

10a. Name
Michael F. Sabitoni,
Business Manager

10b. Address
410 South Main Street
Providence, RI 02903

10c. Tel. No.
401.331.1043

10d. Cell No.

10e. Fax No.
401.861.1480

10f. E-Mail Address
michael@local271.org

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):
October 19, 2018

11c. Election Time(s):
11am-1pm and 5pm-7pm

11d. Election Location(s):
conference room

12a. Full Name of Petitioner (including local name and number):
International Union, United Automobile, Aerospace, and
Agricultural Implement Workers of America, UAW

12b. Address (street and number, city, State and ZIP code):
8000 E Jefferson Avenue
Detroit, MI 48214

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

International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, UAW

12d. Tel. No.
313.926.5216

12e. Cell No.

12f. Fax No.
313.926.5240

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:
Stuart Shoup, Assistant General Counsel

13b. Address (street and number, city, State and ZIP code):
8000 E Jefferson Avenue
Detroit, MI 48214

13c. Tel. No.
313.926.5216

13d. Cell No.
734.775.6732

13e. Fax No.

13f. E-Mail Address
sshoup@uaw.net

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

Name (Print)
Stuart Shoup

Signature

Title

Assistant General Counsel

Date

10/02/18

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 STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 01-RC-228331	Date Filed 10/1/18

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 Lecrenski Brothers Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 14 Delmont Ave MA Westfield 01085-3300	
3a. Employer Representative - Name and Title Nancy Lecrenski		3b. Address (If same as 2b - state same) 14 Delmont Ave MA Westfield 01085-3300	
3c. Tel. No. (413) 572-0533	3d. Cell No.	3e. Fax No.	3f. E-Mail Address lbischooltrans@yahoo.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service Student Transportation	
4c. City and State where unit is located: Westfield, MA		5a. City and State where unit is located: Westfield, MA	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 22 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

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

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

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

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

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

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

11b. Election Date(s): October 22, 2018	11c. Election Time(s): 9:00 a.m. to 1:00 p.m.	11d. Election Location(s): One of the Employer's Trailers	
12a. Full Name of Petitioner (including local name and number) David Tancrati Amalgamated Transit Union Local 448		12b. Address (street and number, city, state, and ZIP code) 640 Page Blvd Ste 106 MA Springfield 01104-3067	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Amalgamated Transit Union			

12d. Tel No. (413) 732-8041	12e. Cell No. (413) 209-4484	12f. Fax No. (413) 732-1881	12g. E-Mail Address unionyes@atulocal448.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION		13b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790	
13c. Tel No. (301) 431-7100	13d. Cell No. (301) 431-7100	13e. Fax No. (301) 431-7116	13f. E-Mail Address dsmith@atu.org

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

Name (Print) Daniel B. Smith	Signature Daniel B. Smith	Title Assistant General Counsel	Date 10/1/2018 11:28:41
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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-228331	10/1/18

Employees Included

All full-time and regular part-time monitors employed by the Employer at its Westfield, MA facility. (The Petition seeks and Armour Globe Election to include the petitioned-for employees within an existing unit of the Employer's Westfield, MA regular and spare mini-bus drivers.)

Employees Excluded

All other employees, office clerical employees, managers, guards, 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-228353** Date Filed **10-1-18**

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 Cape Cod Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 27 Park St Hyannis MA	
3a. Employer Representative - Name and Title Brian Basili		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 508-862-5718	3d. Cell No. NA	3e. Fax No. NA	3f. E-Mail Address BBasili@CapeCodHealth.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service SECURITY	
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. City and State where unit is located: Hyannis MA	
		6b. No. of Employees in Unit: 24	
		6c. 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) **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). SECURITY, POLICE, AND FIRE PROFESSIONALS OF AMERICA		8b. Address 25510 KELLY RD ROSEVILLE MI 48066	
8c. Tel. No. (586) 772-7250	8d. Cell No. NA	8e. Fax No. 586-772-9644	8f. E-Mail Address spfpapres@spfpa.org
8g. Affiliation, if any SPFPA INTERNATIONAL UNION		8h. Date of Recognition or Certification NA	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) September 30th 2018	

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: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): first available	11c. Election Time(s): 0700-0900, 1500-1600	11d. Election Location(s): Work Site (Laroso Room)
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12a. Full Name of Petitioner (including local name and number)
United Government Security Officers of America and Its Local 509

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

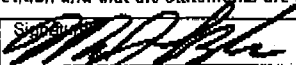
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Government Security Officers of America International Union

12d. Tel. No. 617-620-7225	12e. Cell No. 617-620-7225	12f. Fax No. NA	12g. E-Mail Address Mleblanc@ugsoa.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title 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. 774-678-4858	13f. E-Mail Address Mleblanc@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 10/1/2018
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WILLFUL FALSE STATEMENTS IN 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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-228876

10/10/18

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.

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2a. Name of Employer Berkshire Gas Company		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 115 Cheshire Road, Pittsfield, MA 01201	
3a. Employer Representative - Name and Title Kyra Patterson, V.P. Human Resources		3b. Address (If same as 2b - state same) 180 Marshall Road, Orange, CT 06477	
3c. Tel. No. 203-499-2337	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kyra.patterson@avangrid.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility Company		4b. Principal product or service Distribution of Natural Gas	
5a. City and State where unit is located: Pittsfield, MA		6a. No. of Employees in Unit: 4	
5b. Description of Unit Involved Included: All full-time dispatchers employed by the employer at its Pittsfield, MA facility Excluded: Guards and Supervisors as 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: ☐ 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). N/A		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

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

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

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

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

11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): November 2, 2018	11c. Election Time(s): 12:30 pm - 2:30 pm	11d. Election Location(s): 115 Cheshire Road, Pittsfield, MA 01201
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12a. Full Name of Petitioner (including local name and number) Connecticut Independent Utility Workers	12b. Address (street and number, city, state, and ZIP code) 100 Pitkin Street, Suite B, East Hartford, CT 06108
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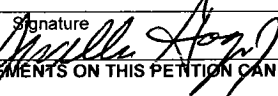
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

12d. Tel No.	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 J. William Gagne, Jr.		13b. Address (street and number, city, state, and ZIP code) 1 Congress Street, Suite 300, Hartford, CT 06114	
13c. Tel No. 860-522-5049	13d. Cell No.	13e. Fax No. 860-561-6204	13f. E-Mail Address jwgagne@snet.net

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

Name (Print) J. William Gagne, Jr.	Signature 	Title Attorney	Date October 10, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.:

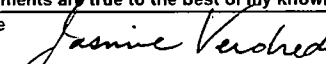
01-RC-229103

Date Filed

10/12/18

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.

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2a. Name of Employer: PROSPECT MEDICAL HOLDINGS, Inc		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 31 Union St, Vernon, CT 06066	
3a. Employer Representative - Name and Title: Marcelino La Bella, Esq. National Director of Labor Relations		3b. Address (if same as 2b - state same): 200 High Service Avenue North Providence, RI 02904	
3c. Tel. No. (401) 456-3344	3d. Cell No. (401) 525-0203	3e. Fax No.	3f. E-Mail Address marcelino.labella@chartercare.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Acute Care Hospital		4b. Principal Product or Service Healthcare	
5a. City and State where unit is located: Rockville/Vernon CT		5b. Description of Unit Involved: Included: All full time, regular part-time, and per diem nonprofessional employees (Addendum) Excluded: All other nonprofessional employees, professional employees, etc (Addendum)	
6a. Number of Employees in Unit: 150		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 10/11/18 and Employer declined recognition on or about (Date) 10/11/18 (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? 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) None			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: To cover all shifts		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 10/25/18		11c. Election Time(s): 6:00am-8:00am 10:30-1:00 2:00-6:30	
11d. Election Location(s): Rockville General Hospital, Board Room			
12a. Full Name of Petitioner (including local name and number): AFT CONNECTICUT		12b. Address (street and number, city, State and ZIP code): 35 Marshall Rd, Rocky Hill, CT 06067	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): AMERICAN FEDERATION OF TEACHERS, AFL-CIO			
12d. Tel. No. 860-257-9782	12e. Cell No. 718-755-3941	12f. Fax No. 860-257-8214	12g. E-Mail Address JVENDREDI@AFTCT.ORG
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: JASMINE VENDREDI		13b. Address (street and number, city, State and ZIP code): 35 Marshall Rd, Rocky Hill, CT 06067	
13c. Tel. No. 860-257-9782	13d. Cell No. 718-755-3941	13e. Fax No. 860-257-8214	13f. E-Mail Address JVENDREDI@AFTCT.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) JASMINE VENDREDI		Signature 	Title ORGANIZER
		Date 10/12/18	

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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In response to Question 5.b

Included:

All full time, regular part-time, and per diem nonprofessional employees employed in the following job classifications at Rockville General Hospital: Administrative Assistant, Cardiac Secretary, Cashier, Catering Associate, Certified Nurses Assistant, Clerk, Clerk I, Clerical Nurses Assistant I, Clerical Nurses Assistant II, Clerical Nurses Assistant III, Cook I, Cook II, Cook III, Customer Service Associate, Dessert Attendant, Diet Aide, Diet Aide I, Diet Aide II, Diet Aide III, Diet Technician, Dietary Technician, Dispatch Carrier, Driver, Food Service Attendant, Food Service Attendant I, Food Service Attendant II, Health Information Management Associate, Health Information Management Specialist, Housekeeper, Housekeeper I, Housekeeper II, Housekeeper III, Lab Aide, Medic R, Medical Assistant, Nursing Aide, Nursing Assistant, Nutrition Assistant, Paramedic, Patient Access Specialist, Patient Access Associate, Patient Care Assistant, Patient Transporter, Phlebotomist, Physical Therapy Aide, Pot Washer, Prep Cook, Rehab Aide, Sales Associate, Sandwich Person, Scheduler Clerk, Secretary, Stockroom Assistant, Supply Coordinator, Surgical Assistant, Switchboard Operator, Team lead, Tray Server, Unit Secretary.

Excluded:

All other nonprofessional employees, professional employees, physicians, registered nurses, business office clerical employees, skilled maintenance employees, technical employees, confidential employees, managerial employees, and guards and supervisors as defined in the Act.

FORM NLRB-502 (RC)
(2-10)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

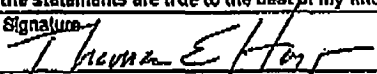
01-RC-229687

Date Filed

10-23-18

INSTRUCTIONS: Unless a 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: Bentley University		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Bentley University, Rauch 201, 175 Forest Street, Waltham, MA 02452	
3a. Employer Representative - Name and Title: Ann Dexter, VP & Chief HR Officer		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 781-891-2640	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Adexter@Bentley.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) University		4b. Principal Product or Service Education	
5a. City and State where unit is located: Waltham, MA		5b. Description of Unit Involved: Included: All full-time and regular part-time public safety officers holding the rank of Sergeant. Excluded:	
6a. Number of Employees in Unit 9		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>June 7, 2018</u> and Employer declined recognition on or about (Date) <u>June 20, 2018</u> (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) N/A		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any: N/A		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u> </u> If so, approximately how many employees are participating? <u> </u> (Name of Labor Organization) <u> </u> has picketed the Employer since (Month, Day, Year) <u> </u>			
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 6b above. (If none, so state)			
10a. Name N/A		10b. Address N/A	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): December 2018-January 2019		11c. Election Time(s): 8AM and 4PM	
11d. Election Location(s): Waltham, MA			
12a. Full Name of Petitioner (including local name and number): Bentley University Public Safety Association		12b. Address (street and number, city, State and ZIP code): Hanley Law Offices, LLC, 308 Victory Rd., Floor 3, Quincy, MA 02171	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): None			
12d. Tel. No. 617-770-2929	12e. Cell No.	12f. Fax No. 617-770-9669	12g. E-Mail Address tom@mhanleylaw.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Thomas Horgan		13b. Address (street and number, city, State and ZIP code): Hanley Law Offices, LLC, 308 Victory Rd., Floor 3, Quincy, MA 02171	
13c. Tel. No. 617-770-2929	13d. Cell No.	13e. Fax No. 617-770-9669	13f. E-Mail Address tom@mhanleylaw.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) Thomas E. Horgan		Signature 	Title Legal Counsel for Petitioner
		Date 10-22-18	

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. § 161 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.

FORM NLRB-502 (RC)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

1-RC-229866

Date Filed

October 25, 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 Eversource		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Bedford, Hooksett, Keene, Lancaster and Nashua Area Work Centers	
3a. Employer Representative - Name and Title Daniel McCallum		3b. Address (If same as 2b - state same) PO Box 330, Manchester, NH 03105-0330	
3c. Tel. No. 603-634-2742	3d. Cell No. 603-345-6336	3e. Fax No. 603-431-8772	3f. E-Mail Address daniel.mccallum@eversource.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electric Utility		4b. Principal product or service Delivery of Electricity	
5b. Description of Unit Involved Included: Petitioner requests an Armour-Globe election to allow five (5) Representative A's at the Area Work Centers providing administrative support in Operations to choose whether they wish to be represented as part of the existing main bargaining unit. Excluded: All other employees, guards and supervisors as defined in The Act.		5a. City and State where unit is located: New Hampshire (Statewide)	
		6a. No. of Employees in Unit: 5	
		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) 10/23/2018 and Employer declined recognition on or about 10/24/2018 (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 N/A	
8c. Tel No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any N/A		8h. Date of Recognition or Certification N/A	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A	
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) None			

10a. Name N/A		10b. Address N/A		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): November 15, 2018		11c. Election Time(s):		11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number) International Brotherhood of Electrical Workers Local Union #1837				12b. Address (street and number, city, state, and ZIP code) 16 Old Winthrop Rd, Manchester, ME 04351-3339			
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. 207-623-1030		12e. Cell No. 207-441-4123		12f. Fax No. 207-621-8384		12g. E-Mail Address unlon@ibew1837.org	
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.							
13a. Name and Title Matthew D. Beck, Business Rep./Organizer				13b. Address (street and number, city, state, and ZIP code) IBEW Local #1837, 16 Old Winthrop Rd, Manchester, ME 04351-3339			
13c. Tel No. 207-623-1030		13d. Cell No. 207-441-4123		13e. Fax No. 207-621-8384		13f. E-Mail Address matt@ibew1837.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) Matthew D. Beck	Signature 	Title IBEW Local #1837 Business Rep./Organizer	Date October 25, 2018
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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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 01-RC-230146	Date Filed 10/30/18

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 Glendale Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4 Hazel Ave, Naugatuck CT 06770	
3a. Employer Representative - Name and Title Marnie Talamona		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. 203 723-1456	3d. Cell No.	3e. Fax No. 203-723-0242	3f. E-Mail Address
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: Naugatuck, CT

5b. Description of Unit Involved Included: All full time, regular part time and per diem Certified Nurses Aides. Excluded: All other employees, all professional employees, all laundry and housekeeping employees, all guards and supervisors as defined in the act.		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: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 10/30/2018 and Employer declined recognition on or about 10/30/2018 (Date) (If no reply received, so state).	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
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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): Friday, November 16th, 2018	11c. Election Time(s): 6:30 - 7:30 am and 2:30 - 3:30 pm	11d. Election Location(s): Glendale Center, 4 Hazel Ave, Naugatuck CT 06770
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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
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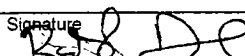
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union

12d. Tel No. (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 10/30/2018
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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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