UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01-RC-2/49161	10/1/10				

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. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Hebrew Senior Care Behavioral Hospital 1 Abrahms Blvd. West Hartford, CT 06117 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Denise Peterson CEO and President SAME 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address dpeterson@hebrewseniorcare.org 860.218-2300 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: Health Care West Hartford, CT 06117 Hospital 6a. No. of Employees in Unit: 5b. Description of Unit Involved 6b. Do a substantial number (30% or more) of the employees in the Excluded: All persons not included in the above any excluded from the coverage of this Agreement, including, but not limited to, the following the property of unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 10/1/19 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 Public Employees Hospital & Convalescent Home Local Union No. 1224 47 Ledyard St., Hartford, CT 06114 8c. Tel No. 8e Fax No. 8f. E-Mail Address (860)296-2726 (860)296-5760 districtcouncil@yahoo.com 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) Laborers International Union of North America 9/30/2019 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b Address 10c Tel No 10d Cell No. None 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🗸 Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s) 6:30 am - 8:00 am and 2:00 pm - 4:00 pm EMPLOYER FACILITY Tuesday 10/15/19 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) NEW ENGLAND HEALTHCARE EMPLOYEES UNION DISTRICT 1199 77 Huyshope, Ave., 1st Fl., Hartford, CT 06106 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union 12e. Cell No. 12g. E-Mail Address (860)549-1199 (860)251-6049 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Edgar Aracena, Vice President 13b. Address (street and number, city, state, and ZIP code) 77 Huyshope, Ave., 1st Fl., Hartford, CT 06106 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (860)251-6053 (973) 985-4313 (860)251-6049 earacena@seiu1199ne.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Edgar Aracena Vice President

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

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No. Date Filed

	RC PETITION					01-	RC-249	9303	10/3/19	
employer concerned is loc the employer and all other	employer concerned is located. The petition must be accompanied by both a showing of inten- the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Po- Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLI				Statement of Position	e 6b below) and form (Form NLI	a certificat RB-505); an	te of service show d (3) Description	ving service on of Representat	tion
PURPOSE OF THIS PET bargaining by Petitioner a requests that the Nation	and Petitioner desire	s to be certified a	s represer	ntative o	f the employees. The Pe	titioner alleges i	that the foll	owing circumstar	nces exist and	
2a. Name of Employer:					of Establishment(s) invol		umber, City	, State, ZIP code):		
Coca Cola Beverages	Northeast		451 M	ain St.	East Hartford Con	1. 06108	,			
3a. Employer Representati Bryan Misenheimer	ve - Name and Title		3b. Addr	ess (if s	ame as 2b - state same).					
3c. Tel. No.	3d. Cell No 860.922.			3e. Fax	No.	3f. E-Mail A bmisenhe	ddress imer@ccr	nne.com		
4a. Type of Establishment (F factory	ectory, mine, whole	seler, etc.)		4b. Prin bevera	cipal Product or Service		, .	d State where unit	is located:	· ·
5b. Description of Unit Inve	olved:				<u> </u>	1 1	6a. Numbe	er of Employees in	Unit:	
Included: All full time and part tim	e Quality Assura	nce Technicia:	ns at the	East I	lartford Location		8			
Excluded: All other employees, ma	aintenance man	agers, supervi	sors and	d guard	is as defined in the /	Nct.	of the 6	ubstantial number employees in the userted by the Petition	nit wish to be	□ No
Check One: 7a. Request on or about	ıt (Date)	(if n	o reply rea	ceived, s	so state).			declined recognition		
8a. Name of Recognized or					e and desires certificatio Address:	n under the Act.				
oa. Name of Necognizació	veruneu vargann	ng Agent (ii nom	., 50 Sigic	, 00.	Madiess.					
8c. Tel. No.	8d. Cell No	i.		8e. Fax	No.	8f. E-Mail A	ddress			
8g. Affiliation, if any:			8h.	Date of	Recognition or Certifica			urrent or Most (Month, Day, Year)	
9. Is there now a strike or pic	cketing at the Employ	er's establishme	nt(s) invol	ved? N	O If so, approx	imately how man	y employee	s are participating?	}	
(Name of Labor Organizat	tion)				·	, has picketed	the Employ	er since (Month, D	ay, Year)	
10. Organizations or individu individuals known to have								es and other organ	izations and	
10a. Name		10b. Address	_,,			10c. Tel. No),	10d. Cell No.		
						10e. Fax No).	10f, E-Mail Addre	55	
11. Election Details: If the N	NLRB conducts and	election in this m	atter, state	your po	osition with respect to an	y such election:	11a. Electio	· · ·	Advant Banasat	- -
11b. Election Date(s):		11c. Election Tir	no(s)·			11d. Electio		al Mail	Mixed Maurani	viaii
10.21.19		TBD				· ·	ford Local	•		
	12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Joint Council 10 New England 12b. Address (street and number, city, State and ZIP code): 544 Main St. Boston MA 02129									
12c. Full name of national or International Brotherhoo		•				if none, so state)				
12d. Tel. No. 617.241.0485	12e. Cell N	lo.		12f. Fax 617.24	(No. 11.7512	12g. E-Mail csmolins		terslocal25.com	n	
13. Representative of the F 13a. Name and Title: Chris Smolinsky - JC1		•	1	13b. Ad	urposes of the representess (street and number lain St. Boston Ma	r, city, State and	-	····		
13c. Tel. No.	13d, Cell N	lo.		13e. Fe	x No.	13f. E-Mail	Address			
I declare that I have read the	he above petition a	nd that the state	ments an	e true to	the best of my knowle	dge and belief.	·			
Name (Print)		Signature		•		Title		<u> </u>	Date	
Chris Smolinsky			~			Chris Smolin	sky		10.2.19	}

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

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
01_RC_249440	10-4-19			

INSTRUCTIONS: Unless e-Filed u employer concerned is located. the the employer and all other parties Case Procedures (Form NLRB 48	The petition must named in the p 112). The showir	et be accompani petition of: (1) th ng of interest sh	ed by bo e petition ould only	th a sl n; (2) S be file	howing of interest (se Statement of Position ed with the NLRB an	ee 6b be n form (l nd should	elow) and Form NLI d not be	l a certificat RB-505); an served on t	e of service sh d (3) Description he employer or	owing s on of Re r any oti	ervice on presentation her party.
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioner and Petitioner and Petitioner and Petitioner requests that the National Laboratory	tioner desires to	be certified as rep	presentati	ve of t	he employees. The Pe	etitioner	r alleges t	that the foll	owing circums	tances	ollective exist and
2a. Name of Employer:		2b.	Address	(es) of	Establishment(s) invo	lved (Str	reet and n	umber, City	, State, ZIP code	e):	
DATTCO Inc.		70)6 Sain	t Pai	ul Street North	Smith	field, F	RI 02896			
3a. Employer Representative - Nar	me and Title:	I .		•	ne as 2b - state same)			-			
Pam Martinez VP of Hun	nan Resourc	es 58	33 Sou	th St	reet New Britain	n, Coi	nnectic	ut 06051			
3c. Tel. No.	3d. Cell No.		3e.	Fax No	0.		E-Mail A				
860-229-4878 Ext4676	L						amm(a	dattco.c			
4a. Type of Establishment (Factory,	mine, wholesale	r, etc.)			pal Product or Service			1 *	d State where u	init is loc	ated:
Bus Company 5b. Description of Unit Involved:			50	nooi	Transportation	<u> </u>			nithfield RI		
Included:									r of Employees	in Unit:	
All Bus Drivers, Bus Mon	nitors, Bus	Aides and B	us Driv	/er/T	rainer.			23			
Excluded: Managerial, Supervisory,	Confidentia	al as defined	l by the	Act	·.			of the e	ibstantial number mployees in the inted by the Peti	unit wis	<u>h t</u> o be ′
Check One: 7a. Request for red	•						and		leclined recogni		
on or about (Date) 7b. Petitioner is cu			ply receiv			n undor	the Act			•	
8a. Name of Recognized or Certific	<u>-</u>	<u>-</u>			ddress:	under	the Act.				
None			,								
8c. Tel. No.	8d. Cell No.		8e.	Fax No	0.	8f.	E-Mail A	ddress			
8g. Affiliation, if any:	J		8h. Da	te of R	ecognition or Certifica				irrent or Most (Month, Day, Ye	ear)	
9. Is there now a strike or picketing a	t the Employer's	establishment(s)	involved	? No	▼ If so, approx	ximately	how man	y employees	are participatin	ng?	
(Name of Labor Organization)					الغميها	, has	picketed	the Employe	er since (Month,	Day, Ye	ar)
Organizations or individuals other individuals known to have a representation.									es and other org	anization	ns and
10a, Name	10b	. Address				10	c, Tel, No		10d. Cell No.	 -	
None											
						100	e. Fax No		10f. E-Mail Add	lress	
11. Election Details: If the NLRB co	nducts and elect	ion in this matter,	state you	ır posit	tion with respect to any	y such e	lection: 1	11a. Election	туре:		
								X Manua		Mixed	Manual/Mail
11b. Election Date(s):	I .	Election Time(s						Location(s	,	. cc	
10/31/19		00 AM thru	1:00 P	IVI	140L A 14 (.44				Bus Yard C	Jince	
12a. Full Name of Petitioner (included Rhode Island Council 94	iing iocai name a	na number):			12b. Address (street 1179 Charles S				•)4	
12c. Full name of national or internat	ional labor organ	ization of which F	etitioner	is an a	I affiliate or constituent (i	(if none,	so state):				
American Federation of S	-						ĺ				
12d. Tel. No.	12e. Cell No.	·	12f.	Fax No	0.	120	g. E-Mail	Address			
401-724-5900 401-486-1995 401-724-2060 JBurns@ricouncil94.org			il94.org								
13. Representative of the Petitione	r who will acce	ot service of all			•	-		-			
13a. Name and Title: John Burns Senior Staff Rep	presentative		ı		ess (street and number narles Street Nort	•					
13c, Tel. No.	13d, Cell No.		13e	Fax N	lo,	131	f. E-Mail A	Address			
401-724-5900	401-486-19	995	ı		4-2060			ricounc	il94.org		
I declare that I have read the above											
^{Name (Print)} John Burns		Signature	13,	m	m	Title Senio	or Staff	f Represe	entative		Date 10/4/19
-											

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION 01-RC-

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
01-RC-249587	10-8-19			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 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) 8 Science Park Rd., Floor 3 Maine Connections Academy Scarborough 04074-3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 8 Science Park Rd. Floor 3 ME Scarborough 04074-Amy Linscott 3c. Tel. No. 3d Cell No 3e Fax No 3f F-Mail Address (207) 805-3254 AmyLinscott@mca.connectionsacademy.org (207) 221-1413 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Schools Education Scarborough, ME 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 Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 10/03/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 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). 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? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

	n Petitioner and those named in items 8 and 9 n any employees in the unit described in item 9	,	atives and other organizations and individu	ials
10a. Name	10b. Address	10c Tel No	10d Cell No	

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):

Wednesday

11c. Election Time(s):
11 a.m. to 4 p.m.

110e. Fax No.

111a. Election Type: Manual Mail Mixed Manual/Mail
11a. Election Type: Manual Mail Mixed Manual/Mail
11b. Election Date(s):
11c. Election Time(s):
11d. Election Location(s):
Maine Connections Academy (Scarborough)

National Education Association

12d. Tel No. 12e. Cell No. 12f. Fax No.

12d. Tel No. (207) 622-4418 12e. Cell No. (207) 522-3758 12f. Fax No. (207) 623-2129 12g. E-Mail Address cbetit@maineea.org

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

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

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

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

Name (*Print*)

Signature
Charles J Betit

Signature
Charles J Betit

Director of Collective Bargaining and Research
10/8/2019 12:16:34

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

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE

Case

01-RC-249587

Date Filed 10–8–19

Employees Included

All educational staff, including instructors/student advisors

Employees Excluded

All others, including special education director, finance director, administrative assistant/secretary, principal, dean, adjuncts

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

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01-RC-249906	10/15/2019				

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 12). The sh	must be accomp the petition of: (1 owing of interest	panied b f) the pe t should	y both a tition; (2 only be	sho 2) St filed	wing of interest (see atement of Position of with the NLRB and	6b below form (Form should no) and n NLI of be	i a certificat RB-505); an served on t	e of service s d (3) Descrip he employer	howing s tion of Re or any oti	ervice on presentation her party.
 PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labo 	ioner desire	s to be certified as	s repres	entative o	of the	e employees. The Pet	itioner alle	ges	that the foll	owing circum	stances	oilective exist and
2a, Name of Employer:			2b. Add	ress(es)	of E	stablishment(s) involv	ed (Street	and r	number, City	State, ZIP co	de):	
MIT Library			77 M	lassach	nus	etts Ave, Camb	ridge, N	ΛA	02139			
3a. Employer Representative - Nan	ne and Title	:	3b. Add	lress (if s	ame	as 2b - state same):						
Chris Bourg, Director of I	Libraries	3	77 M	lassach	nus	etts Ave, NE36	-6101,	Can	nbridge, l	MA 02139	9	
3c. Tel. No.	3d. Cell No).		3e. Fax		0000			ddress			
617-253-5297						-8898	CDOL	rg(mit.edu			
4a. Type of Establishment (Factory, I	nine, whole	saler, etc.)		i .	•	Product or Service				d State where	unit is loc	ated:
College				High	er I	Education			Cambrid	 		
5b. Description of Unit Involved: Included:							6a, Numbe	r of Employee	s in Unit:	·		
See Attachment A	1104											
Excluded:									of the e	bstantial num mployees in the med by the Po	ne unit wis	h to be
Check One: x 7a. Request for rec	ognition as	Bargaining Repre	sentative	was ma	ide c	on (Date) 10/15	/2019	and		leclined recog		21.00
on or about (Date)				eceived,			-1-1					
8a, Name of Recognized or Certifie						d desires certification	under the	Act.				
NONE	a baryann	ng Agent (ii none	, au stat	6) 60.	Ċ	iress.						
Bc. Tel. No.	8d, Cell No).		8e. Fax	No.		8f. E-N	lail A	ddress			
8g. Affiliation, if any:			81	n. Date of	f Re	cognition or Certification				rrent or Most (Month, Day,		
9. Is there now a strike or picketing at	the Emplo	yer's establishmer	nt(s) invo	lved? N	lo	If so, approxi	mately how	man	y employee	s are participa	ting?	
(Name of Labor Organization)				_			, has pic	ceted	the Employ	er since (Mon	th, Day, Yo	ear)
10. Organizations or individuals other individuals known to have a repre										es and other o	rganizatio	ns and
10a, Name		10b, Address	···_				10c. T	el. No) .	10d. Cell No.		
							10e. F	ax No	D. •	10f. E-Mail A	ddress	
11. Election Details: If the NLRB co	nducts and	election in this ma	tter, stat	e your po	ositic	on with respect to any	such elect	on:	11a. Election	n Type:		
any such election				•				- 1			Mixed	i Manual/Mail
11b. Election Date(s):		11c. Election Tim	ne(s):				11d. E	lectio	n Location(s	s):		
10/23/2019 or 10/30/2019		10 AM - 1 I		3 PM						& Hayden	Librar	у
12a. Full Name of Petitioner (includ AFSCME Council 93	ing local na	me and number):				12b. Address (street a 8 Beacon Stree				•		
12c. Full name of national or internation							none, so s	tate).	:			·
American Federation of S	12e. Cell N		шистр	12f. Fax			120 E	Mail	Address			
617-367-6000	120. Cell I	ю.				7-6031			fscme93.	org		
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.												
13a: Name and Title: David Nagle, Membership I	Developm	ent Coordina	tor			s (street and númber, a Street, Boston, l	-		ZIP code):			
13c. Tel. No.	13d. Cell N			13e. Fa	x Nr).	13f. F.	Mail	Address			
617-367-6045	508-66	,				'-6031			Dafscme!	93.org		
I declare that I have read the above			ments a									· · · · · · · · · · · · · · · · · · ·
Name (Print)		Signature		-			Title					Date
David Nagle		$\Box D_{\alpha}$	لنس	7	ag	<u> </u>	Membe	rsh	p Devel	opment C	oord.	10/15/19

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

PRIVACY ACT STATEMENT

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Attachment A

5b. Description of Unit Involved:

Included: All titles but not limited to Access Services Assistant (LA II), Access Services Associate (LA III), Access Services Associate and Admin Assistant, Access Services and Reserves Coordinator (LA III), Acquisitions Associate, Admin Assistant II, Admin Assistant III, Annex Services Associate, Circulation/Reserves Associate Music Library, Cloud Infrastructure Engineer, Collections and Administrative Assistant, Collections Strategist, Collections Strategist for Institute Publications, Collections Strategist Librarian, Computer Support Assistant, Conservation Associate, Digital Archivist, Digital Collections Associate, Digital Library Systems Manager, Digitization Associate, Engagement and Data Engineer, Enterprise Systems Engineer, E-Resource Systems Manager, E-Resources Acquisitions Associate, E-Resources Associate, Facilities Administrator, Financial and Payroll Associate, Full Stack Engineer (Eng X Team), Geospatial Data Librarian & Statistics Specialist, GIS Specialist, Image Cataloging and Technical Associate, Interlibrary Borrowing Assistant, Librarian, Marketing and Communications Assistant, Metadata Operations Engineer, Metadata Production Associate, Metadata Quality Assurance Associate, MIT Publications Cataloging Associate, Platform Architect, Preservation Associate. Preservation Assistant, Processing Archivist, Processing Associate, Project Archivist for Collections, Project Assistant (Music Library), Project Manager/Business Analyst, Reference Associate, Research Data Librarian, Resource Development Assistant, Resource Sharing Assistant, Scanning and Annex Services Assistant, Scanning & Annex Service Associate (LA III), Scanning and Document Delivery Assistant, Scholarly Communications & Licensing Librarian, Scholarly Communications Associate, Senior Administrative Assistant, Senior Project Manager/Business Analyst, Senior Software Engineer, Senior Systems Administrator, Senior Systems Librarian, Systems Administrator, Tangible Acquisitions Associate, Tangible Monograph Assistant, Tangible Monograph Acquisitions Associate, Tangible Serials Acquisitions Assistant, User Experience Specialist, User Experience Specialist & Content Strategist, Visual Resources Librarian, Web Developer, Web Product Manager & User Experience Specialist, and Women @ MIT Project Archivist.

Excluded: All other employees

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	04 DC 250004	Date Filed			
	01-RC-250091	10-17-19			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as 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) 7300 West 129th Street KS Overland Park 66223-3b. Address (If same as 2b – state same) Midwest Air Traffic Control Services, Inc. 3a. Employer Representative - Name and Title 7300 West 129th Street KS Overland Park 66223 Shane Cordes 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address shanelc@att net (913) 782-7082 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Aerospace & Defense Air Traffic Control Services Lawrence, MA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 5 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? 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): As soon as possible One hour, mid day At the facility 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Hammond
nal Air Traffic Controllers Association, AFL-CIO (NATCA) 1325 Massachusetts Ave. NW DC Washington 20005-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address ehammond@natcadc.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (202) 266-9850 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. 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 Erina Hammond 10/17/2019 13:40:41 Erina Hammond

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	04 DO 050004	Date Filed			
	01-RC-250091	10-17-19			

Employees Included

All full-time and regular part-time air traffic control specialists at the Lawrence Municipal Airport (LWM) air traffic control tower in Lawrence, Massachusetts.

Employees Excluded

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	01-RC-250105	Date Filed 10-17-19			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as 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) 7300 West 129th Street KS Overland Park 66223-3b. Address (If same as 2b – state same) Midwest Air Traffic Control Services, Inc. 3a. Employer Representative - Name and Title 7300 West 129th Street KS Overland Park 66223 Shane Cordes 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address shanelc@att net (913) 782-7082 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Aerospace & Defense Air Traffic Control Services Norwood, MA 6a. No. of Employees in Unit: 5b. Description of Unit Involved 4 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? 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): As soon as possible. One hour, mid day, At the facility. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Hammond
nal Air Traffic Controllers Association, AFL-CIO (NATCA) 1325 Massachusetts Ave. NW DC Washington 20005-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address ehammond@natcadc.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (202) 266-9850 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. 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 Erina Hammond 10/17/2019 13:58:11 Erina Hammond

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

Employees Included

All full-time and regular part-time Air Traffic Control Specialists at the Norwood Memorial Airport (OWD) air traffic control tower in Norwood, Massachusetts.

Employees Excluded

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	IN THIS SPACE		
Case No.	Date Filed		
01-RC-250106	October	17,	2019

RC PE	RC PETITION				Oc	tober 17, 2019
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. Th	e petition must	be accompanied by	both a showing o	of interest (see	e 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	employer or any	other party.			
1. PURPOSE OF THIS PETITION: RC-CE						
bargaining by Petitioner and Petitioner d requests that the National Labor Rela						
2a. Name of Employer			dress(es) of Establishmen			
DATTCO (Windsor)		101 Ba	aker Hollow Road, V		95	
3a. Employer Representative – Name and	d Title		3b. Address (If same as	s 2b – state same)		
			Same			
3c. Tel. No. (860) 229-4878 Ext. 4613	3d. Cell No.		3e. Fax No. (860) 612-0117		3f. E-Mail Addr	ess
4a. Type of Establishment (Factory, mine, v	wholesoles etc.)	4b. Principal prod	1/		1 5- 64-	and State where weit in lander to
Transportation	vilolesaler, etc.)	Student Trans				nd State where unit is located: , CT 06095
5b. Description of Unit Involved		Olddon: Hans	portation	<u> </u>	100110301	6a. No. of Employees in Unit:
•		مريط ممسلة			Į.	69
Included: All full-time and re	egular part-	time bus ar	rivers		<u> </u>	6b. Do a substantial number (30%
Excluded: All office clerical employ	ees professio	nal employees	guarde and supervis	sore defined und	er the Act	or more) of the employees in the unit wish to be represented by the
All office ciefical employ	ees, profession	nar employees,	guarus, and supervis	sors defined und	ei lile Act.	Petitioner? Yes ✓ No
Check One: / 7a. Request for re	ecognition as Barg	aining Representati	ive was made on (Date) 1	IN/17/19 an	d Employer decli	ned recognition on or about
10/17/19		If no reply received				•
			presentative and desires	certification under the	Act.	
8a. Name of Recognized or Certified Bar	gaining Agent (if	none, so state).	8b. Address			
8c. Tel No.	8d Cell No.	Т	8e. Fax No.		8f. E-Mail Addre	266
oc. Fer No.	00 001110.		00. I ax 140.	ľ	or. E-Islan Addit	
8g. Affiliation, if any		1 8	8h. Date of Recognition or	e of Recognition or Certification 8i. Expiration Date of Contract, if any (Month.		ate of Current or Most Recent (Month, Day, Year)
9. Is there now a strike or picketing at the E						ticipating?
(Name of labor organization), has picketed the Employer since (Month, Day, Year)						
10. Organizations or individuals other than					resentatives and	other organizations and individuals
known to have a representative interest in a	iny employees in t	he unit described in	item 5b above. (If none,	so state)		
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.
104. 114	1021714					
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLR8 conducts any such election.	an election in this	s matter, state your	position with respect to	11a. Election Type	: 🗸 Manual	Mail Mixed Manual/Mail
11b. Election Date(s):		ection Time(s):		11d. Election Locat	tion(s):	
November 1, 2019 8:00am-10:00am, 12:00pm-2:00pm, 4:00pm-6:00p			-2:00pm, 4:00pm-6:00pm	<u>.:</u>		
12a. Full Name of Petitioner (including local name and number) Teamsters Local 671				12b. Address (street and number, city, state, and ZIP code) 22 Britton Drive, Bloomfield, CT 06002		
12c. Full name of national or international la International Brotherhood of Teamsters	bor organization of	of which Petitioner is	s an affiliate or constituen	t (if none, so state)		
12d. Tel No. (860) 242-3200	12e. Cell No.		12f. Fax No. (860) 769-7611		12g. E-Mail Add	_
13. Representative of the Petitioner who	will accept servi		<u> </u>	entation proceeding	<u> </u>	
13a. Name and Title John T. Fus	-		13b. Address (street and 333 East River Drive, Suite 1	d number, city, state,	and ZIP code)	
13c. Tel No.	13d. Cell No.		13e. Fax No.	2007,101000,0100	13f. E-Mail Add	
(860) 290-9610 I declare that I have read the above petiti	on and that the s		(860)-290-9611	ledge and belief	jfussell@chever	ICIAW.COM
		Tatements are train		TOUBE BING DENET.	Data	
Name (Print) Signate Page	pature	1LAV	Title		Date 10/17/19	

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
01-RC-250144	10-18-19					

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): First Student Norwell 73 Old Webster Norwell Ma Lot addres 5 3a. Employer Representative - Name and Title: Address (if same as 2b - state same): Sheila Morse tansan Mg 101d 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Bus transportation Norwell Ma 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full time and part time bus drivers at the Norwell location. Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes All other employees including management, supervisors, and guards. ∏ 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: 8i. Expiration Date of Current or Most 8h. Date of Recognition or Certification 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 10d. Cell No. 10b. Address 10c. Tel. No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: To be decided Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 73 Old Webster St. Norwell Ma 11-18-19 To be decided 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International Brotherhood of Teamsters Local 653 4a Hampden Dr. South Eastern Ma 02375 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Teamsters Local 653 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 508 230 7140 www.teamsterslocal653.org 508 230 7145 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): 24 Brandies Ln Plymouth Ma 02360 Bryan Voci (Business Agent / Organizer) 13c. Tel. No. 13f. E-Mail Address 13d, Cell No. 13e. Fax No. 508 230 7140 508 838 1887 508 230 71 bryan.v@teamsterslocal653.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 Signature Title 10-16-19 Bryan Voci **Business Agent/ Organizer**

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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FORM NLRB-502 (RC)

Henry F. Murray

UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE						
Case No.		Date Filed				
	01-RC-250177	10/10/10				

(2-18)					Case No				Date Filed
-	RC	PETITION			1	01	-RC-250	0177	10/18/19
employer concerned is located. T the employer and all other parties	INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.								
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Labor	ioner desires to be	certified as represe	entative of th	e employees. The P	etitioner	alleges t	hat the foll	owing circums	tances exist and
2a. Name of Employer:		2b. Add	ress(es) of	Establishment(s) invo	olved (Str	eet and n	umber, City	, State, ZIP cod	e):
Harriet Beecher Stowe Co	enter	77 Fo	orest Stre	et, Hartford, C	CT 061	05			
		İ							
3a. Employer Representative - Na	me and Title:	3b. Add	ress (if sam	e as 2b - state same	p):				
Brian Greenfield	Grian Greenfield See 2b, above								
3c. Tel. No.	l. No. 3d. Cell No. 3e. Fax No.			3f.	E-Mail A	ddress		· · · · · · · · · · · · · · · · · · ·	
860-522-9258 x310						greenfi	eld@sto	wecenter.o	rg
4a. Type of Establishment (Factory,	mine, wholesaler, e	etc.)		al Product or Service	-		5a. City an	d State where u	init is located:
museum			educati	onal			Hartford		
5b. Description of Unit Involved:						-	6a. Numbe	r of Employees	in Unit:
Included: All full-time and regular	part-time emp	oloyees emplo	yed in tl	ne Visitor Cent	ter.			8-9	! !
Excluded:	nder the NI D						of the e	mployees in the	er (30% or more) e unit wish to be
Guards and supervisors u			a was made	on (Date) 1/	0/3/19	and		inted by the Pet declined recogni	itioner? X Yes No
on or about (Date)		(If no reply re	eceived, so				Linployer	recurred recogni	uon
8a. Name of Recognized or Certific					•				
None									
8c. Tel. No.	8d. Cell No.		8e. Fax No	· · · · · · · · · · · · · · · · · · ·	8f.	E-Mail A	ddress	· · · · · ·	
8g. Affiliation, if any:		81	n. Date of R	ecognition or Certific				urrent or Most (Month, Day, Ye	ar)
9. Is there now a strike or picketing a	it the Employer's e	stablishment(s) invo	olved? No	✓ If so, approx	oximately	how man	y employee	s are participati	ng?
(Name of Labor Organization)					, has	picketed	the Employ	er since <i>(Month</i>	, Day, Year)
10. Organizations or individuals othe individuals known to have a representation				•	•		•	es and other org	anizations and
None									
10a. Name	106. /	Address			100	10c. Tel. No.		10d. Cell No.	
					10	e. Fax No) .	10f. E-Mail Add	iress
11. Election Details: If the NLRB co	nducts and electio	n in this matter, stat	e your posit	ion with respect to a	ny such e	lection:	11a. Election	n Type:	
							Manua	l Mail [Mixed Manual/Mail
11b. Election Date(s):	l	Election Time(s):		•	111	d. Election	n Location(s):	
12a. Full Name of Petitipper (included Technical Office of		d number): Sloval U	lnien	12b. Address (stree 256 W. 38th S				•	
NAW Local 21									
12c. Full name of national or internal									
Int'l Union, United Autor		pace and Agr							
12d. Tel. No.	12e. Cell No.	00	12f. Fax N			g. E-Mail		(C) 2 1 1 0 1 1 A 1	(T/
212-387-0220 13. Representative of the Petitions	917-495-84		212-22					@2110UA	w.org
13a. Name and Title:	ar who will accept	service of all pape		•			-		
Henry F. Murray, Esq.			13b. Address (street and number, city, State and ZIP code): LAPM&K, 557 Prospect Ave., Hartford, CT 06105						
13c. Tel. No.	13d. Cell No.		13e. Fax N	o.	131	f. E-Mail /	Address	<u> </u>	
860-570-4635	860-874-86	57	860-23	2-9818	hí	fmurra	y@lapm	.org	
I declare that I have read the abov	e petition and tha		re true to th	e best of my knowl		belief.			
Name (Print)		Signature C			Title				Date

Attorney

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 01-RC-259235

Date Filed 10/21/19

DO NOT WRITE IN THIS SPACE

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.

with the NLRB and should not	be served on the	employer or a	ny other party.			
 PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition 	-CERTIFICATION OF er desires to be certifi	REPRESENTAT ed as representat	FIVE - A substantial number tive of the employees. The	Petitioner alleges that	the following	circumstances exist and
requests that the National Labor F 2a. Name of Employer	telations board prot		oper authority pursuant to ddress(es) of Establishmen			
First Transit			148 Roberts Street		,,,	
3a. Employer Representative - Name	and Title		3b. Address (If same as	s 2b - state same)		
Andrew Burke			148 Roberts Stree			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		f. E-Mail Addr	966
(860) 380-4888	(860) 250-7622		(860) 936-3753	1 -	andrew.burke@fi	
4a. Type of Establishment (Factory, min	/		oduct or service			and State where unit is located:
Transportation	ie, wholesaler, etc.,	40. Filliopal pr	Passenger Transport	ation	Sa. Ony a	East Hartford, CT
5b. Description of Unit Involved	·	l	Passenger Transport		 	6a. No. of Employees in Unit:
						3
Included: See Attached Page 2 for ad	ditional details				F	6b. Do a substantial number (30%
Excluded: See Attached Page 2 for additional details						or more) of the employees in the unit wish to be represented by the
Petitioner? Yes [✓] No [⊥] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about						
Check One: 7a. Request f		- •	, , , -	and b	mployer aeci	ned recognition on or about
71 Patriage		(If no reply receive				
8a. Name of Recognized or Certified			Representative and desires 8b. Address	certification under the A	.ct.	
ou rune of Resognizes of Caranes	Daiganning Agent (n	none, so statej.	op. Addiess			
8c. Tel No.	8d Cell No.		8e. Fax No.	8	f. E-Mail Addr	ess
8g. Affiliation, if any		8h. Date of Recognition or Certification		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
				[·]		
9. Is there now a strike or picketing at the	e Employer's establis	hment(s) involved	d? If so, approx	imately how many empl	oyees are par	ticipating?
(Name of labor organization)		• •	keted the Employer since (
Organizations or individuals other the known to have a representative interest					sentatives and	other organizations and individuals
10a. Name	10b. Ad	ress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB cond any such election.	ucts an election in thi	s matter, state yo	ur position with respect to	11a. Election Type: _	✓ Manual _	Mail Mixed Manual/Mail
11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Location(s):		
November 7, 2019		.m. to 10:15 a.m.		Conference Room		
12a. Full Name of Petitioner (including Anthony B. Taylor Amalgamated Transit Union Local 1763	g local name and nu	ımber)		12b. Address (street and number, city, state, and ZIP code) 149 West Center Street CT Manchester 06040-		
12c. Full name of national or internation Amalgamated Transit Union	al labor organization	of which Petitione	r is an affiliate or constituen	t (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax No.	4	o) (6), (b)	trass
(860) 206-9799 (860) 518-2794					o) (b), (b) ((7)(C)
13. Representative of the Petitioner v	ho will accept servi	ce of all papers 1	for purposes of the repres	entation proceeding.		
13a. Name and Title	nal		13b. Address (street and		d ZIP code)	
Daniel B. Smith Assistant General Coun- AMALGAMATED TRANSIT UNION			10000 New Hampshire MD Silver Spring 20903	-1790		
13c. Tel No.	13d. Cell No.		13e. Fax No.	1	3f. E-Mail Add	
(301) 431-7100	(202) 714-4219		1		smith@atu.org	
I declare that I have read the above p	eution and that the s	tatements are tr	ue to the best of my know	riedge and belief.		
Name (Print)	Signature		Title		Date	
Daniel B. Smith	Daniel B. Smith		Assistant General Couns	sei .	10/21/2019	09:46:19

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

PRIVACY ACT STATEMENT

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

 DO NOT WRITE IN THIS SPACE

 Case
 Date Filed

 01-RC-250235
 10/21/19

Attachment

Employees Included

All full-time and regular part-time trip editors employed at the Employer's facility currently located in East Hartford, Connecticut. The Petitioner seeks an Armour-Globe election.

Employees Excluded

All other employees, office clerical employees, managers, and guards, professional employees and supervisors as defined in the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE	IN THIS SPACE	
CaseNo.		Date Flied	
01-RC-250256		10-21-19	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nhfJ.aov. submit an original of this Petition to an NLRB office In the Region In which the employer concerned II located. The petition must be accompanied by both a showing of Interest (see 6b below) and • certificate of service showing service on the employer and all other parties named In the petition of: (1) the petition; (2) Statement of Position fonn (Form NLRB-505); and (3) Description of Representation C u e Procedurn (Form NLRB 4812). The showing of Internt should only be flied with the NLRB and should not be served on the omale and approach the little with the NLRB and should not be served on the omale.

with the NLRB and should not be served on the emalo,, or any other JIII1v.						
1 PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE •A aubstantiel number of employ1111 wish 1D be represented for purposes of collective bargaining by Petitioner and Pelitionel' deam to be certhied II rep19M111atiYeof the employees. The Petili-, a Hegnt Nt the following circumstanwa e:illat and that the National Labor Relili- BNI'd11 under itann, ner,, to Section 9 of National Labor Relili- BNI'd15						
2a. Name d Employer Highlander Charter School		2b. Add	Ireaa(ea) of Eatabliahmen	t(a) Involved (Street		
3a. Emploi, r Rep, nentative - Name and Jane Picciotti - Principal	Title		3b. Addreaa (If aame • Same		Ŷ	
3c. Tel. No. 401.277.2600	3d.Ce11No.	1No. 3e. Fax No. 3f. E-MaU Addr jpicciotti@h				
						and Stale where unit is located: ence RI
						8a. No. of Employeea In Unit: 24
Excluded: All managers, supervisors, a maintenance employees, gu	ards and others exclude	d by th	e Act.	0/01/10	ychologists,	6b. Do a aublitantial number (30% or more) of the employeea in the unit wish to be taid rill he Petitioner? Yea No
Ch ckOne: Tild 7a. Request for recognition • Bargaining Repreaentative was made on (Date) 10/21/19 and Employer declined recognition on or about (Date) (finoreply,-Jved BosleleJ. No reply 7b. Petitioner is currently recognized a Baraelnina Representative and dealired cartification under the AD						
le. Name of Recognized or Certified Barg None	aining Agent (Ifnone, so a		Bb.Addreu			
	UU Cell No.		Be.Fax No.		8f. E-Meil Addı	
8g. Affiliation, if any		18	Date of Recognition or h.	r Certification		Date of Current or Most Recent (Month, Dey, Yesrj
9. Is � now a strike or picketing at the En				imately how many er	nployaes are par	ticipating?
(Nameoflabororr, anization) 10. Organizations or Individuals other than P known to have a representative interest in ar None	elitioner and thoaa named In	n Items 8		ed recognition as rep	resentatives and	other Of98nlzatlona and Individuals
10a. Name	10b.Addreu			10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Man Addreaa
11. Election Details: If the NLRB conduclB any such election.	an election in this matter, sta	ate your	position with respect to	11a. Election Type	e:(2]Manual c:	:),1all Q M i x e d Manual/Mall
11b. Election Date(a): 11/6/19	Election Tlme 7:30 a m - 9:30 a.r	(s): m.	11d. Eledion Location(1): Employer's premises, second floor conference room			oor conference room
12.i. FuU Name of Petitioner (IncludIIIfioc.1name and numberj IBEW2323			12b. Addreu (streetendnumber, city, state, and ZIP code) 22 Arnflex Drive, Cranston RI			ity, state, and ZIP code)
12c. Full name of national or International lab International Broth. of Electrical Workers	;	titioner is	s an affiliate or constituent	t (If none, so state)		
10 110 1012020	12e. ^{Cell No.}		12f. Fax No. 401.946.2327		12g. E-Mail Ad stave_amlth@	
13. Rep,a18"1ativa of the Petili-r who v		pers for				
138' NameandTitle Marc Gursk			13b. Address (streetand			
401.234.4700	13d. Cell No.		13e. Fax No. 401.294.4702		13f. E-Mail Add mgursky@rllal	
Idec:18'9 that I have read the above p e t i	tion & the statements	are true		rledge and belief.	D.:	
Name (Print) Marc Gursky			Title Attorney		I Date 10/21/19	

WILLFUL FALSE STATE, ENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITI.E 11, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on Ihiyo m is authorized by the National Labor Relations A d (NLRA), 29 U.S.C. § 151 et seq. The principal use of the Information Is ID assist the National Labor Relations Board (NLRB) In proce, srig 18p11\$8ntation and related proceedings or Htigation. The routine uses for like 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 ID the NLRB is voluntary; however, failure to supply the Information will cause the NLRB to decline to Invoke 1s piocesses.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 01-RC -250640	Date Filed					
01-RC-250040	10/28/19					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: **Bradford Logistics** 290 William F McClellan Hwy, Boston Ma 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): David Fitzgerald same 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. 857-453-3450 info@bradford-corp.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Transportation Goods Boston Ma 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All Full time and regular part time warehousemen, drivers, terminal men and leads at the 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

No All other employees, including guards, supervisors and managers as defined in the Act. 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 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: 11c. Election Time(s): 11d, Election Location(s): 11b. Election Date(s): Boston Location 11,15,19 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 544 Main St. Boston 02129 International Brotherhood of Teamsters Local Union #25 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters Local Union #25 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 617.241.7512 617.241.0485 csmolinsky@teamsterslocal25.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding (1.17) and (1.17). 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 544 Main St,. Boston Ma Chris Smolinsky-Director of Organizing 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address same same 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 10.24.19 Director of Organizing Chris Smolinsky

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
01-RC-250671	10/28/19					

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 148 Roberts Street CT East Hartford 06108-First Transit 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 148 Roberts Street CT East Hartford 06108-Andrew Burke 3c Tel No 3d Cell No 3f F-Mail Address 3e. Fax No. andrew.burke@firstgroup.com (860) 380-4888 (860) 250-7622 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Passenger Transportation Fast Hartford, 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 Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [7] No [1] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f 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? (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) 10c Tel No 10a. Name 10b. Address 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 any such election. 11b. Election Date(s): November 14, 2019 11d. Election Location(s): 11c. Election Time(s): 10:00 to 10:30 a.m. Conference Room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Anthony Taylor Amaigamated Transit Union Local 1763 149 West Center Street CT Manchester 06040-12c. 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. 12e Cell No 12f. Fax No. (b) (6), (b) (7)(C) (860) 518-2794 (860) 518-2794 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION 10000 New Hampshire Ave MD Silver Spring 20903-1790 13f. E-Mail Address dsmith@atu.org 13c. Tel No. 13d, Cell No. 13e, Fax No. (301) 431-7100 (202) 714-4219 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Daniel B. Smith Assistant General Counsel Daniel B. Smith 10/28/2019 11:53:33

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

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE						
Case		Date Filed				
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Employees Included

All full-time and regular part-time trip editors and mechanics employed at the Employer's facility currently located in East Hartford, Connecticut. The Petitioner seeks an Armour-Globe election.

Employees Excluded

All other employees, office clerical employees, managers, and guards, professional employees and supervisors as defined in the Act.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01-RC-250823	10-30-19				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: First Student 592 Laconia Road Belmont NH 03220 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Dave Fairweather Same 3c Tel No 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 603-524-1787 603-327-9906 603-893-3285 David.Fairweather@firstgroup.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: School Bus Transportation School Bus Belmont NH 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All regular full time and regular part time mechanics-Technician Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No Management and all others outlined in the National Labor Relations Act Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 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) 10d. Cell No. 10a. Name 10b. Address 10c. Tel. No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): ASAP Between 8:00am and 4:00pm Up stairs conference room 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International Brotherhood of Teamsters Local 633 53 Goffstown Rd. Suite A Manchester NH 03102 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood Of Teamsters 12g. E-Mail Address 12d Tel No 12e Cell No 12f Fax No. 603-493-7991 603-625-6767 kjudgelocal633@gmail.com 603-625-9731 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): Keith Judge 53 Goffstown Rd. Suite A Manchester NH 03102 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 603-625-9731 603-493-7991 603-625-6767 kjudgelocal633@gmail.com 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 Keith Judge **Business Agent**

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	01-RC-250838	Date Filed				
,		10-30-19				

INSTRUCTIONS: Unless e-Filed using the Agency's website, **Www.nirb.500/s*, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): First Transit Nashua 11 Riverside street Nashua NH 03060 3b. Address (if same as 2b - state same): 3a. Employer Representative - Name and Title: John Savage Same **Terminal Manager** 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 603-880-0100 603-491-0041 john.savage2@firstgroup.com. 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Nashua NH **Public Transit** City bus system 5b. Description of Unit Involved: 6a. Number of Employees in Unit included: All regular full time and regular part time Transit Clerks 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No Management and all others outlined in the National Labor Relations Act Check One: X 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: None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): ASAP Between 8:00am and 4:00pm in the break room 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International Brotherhood of Teamsters Local 633 53 Goffstown Rd. Suite A Manchester NH 03102 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood Of Teamsters 12d. Tei. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 603-625-9731 603-493-7991 603-625-6767 kjudgelocal633@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Keith Judge 53 Goffstown Rd. Suite A Manchester NH 03102 13c, Tel. No. 13d. Cell No. 13f. E-Mail Address 13e. Fax No. 603-625-9731 603-493-7991 603-625-6767 kjudgelocal633@gmail.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Date Name (Print) Title Keith **Business Agent**

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

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
01-RC-250848	10 20 10					

RUPE	IIIION	01-RC-2	250848	l10 <u>-</u> 3	∩_10			
INSTRUCTIONS: Unless e-Filed us				Petition to a	n NLRB office in the Region			
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) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed								
			.RB 4812). The s	howing of inte	erest should only be filed			
with the NLRB and should not be s	served on the employer o	or any other party.	f 1		for a second of a Hardina			
bargaining by Petitioner and Petitioner d requests that the National Labor Relation	esires to be certified as represe	entative of the employees. The	Petitioner alleges ti	hat the following	circumstances exist and			
2a. Name of Employer New Bedord Symphony Orches		b. Address(es) of Establishmer 28 Union Street, New			State, ZIP code)			
3a. Employer Representative – Name and	l Title	3b. Address (If same a						
David Prentiss, Executive Direct		same	*					
3c. Tel. No. 508 999-6276	3d. Cell No.	3e. Fax No.		3f. E-Mail Addr dprentiss@	ess nbsymphony.org			
4a. Type of Establishment (Factory, mine, v Orchestra	wholesaler, etc.) 4b. Principa Music	al product or service			and State where unit is located: edford, MA			
5b. Description of Unit Involved Included: All instrumental M	usicians				6a. No. of Employees in Unit: 70			
Excluded: conductors, guest performe defined by the National Lab	ers, office staff, managerial oor Relations Act.	employees, confidential em	nployees and super	visors as	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No			
10/29/19	(Date) (If no reply red	sentative was made on (Date) ceived, so state). Agrees ing Representative and desires	to election	•	ned recognition on or about			
8a. Name of Recognized or Certified Bar								
None 8c. Tel No.	8d Cell No.	l de Eev Ne	· · · · · · · · · · · · · · · · · · ·	8f. E-Mail Addr				
oc. 161140.	od Celi No.	8e. Fax No.		oi, E-Mail Addi	ess			
8g. Affiliation, if any		8h. Date of Recognition of	ion 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 E	mplover's establishment(s) invo	olved? No. approx	ximately how many er	mplovees are par	ticipating?			
		s picketed the Employer since (
Organizations or individuals other than I known to have a representative interest in a None				resentatives and	other organizations and individuals			
10a. Name	10b. Address		10c. Tel. No.	· · · · · · · · · · · · · · · · · · ·	10d. Cell No.			
			10e. Fax No.		10f. E-Mail Address			
 Election Details: If the NLRB conducts any such election. 	an election in this matter, state	e your position with respect to	11a. Election Type: Manual Mail Mixed Manual/Mail					
any State Tection Date(s): 11b. Election Date(s): November 2019 11c. Election Time(s): 11d. Election Location(s):								
12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) 12b. Address (street and number, city, state, and ZIP code) 73 Hemenway Street, Suite D, Boston, MA 02115								
12c. Full name of national or international la American Federation of Musicians	bor organization of which Petiti	ioner is an affiliate or constituer	nt (if none, so state)					
12d. Tel No. 212-869-1330	12e. Cell No.	12f. Fax No.		12g. E-Mail Add	dress			
13. Representative of the Petitioner who	will accept service of all pape	ers for purposes of the repres	sentation proceeding	g.				
13a. Name and Title Attorney Gabe Dumont 13b. Address (street and number, city, state, and ZIP code) 141 Tremont Street, Boston, MA 02111								
13c. Tel No. 617 227-7272	13d. Cell No. 617 733-4804	13e. Fax No.	13f. E-Mail Address gdumont@dmbpc.net					
I declare that I have read the above petiti	on and that the statements a	re true to the best of my know	vledge and belief.					
Name (Print) Sit	inature AIA	Title BMA Vice-President	*	Date 10/30/19				

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

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

Cot. 7. 2019 11 31AM

DO NOT No. 4947 ∥8 :	F 1/3
Case No.	Date Filed
01-RD-249524	10/7/19

15g. E-Mail Address

(2-18) NATIONAL LABOR RELATIONS BOARD RD PETITION			Case N	Case No. Date File				
			0	1-RD-24952	10/7/19			
INSTRUCTIONS: Unless of simployer concerned is loca the employer and all other p Caso Procedures (Form NL	Filed using the Ager ted. The petition n parties named in the	ncy's website, Li lust be eccompe a petition of:(1) ti	nied by both a si he petition: (2) Si	nowing of Inter latement of Po	inal of this rest (see 7 institution	Patilion to an NLR below) and a certifi (Form NLRB-505):	B office in the Re- cate of service sh and (3) Description	gion in which the lowing service on on of Representation
PURPOSE OF THIS PETITI recognized bargaining repres Lebor Relations Board pro	ON: RO- DECERTIF	TCATION (REMO	VAL OF REPRES	ENTATIVE) - /	A substantia the followin	I number of employe	es assert that the	certified or currently
						(Street and number	, city, state, ZIP co	de)
N.E. Ax Hor	Uc-		<u>300 1-/11</u>	<u>حنام ک</u>	<u> بردار .</u>	Sinca (J.Sorina	Field MAOK
3a. Employer Representative		\ T	3b. Address (Il sai		e same)		1 3	
30. Tel. No.	(a_(O\(- \-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\	aun,	3e, Cell No.	Wa	3f, E-Mail	Arldrage		
	90,10,100		oPG-100	-0502			cas entin	uty health. O
4a. Type of Eslablishment (Fect						al product or service		7
5a. Description of Unit Involved		<u>uCare</u>			1		5h City and	d State where unit
included: RN - FUI	1- Pate Din	u. 0 1	C. N. D	<u>. T. m.</u>	7~~	Q !	is locat	ed;
57. CUIL	Part tim	ω, γ~	TON FOTOR	111000	D. +1	ル ル	we goop	a state where dull ed: الاناكوت أردار
Excluded:		7117	2W. LA	ii aux	<u> [अ-</u>	lima	SUITE	- 3". 1/2/6
LPN. HH	Pa						W-SP	ingfiell, MA
6. No. of Employees in Unit 3	7. Do a sui		30% or more) of t presentative? 년		in the unit n	longer wish to be n	presented by the	pertified or currently
8a. Name of Recognized or Cert	tified Bargaining Age	nt _				8b. Affiliation, if any	1	
Massachuse	as Nucsin	or 14550	sistis	\sim		l		
Massachusei Bc. Address 241 Ki	~ <u></u>	٠٠٠٠	221	8d. Tel. No.		Be. Gell No.	00 1	3.0
Maria	12 24100	たん・ かんが	r 99P	413-584	<u> 4001</u>	151	-330-1	390
Northampton	i' wor c	21060		Br. Fax No. リス・ベダム	4121	8g. E-Mail Address	0.000	+ Dr
9. Date of Recognition or Certific	ation	14	0. Expiration Date			Contract, if any (Mc		(w. ald
5.04.20		[
11a. Is there now a sinke or pick		r's establishmen!((s) Involved?	Yes X No	11b. lf so,	approximately how n	nany employees at	re participaling?
11c. The Employer has been pic					-	-		a fabor organization, of
(Insert Address)			-			sino	e (Month, Day, Ye	ear)
12. Organizations of individuals							anizations	
and individuals known to have 12a. Name	<u>re a representativo in</u> 12b. Addres		joyees in the unit	described in 1e	m 5 above. 12c. Tel. N		12d. Fax No.	
				1				
					12e. Cell N	lo.	121. E-Mail Addre	66
13. Election Details: (I the NLR malter, state your position with	B conducts an election respect to any suc	on in this h election.			l :_	on Type: 💢 Manua	_	Mixed Manual/Mail
13b. Election Date(s)	1	3c. Election Time			13d. Electi	on Location(e) ∂J	So Hinsi	Je Circle
November - 1	1 106.5	SAM.	50.m.		W,4	2000 Find	1 ma. o	1089
14. Full Name of Petitioner	b) (6), (b) (7)(0	C)						. •
4a Address /Street and number	v ritu stata ZIP cod	9)			14b. Tel. N	0.	14c. Fax No.	
(b) (6), (b) (7)(C)								
					(b) (6).	(b) (7)(C)	14e E-Mail Addre (b) (6), (b) (7)(C)
					(-),		(b) (b), (b) (,,(3)
4f. Affiliation, if any	man unit non-	M sarvica et ell e	anore for with the	the of the serv	apantati	nrossed/8#		
 Representative of the Petiti 5a. Name (b) (6), (b) (7) 		or service or all b	apers for purpos	es or the repr	15b Tille b)(6)(6)			
								<u>.</u>
(b) (6), (b) (7)(C)	r city dala 71P 666	Al			15d. Tel N	0.	15e. 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. Same Name (Print) 6ignature Date Filed

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

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
01-RD-250660	10/28/2019			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/a, 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 7 below) and a certificate of service showing service on

the employer and all other pai Case Procedures (Form NLRB									
PURPOSE OF THIS PETITION recognized bargaining represer Labor Relations Board proce	ntative is no long	er their representa	ative. The Petitioner	alleges that t	he followin	q circumstances exi	s assert that the ce st and requests t	ntified or currently hat the National	
2a. Name of Employer Comprehensive Decommis		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 600 Rocky Hill Road, Plymouth MA 02630							
3a. Employer Representative - N Brenda Gailes	ame and Title		3b. Address (If sam Same	ne as 2b - state same)					
3c. Tel. No. 508-830-8102	3d. Fax No. n/a		3e. Cell No. 508.930.6870		3f. E-Mail Address b.gailes@CDI-decom.com				
4a. Type of Establishment (Factor) Nuclear Power Plant dec	y, mine, wholesa ommissionin	ler, etc.) g				his plant is in the	process of de	commissioning	
5a. Description of Unit Involved							5b. City and	State where unit	
Included: Local 369 Technical Union	n - positions	covered in Sci	hedule A of the	collective b	ragining	unit, copy attach	ed Plymouth		
Any employee not listed in	n Schedule A	٠.							
6. No. of Employees in Unit 18			er (30% or more) of the representative?		the unit no	longer wish to be rep	presented by the co	ertified or currently	
8a. Name of Recognized or Certifi Craig A. Pinkham	ed Bargaining A	gent ,				8b. Affiliation, if any President			
8c. Address Utility Workers Union of	America AFI	-CIO Local 3	369	8d. Tel. No. 781-848-3	740	8e. Cell No.			
120 Bay State Drive, Braintree, MA 02184				8f. Fax No.		8g. E-Mail Address cpinkham@UW			
 Date of Recognition or Certifical August 19, 2002 (Case No 		8)	10. Expiration Date 10-24-2021	of Current or I	Most Recent Contract, if any (Month, Day, Year)				
11a. Is there now a strike or picket				es X No	11b. If so.	approximately how m	any employees are		
11c. The Employer has been picke	rea by or on ber	nalit of (Insert Nar	me) N/A			eine	e (Month, Day, Yea	a labor organization, of	
(Insert Address) N/A 12. Organizations or Individuals of	her those named	in items 8 and 11	1c. which have claim	ed recognition	as represer			II) IV/A	
and individuals known to have	a representative	interest in any er			m 5 above.	(If none, so state)			
12a. Name none	12b. Addr none	ess			12c. Tel. No. 12d. n/a		12d. Fax No. n∕a		
							12f. E-Mail Addres n√a	ss	
13. Election Details: If the NLRB matter, state your position with	conducts an ele	ction in this Agr	ree to an election		13a. Election Type: 🔀 Manual 🔲 Mail 🔲 Mixed Manual/			Mixed Manual/Mail	
13b. Election Date(s) 11/04/19, 11/18/19, 12/4/1		13c. Election Tir 0700 hrs	me(s)		13d. Election Location(s) 600 Rocky Hill Road, Plymouth MA				
14. Full Name of Petitioner (b) (6), (b) (7)(C)							_		
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)					(b) (6), (b) (7)(C)		14c. Fax No. n/a	'a	
					14d. Cell No. (b) (6), (b) (7)(C)		14e, E-Mail Addre (b) (6), (b) (4e, E-Mail Address D) (6), (b) (7)(C)	
14f. Affiliation, if any									
15. Representative of the Petitio	ner who will ac	cept service of a	Il papers for purpo:	ses of the rep		proceeding.			
15a. Name					15b.Title				
15c. Address (Street and number,	city, state, ZIP o	ode)			15d. Tel. I	No.	15e. Fax No.		
	(b	(6), (b) (7))(C)		15f. Cell N	lo,	15g. E-Mail Addre	ss	
I declare that I have read the ab	ove petition :			ny kn	owledge a	nd belief.			
Mame (Print) (b) (6), (b) (7)(C)					Title			Date Filed 10-25-19	
(b) (c), (b) (7)(c)					Petitione	31		10-23-13	

Solicitation of the information on this form is authorize (NLRB) in processing representation and related proce further explain these uses upon request. Disclosure of this time.

51 et seg. The principal use of the information is to assist the National Labor Relations Board fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will supply the information may cause the NLRB to decline to invoke its processes.

Schedule A

Administrative Services Coordinator **ALARA** Coordinator HP/Chemistry Specialist (I - IV) Industrial Safety Specialist **IT Consultant** IT Specialist Nuclear Safety/Licensing Specialist (I - IV) Operations Instructor Quality Specialist (I-IV) Sr Associate Analyst Sr Emergency Planner Sr Engineer Sr HP/Chemistry Spec Sr IT Consultant (NUC) Sr. Maintenance Specialist Sr Nuclear Support Coordinator Sr Operations Instructor Sr Operations Specialist Sr Outage Scheduler Sr Technical Instructor Sys Software Spec (I - IV) (NUC) Tech Specialist (I - IV) Technical Instructor Work Week Mgr