

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-249161

10/1/19

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

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

2a. Name of Employer
Hebrew Senior Care Behavioral Hospital

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1 Abrahms Blvd. West Hartford, CT 06117

3a. Employer Representative - Name and Title
Denise Peterson, CEO and President

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

3c. Tel. No.
860.218-2300

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
dpeterson@hebrewseniorcare.org

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

4b. Principal product or service
Health Care

5a. City and State where unit is located:
West Hartford, CT 06117

5b. Description of Unit Involved

Included: All non-professional employees and part-time employees including Certified Nursing Aides, (PCA), Patient Administrative Associates, and Unit Secretaries RA

Excluded: All persons not included in the above are excluded from the coverage of this Agreement, including, but not limited to, the following: administrators, supervisors, professional employees, registered nurses, licensed practical nurses, pharmacy technicians and office clericals.

6a. No. of Employees in Unit:
30

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

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 10/1/19 and Employer declined recognition on or about 10/1/19 (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).
Public Employees Hospital & Convalescent Home Local Union No. 1224

8b. Address
47 Ledyard St., Hartford, CT 06114

8c. Tel. No.
(860)296-2726

8d. Cell No.

8e. Fax No.
(860)296-5760

8f. E-Mail Address
districtcouncil@yahoo.com

8g. Affiliation, if any

Laborers International Union of North America

8h. Date of Recognition or Certification

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

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

11b. Election Date(s):
Tuesday 10/15/19

11c. Election Time(s):
6:30 am - 8:00 am and 2:00 pm - 4:00 pm

11d. Election Location(s):
EMPLOYER FACILITY

12a. Full Name of Petitioner (including local name and number)
NEW ENGLAND HEALTHCARE EMPLOYEES UNION DISTRICT 1199

12b. Address (street and number, city, state, and ZIP code)
77 Huyshope, Ave., 1st Fl., Hartford, CT 06106

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

12d. Tel. No.
(860)549-1199

12e. Cell No.

12f. Fax No.
(860)251-6049

12g. E-Mail Address

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

13a. Name and Title
Edgar Aracena, Vice President

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

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

13d. Cell No.
(973) 985-4313

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

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

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

Name (Print)
Edgar Aracena

Signature

Title
Vice President

Date
10/1/19

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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


01-RC-249303

Date Filed

10/3/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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: Coca Cola Beverages Northeast		2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 451 Main St. East Hartford Conn. 06108	
3a. Employer Representative - Name and Title: Bryan Misenheimer		3b. Address (if same as 2b - state same):	
3c. Tel. No.	3d. Cell No. 860.922.3920	3e. Fax No.	3f. E-Mail Address bmisenheimer@ccnne.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) factory		4b. Principal Product or Service beverages	
5a. City and State where unit is located: East Hartford Conn		5b. Description of Unit Involved: Included: All full time and part time Quality Assurance Technicians at the East Hartford Location Excluded: All other employees, maintenance managers, supervisors and guards as defined in the Act.	
6a. Number of Employees in Unit: 8		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		11b. Election Date(s): 10.21.19	
11c. Election Time(s): TBD		11d. Election Location(s): East Hartford Location- TBD	
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 labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters Joint Council 10 New England			
12d. Tel. No. 617.241.0485	12e. Cell No.	12f. Fax No. 617.241.7512	12g. E-Mail Address csmolinsky@teamsterslocal25.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Chris Smolinsky - JC10 Director of Organizing		13b. Address (street and number, city, State and ZIP code): 544 Main St. Boston Ma 02129	
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) Chris Smolinsky	Signature 	Title Chris Smolinsky	Date 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.

01-RC-249440

Date Filed

10-4-19

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

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

2a. Name of Employer:

DATTCO Inc.

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

706 Saint Paul Street North Smithfield, RI 02896

3a. Employer Representative - Name and Title:

Pam Martinez VP of Human Resources

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

583 South Street New Britain, Connecticut 06051

3c. Tel. No.

860-229-4878 Ext4676

3d. Cell No.**3e. Fax No.****3f. E-Mail Address**

pamm@dattco.com

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

Bus Company

4b. Principal Product or Service

School Transportation

5a. City and State where unit is located:

North Smithfield RI

5b. Description of Unit Involved:**Included:**

All Bus Drivers, Bus Monitors, Bus Aides and Bus Driver/Trainer.

Excluded:

Managerial, Supervisory, Confidential as defined by the Act.

6a. Number of Employees in Unit:

23

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

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

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

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

None

8b. Address:**8c. Tel. No.****8d. Cell No.****8e. Fax No.****8f. E-Mail Address****8g. Affiliation, if any:****8h. Date of Recognition or Certification****8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

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

(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

10a. Name

None

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

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

11a. Election Type:☒ Manual ☐ Mail ☐ Mixed Manual/Mail**11b. Election Date(s):**

10/31/19

11c. Election Time(s):

9:00 AM thru 1:00 PM

11d. Election Location(s):

North Smithfield Bus Yard Office

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

Rhode Island Council 94

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

1179 Charles Street North Providence RI 02904

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

American Federation of State, County and Municipal Employees

12d. Tel. No.

401-724-5900

12e. Cell No.

401-486-1995

12f. Fax No.

401-724-2060

12g. E-Mail Address

JBurns@ricouncil94.org

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

13a. Name and Title:

John Burns Senior Staff Representative

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

1179 Charles Street North Providence RI 02904

13c. Tel. No.

401-724-5900

13d. Cell No.

401-486-1995

13e. Fax No.

401-724-2060

13f. E-Mail Address

JBurns@ricouncil94.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)

John Burns

Signature**Title**

Senior Staff Representative

Date

10/4/19

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-249587

Date Filed

10-8-19

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

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

2a. Name of Employer Maine Connections Academy		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 8 Science Park Rd., Floor 3 ME Scarborough 04074	
3a. Employer Representative - Name and Title Amy Linscott		3b. Address (If same as 2b - state same) 8 Science Park Rd., Floor 3 ME Scarborough 04074	
3c. Tel. No. (207) 805-3254	3d. Cell No.	3e. Fax No. (207) 221-1413	3f. E-Mail Address AmyLinscott@mca.connectionsacademy.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Schools		4b. Principal product or service Education	5a. City and State where unit is located: Scarborough, ME

5b. Description of Unit Involved Included: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 21
Excluded: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 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).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

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

11b. Election Date(s): Wednesday	11c. Election Time(s): 11 a.m. to 4 p.m.	11d. Election Location(s): Maine Connections Academy (Scarborough)
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12a. Full Name of Petitioner (including local name and number)
Charles J. Betit
Maine Connections Academy Education Association/Maine Education Association

12b. Address (street and number, city, state, and ZIP code)
35 Community Dr.
ME Augusta 04330

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

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

13a. Name and Title Charles J. Betit		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) Charles J. Betit	Signature Charles J. Betit	Title Director of Collective Bargaining and Research	Date 10/8/2019 12:16:34
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

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.

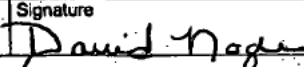
01-RC-249906

Date Filed

10/15/2019

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. 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: MIT Library		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 77 Massachusetts Ave, Cambridge, MA 02139	
3a. Employer Representative - Name and Title: Chris Bourg, Director of Libraries		3b. Address (if same as 2b - state same): 77 Massachusetts Ave, NE36-6101, Cambridge, MA 02139	
3c. Tel. No. 617-253-5297	3d. Cell No.	3e. Fax No. 617-258-8898	3f. E-Mail Address cbourg@mit.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.): College		4b. Principal Product or Service Higher Education	5a. City and State where unit is located: Cambridge, MA
5b. Description of Unit Involved: Included: See Attachment A Excluded:			6a. Number of Employees in Unit: 106
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 10/15/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) NONE		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: any such election		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 10/23/2019 or 10/30/2019	11c. Election Time(s): 10 AM - 1 PM & 3 PM - 5:30 PM		11d. Election Location(s): Building NE36 & Hayden Library
12a. Full Name of Petitioner (including local name and number): AFSCME Council 93		12b. Address (street and number, city, State and ZIP code): 8 Beacon Street, Boston, MA 02138	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County, and Municipal Employees AFL-CIO			
12d. Tel. No. 617-367-6000	12e. Cell No.	12f. Fax No. 617-367-6031	12g. E-Mail Address info@afscme93.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 Development Coordinator		13b. Address (street and number, city, State and ZIP code): 8 Beacon Street, Boston, MA 02138	
13c. Tel. No. 617-367-6045	13d. Cell No. 508-663-6000	13e. Fax No. 617-367-6031	13f. E-Mail Address dnagle@afscme93.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) David Nagle	Signature 		Title Membership Development Coord.
			Date 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

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.

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-Résources 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.	01-RC-250091	Date Filed	10-17-19
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer Midwest Air Traffic Control Services, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7300 West 129th Street KS Overland Park 66223-
---	---

3a. Employer Representative - Name and Title Shane Cordes	3b. Address (If same as 2b - state same) 7300 West 129th Street KS Overland Park 66223-
---	--

3c. Tel. No. (913) 782-7082	3d. Cell No.	3e. Fax No.	3f. E-Mail Address shanelc@att.net
---------------------------------------	---------------------	--------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Aerospace & Defense	4b. Principal product or service Air Traffic Control Services	5a. City and State where unit is located: Lawrence, MA
---	---	--

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 5 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ 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
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11b. Election Date(s): As soon as possible	11c. Election Time(s): One hour, mid day	11d. Election Location(s): At the facility
--	--	--

12a. Full Name of Petitioner (including local name and number) Erina Hammond National Air Traffic Controllers Association, AFL-CIO (NATCA)	12b. Address (street and number, city, state, and ZIP code) 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)

12d. Tel No. (202) 266-9850	12e. Cell No.	12f. Fax No.	12g. E-Mail Address ehammond@natcadc.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

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

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

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

Name (Print) Erina Hammond	Signature Erina Hammond	Title	Date 10/17/2019 13:40:41
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 01-RC-250091	Date Filed 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.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer

Midwest Air Traffic Control Services, Inc.

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

7300 West 129th Street
KS Overland Park 66223-

3a. Employer Representative - Name and Title

Shane Cordes

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

7300 West 129th Street
KS Overland Park 66223-

3c. Tel. No.

(913) 782-7082

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

shanelc@att.net

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

Aerospace & Defense

4b. Principal product or service

Air Traffic Control Services

5a. City and State where unit is located:

Norwood, MA

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

4

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

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

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
As soon as possible.

11c. Election Time(s):
One hour, mid day.

11d. Election Location(s):
At the facility.

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

Erina Hammond
National Air Traffic Controllers Association, AFL-CIO (NATCA)

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

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)

12d. Tel No.

(202) 266-9850

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
ehammond@natcadc.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)

Erina Hammond

Signature

Erina Hammond

Title

Date

10/17/2019 13:58:11

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
RC PETITION

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

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

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

2a. Name of Employer DATTCO (Windsor)	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 101 Baker Hollow Road, Windsor, CT 06095
---	--

3a. Employer Representative - Name and Title Terry Spiller	3b. Address (if same as 2b - state same) Same
--	---

3c. Tel. No. (860) 229-4878 Ext. 4613	3d. Cell No.	3e. Fax No. (860) 612-0117	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service Student Transportation	5a. City and State where unit is located: Windsor, CT 06095
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5b. Description of Unit Involved Included: All full-time and regular part-time bus drivers Excluded: All office clerical employees, professional employees, guards, and supervisors defined under the Act.	6a. No. of Employees in Unit: 69 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 10/17/19 **and Employer declined recognition on or about** 10/17/19 **(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
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ **If so, approximately how many employees are participating?** _____
(Name of labor organization) _____ **has picketed the Employer since (Month, Day, Year)** _____.

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--	--

11b. Election Date(s): November 1, 2019	11c. Election Time(s): 8:00am-10:00am, 12:00pm-2:00pm, 4:00pm-6:00pm	11d. Election Location(s): Break Room (101 Baker Hollow Road)
---	--	---

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 labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

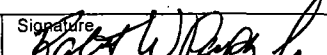
12d. Tel. No. (860) 242-3200	12e. Cell No.	12f. Fax No. (860) 769-7611	12g. E-Mail Address tlepore@teamsters671.com
--	----------------------	---------------------------------------	--

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

13a. Name and Title John T. Fussell	13b. Address (street and number, city, state, and ZIP code) 333 East River Drive, Suite 101, East Hartford, CT 06108
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13c. Tel. No. (860) 290-9610	13d. Cell No.	13e. Fax No. (860)-290-9611	13f. E-Mail Address jfussell@cheverielaw.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Robert Papa	Signature 	Title	Date 10/17/19
------------------------------------	---	--------------	-------------------------

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.

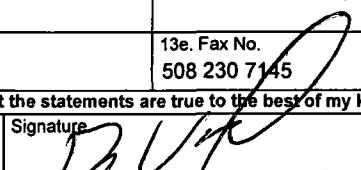
01-RC-250144

Date Filed

10-18-19

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

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

2a. Name of Employer: First Student Norwell		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 73 Old Webster Norwell Ma (Not address)	
3a. Employer Representative - Name and Title: Sheila Morse (yard supervisor)		3b. Address (if same as 2b - state same): (Corporate Address) 68 Industrial Blvd Suite 6 Hanson MA	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Bus		4b. Principal Product or Service transportation	5a. City and State where unit is located: Norwell Ma
5b. Description of Unit Involved: Included: All full time and part time bus drivers at the Norwell location. Excluded: All other employees including management, supervisors, and guards.			6a. Number of Employees in Unit: 18 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____. (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: To be decided			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 11-18-19		11c. Election Time(s): To be decided	11d. Election Location(s): 73 Old Webster St. Norwell Ma
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 653		12b. Address (street and number, city, State and ZIP code): 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. 508 230 7140	12e. Cell No.	12f. Fax No. 508 230 7145	12g. E-Mail Address www.teamsterslocal653.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Bryan Voci (Business Agent / Organizer)		13b. Address (street and number, city, State and ZIP code): 24 Brandies Ln Plymouth Ma 02360	
13c. Tel. No. 508 230 7140	13d. Cell No. 508 838 1887	13e. Fax No. 508 230 7145	13f. E-Mail Address 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) Bryan Voci	Signature 		Title Business Agent/ Organizer Date 10-16-19

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.

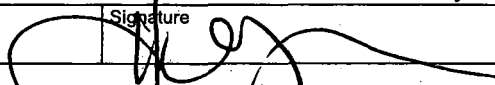
01-RC-250177

Date Filed

10/18/19

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: Harriet Beecher Stowe Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 77 Forest Street, Hartford, CT 06105	
3a. Employer Representative - Name and Title: Brian Greenfield		3b. Address (if same as 2b - state same): See 2b, above	
3c. Tel. No. 860-522-9258 x310	3d. Cell No.	3e. Fax No.	3f. E-Mail Address bgreenfield@stowecenter.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) museum		4b. Principal Product or Service educational	
5a. City and State where unit is located: Hartford, CT		5b. Description of Unit Involved: Included: All full-time and regular part-time employees employed in the Visitor Center. Excluded: Guards and supervisors under the NLRA	
6a. Number of Employees in Unit: 8-9		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 10/3/19 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s):		11c. Election Time(s):	
11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number): Technical Office and Professional Union UAW Local 2110		12b. Address (street and number, city, State and ZIP code): 256 W. 38th Street, New York, NY 10018	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Int'l Union, United Automobile, Aerospace and Agricultural Implement Workers of America			
12d. Tel. No. 212-387-0220	12e. Cell No. 917-495-8492	12f. Fax No. 212-228-0198	12g. E-Mail Address maidarosenstein@2110UAW.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: 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. 860-570-4635	13d. Cell No. 860-874-8657	13e. Fax No. 860-232-9818	13f. E-Mail Address hfmurray@lapm.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) Henry F. Murray		Signature 	
Title Attorney		Date 10/18/19	

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 may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 01-RC-250235	Date Filed 10/21/19

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

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

2a. Name of Employer First Transit		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 148 Roberts Street CT East Hartford 06108-	
3a. Employer Representative - Name and Title Andrew Burke		3b. Address (If same as 2b - state same) 148 Roberts Street CT East Hartford 06108-	
3c. Tel. No. (860) 380-4888	3d. Cell No. (860) 250-7622	3e. Fax No. (860) 936-3753	3f. E-Mail Address andrew.burke@firstgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service Passenger Transportation	
5a. City and State where unit is located: East Hartford, CT			
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 3 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): November 7, 2019	11c. Election Time(s): 10:00 a.m. to 10:15 a.m.	11d. Election Location(s): Conference Room	
12a. Full Name of Petitioner (Including local name and number) Anthony B. Taylor Amalgamated Transit Union Local 1783		12b. Address (street and number, city, state, and ZIP code) 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. (860) 206-9799	12e. Cell No. (860) 518-2794	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION		13b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790	
13c. Tel No. (301) 431-7100	13d. Cell No. (202) 714-4219	13e. Fax No.	13f. E-Mail Address dsmith@atu.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Daniel B. Smith	Signature Daniel B. Smith	Title Assistant General Counsel	Date 10/21/2019 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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
01-RG-250235	10/21/19

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. 01-RC-250256	Date Filed 10-21-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nhfr.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 Procedure (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 the exclusive representative of the employees. The Petitioner, a Hellenic American, is a member of the National Labor Relations Board and that the National Labor Relations Board is under the authority of the National Labor Relations Act.

2a. Name of Employer Highlander Charter School		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 42 Lexington Ave., Providence RI	
3a. Employer Representative - Name and Title Jane Picciotti - Principal		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 401.277.2600	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jpicciotti@hc.school
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Charter School		4b. Principal product or service Education	
5a. Description of Unit Involved Included: All full time certified school teachers, behavioral specialists and nurses. Excluded: All managers, supervisors, administrative employees, speech therapists, occupational therapists, psychologists, maintenance employees, guards and others excluded by the Act.		6a. City and State where unit is located: Providence RI	
8a. No. of Employees in Unit 24		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition • Bargaining Representative was made on (Date) **10/21/19** and Employer declined recognition on or about (Date) (If none, reply, "No reply") **No reply**
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires recertification under the Act.

1e. Name of Recognized or Certified Bargaining Agent (If none, so state). None		Bb. Address	
8c. Tel. No. 18d. Cell No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		Date of Recognition or Certification 18h.	
9. Is 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) _____		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: (2) Manual (c); 1 all Q Mixed Manual/Mail	
11b. Election Date(s): 11/6/19		11d. Election Location(s): Employer's premises, second floor conference room	
11c. Election Time(s): 7:30 a.m. - 9:30 a.m.		12b. Address (street and number, city, state, and ZIP code) 22 Arnflex Drive, Cranston RI	

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

12d. Tel. No. 401.946.2323	12e. Cell No.	12f. Fax No. 401.946.2327	12g. E-Mail Address stave_amith@ibew.org
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13. Representative of the Petitioner who will accept service of all papers for purpose of the representation proceeding. 13a. Name and Title Marc Gursky, Attorney		13b. Address (street and number, city, state, and ZIP code) 1130 Ten Rod Road, North Kingstown RI 02852	
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13c. Tel. No. 401.294.4700	13d. Cell No.	13e. Fax No. 401.294.4702	13f. E-Mail Address mgursky@rlaborlaw.com
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I declare that I have read the above petition and the statements are true to the best of my knowledge and belief.

Name (Print) Marc Gursky	Title Attorney	Date 10/21/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 11, 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 and 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 involve the processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 01-RC-250640

Date Filed
10/28/19

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

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

2a. Name of Employer: Bradford Logistics	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 290 William F McClellan Hwy, Boston Ma.
3a. Employer Representative - Name and Title: David Fitzgerald	3b. Address (if same as 2b - state same): same

3c. Tel. No. 857-453-3450	3d. Cell No.	3e. Fax No.	3f. E-Mail Address info@bradford-corp.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal Product or Service Goods	5a. City and State where unit is located: Boston Ma
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5b. Description of Unit Involved: Included: All Full time and regular part time warehousemen, drivers, terminal men and leads at th Excluded: All other employees, including guards, supervisors and managers as defined in the Act.	6a. Number of Employees in Unit: 42	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type:
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 11,15,19	11c. Election Time(s): tbd	11d. Election Location(s): Boston Location
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12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local Union #25	12b. Address (street and number, city, State and ZIP code): 544 Main St. Boston 02129
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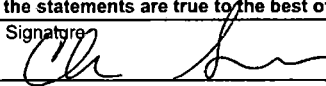
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters Local Union #25

12d. Tel. No. 617.241.0485	12e. Cell No.	12f. Fax No. 617.241.7512	12g. E-Mail Address csmolinsky@teamsterslocal25.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Chris Smolinsky- Director of Organizing	13b. Address (street and number, city, State and ZIP code): 544 Main St., Boston Ma
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13c. Tel. No. same	13d. Cell No.	13e. Fax No. same	13f. E-Mail Address same
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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) Chris Smolinsky	Signature 	Title Director of Organizing	Date 10.24.19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer First Transit		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 148 Roberts Street CT East Hartford 06108-	
3a. Employer Representative - Name and Title Andrew Burke		3b. Address (If same as 2b - state same) 148 Roberts Street CT East Hartford 06108-	
3c. Tel. No. (860) 380-4888	3d. Cell No. (860) 250-7622	3e. Fax No.	3f. E-Mail Address andrew.burke@firstgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service Passenger Transportation	
5a. City and State where unit is located: East Hartford, CT			
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
		10c. Tel. No.	
		10d. Cell No.	
		10e. Fax No.	
		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): November 14, 2019		11c. Election Time(s): 10:00 to 10:30 a.m.	
11d. Election Location(s): Conference Room			
12a. Full Name of Petitioner (including local name and number) Anthony Taylor Amalgamated Transit Union Local 1763		12b. Address (street and number, city, state, and ZIP code) 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. (860) 518-2794	12e. Cell No. (860) 518-2794	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION		13b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790	
13c. Tel No. (301) 431-7100	13d. Cell No. (202) 714-4219	13e. Fax No.	13f. E-Mail Address dsmith@atu.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Daniel B. Smith	Signature Daniel B. Smith	Title Assistant General Counsel	Date 10/28/2019 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

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 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.


01-RC-250823

Date Filed

10-30-19

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

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

2a. Name of Employer: First Student		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 592 Laconia Road Belmont NH 03220	
3a. Employer Representative - Name and Title: Dave Fairweather		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 603-524-1787	3d. Cell No. 603-327-9906	3e. Fax No. 603-893-3285	3f. E-Mail Address David.Fairweather@firstgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School Bus Transportation		4b. Principal Product or Service School Bus	5a. City and State where unit is located: Belmont NH
5b. Description of Unit Involved: Included: All regular full time and regular part time mechanics-Technician Excluded: Management and all others outlined in the National Labor Relations Act		6a. Number of Employees in Unit: 7 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): ASAP	11c. Election Time(s): Between 8:00am and 4:00pm	11d. Election Location(s): Up stairs conference room	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 633		12b. Address (street and number, city, State and ZIP code): 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. Tel. No. 603-625-9731	12e. Cell No. 603-493-7991	12f. Fax No. 603-625-6767	12g. E-Mail Address kjudgetlocal633@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Keith Judge		13b. Address (street and number, city, State and ZIP code): 53 Goffstown Rd. Suite A Manchester NH 03102	
13c. Tel. No. 603-625-9731	13d. Cell No. 603-493-7991	13e. Fax No. 603-625-6767	13f. E-Mail Address kjudgetlocal633@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.			
Name (Print) Keith Judge	Signature 	Title Business Agent	Date

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

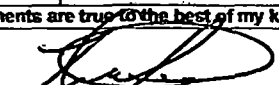
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses 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 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.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: First Transit Nashua		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 11 Riverside street Nashua NH 03060	
3a. Employer Representative - Name and Title: John Savage Terminal Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 603-880-0100	3d. Cell No. 603-491-0041	3e. Fax No.	3f. E-Mail Address john.savage2@firstgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Public Transit		4b. Principal Product or Service City bus system	
5a. City and State where unit is located: Nashua NH		6a. Number of Employees in Unit 1	
6b. Description of Unit Involved: Included: All regular full time and regular part time Transit Clerks Excluded: Management and all others outlined in the National Labor Relations Act		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): ASAP	11c. Election Time(s): Between 8:00am and 4:00pm	11d. Election Location(s): In the break room	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 633		12b. Address (street and number, city, State and ZIP code): 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. Tel. No. 603-625-9731	12e. Cell No. 603-493-7991	12f. Fax No. 603-625-6767	12g. E-Mail Address kjudgetlocal633@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Keith Judge		13b. Address (street and number, city, State and ZIP code): 53 Goffstown Rd. Suite A Manchester NH 03102	
13c. Tel. No. 603-625-9731	13d. Cell No. 603-493-7991	13e. Fax No. 603-625-6767	13f. E-Mail Address kjudgetlocal633@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.			
Name (Print) Keith Judge	Signature 	Title Business Agent	Date

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-250848

Date Filed

10-30-19

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

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

2a. Name of Employer

New Bedford Symphony Orchestra

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

128 Union Street, New Bedford, MA 02740

3a. Employer Representative - Name and Title

David Prentiss, Executive Director

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

same

3c. Tel. No.

508 999-6276

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

dprentiss@nbsymphony.org

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

Orchestra

4b. Principal product or service

Music

5a. City and State where unit is located:

New Bedford, MA

5b. Description of Unit Involved

Included: All instrumental Musicians

6a. No. of Employees in Unit:

70

Excluded: conductors, guest performers, office staff, managerial employees, confidential employees and supervisors as defined by the National Labor Relations Act.

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

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 10/29/19 and Employer declined recognition on or about 10/29/19 (Date) (If no reply received, so state). Agrees to election



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

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

None

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):

November 2019

11c. Election Time(s):

11d. Election Location(s):

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

Boston Musicians' Association (BMA), AFM Local 9-535

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 labor organization of which Petitioner is an affiliate or constituent (if none, so state)

American Federation of Musicians

12d. Tel. No.

212-869-1330

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

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

13a. Name and Title

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@dmhpc.net

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

Name (Print)

Robert Couture

Signature



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.

Oct. 7. 2019 11 31AM

FORM NLRB-502 (RD)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT No. 4947-119 31 P. 1/3

Case No.

01-RD-249524

Date Filed

10/7/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer Trinity Health of N.E. At Home		2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code) 200 Hillside Circle, Suite 2 W. Springfield, MA 01089	
3a. Employer Representative - Name and Title Grisol Contreras - Admin.		3b. Address (if same as 2b - state same) Same	
3c. Tel. No.	3d. Fax No.	3e. Cell No. 201-240-0502	3f. E-Mail Address Grisol.Contreras@trinity-health.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Medical HomeCare		4b. Principal product or service	
5a. Description of Unit Involved Included: RN - Full + Part time, PT - Full + Part time, OT - Full + Part time ST - Full + Part time, MSW - Full and Part Time Excluded: LPN, HHA			5b. City and State where unit is located: 200 Hillside Circle Suite 2 W. Springfield, MA
6. No. of Employees in Unit 30	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Massachusetts Nursing Association		8b. Affiliation, if any	
8c. Address 241 King Street - Suite 226 Northampton, MA. 01060		8d. Tel. No. 413-584-4607	8e. Cell No. 781-330-1320
		8f. Fax No. 413-584-8171	8g. E-Mail Address Yrrean@emmanuel.org
9. Date of Recognition or Certification Sept. 2017		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 6 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) November 13, 2019	13c. Election Time(s) 8am - 5p.m.	13d. Election Location(s) 200 Hillside Circle W. Springfield, MA. 01089	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No. Same	15g. E-Mail Address 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	Title	Date Filed

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.:
01-RD-250660

Date Filed
10/28/2019

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. 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 parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer Comprehensive Decommissioning International		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 600 Rocky Hill Road, Plymouth MA 02630	
3a. Employer Representative - Name and Title Brenda Gailles		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 508-830-8102	3d. Fax No. n/a	3e. Cell No. 508.930.6870	3f. E-Mail Address b.gailles@CDI-decom.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nuclear Power Plant - decommissioning		4b. Principal product or service None - this plant is in the process of decommissioning	
5a. Description of Unit Involved Included: Local 369 Technical Union - positions covered in Schedule A of the collective bargaining unit, copy attached Excluded: Any employee not listed in Schedule A.			5b. City and State where unit is located: Plymouth MA
6. No. of Employees in Unit 18		7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent Craig A. Pinkham		8b. Affiliation, if any President	
8c. Address Utility Workers Union of America AFL-CIO Local 369 120 Bay State Drive, Braintree, MA 02184		8d. Tel. No. 781-848-3740	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address cpinkham@UWUA369.org
9. Date of Recognition or Certification August 19, 2002 (Case No. 1-RC-21518)		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 10-24-2021	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) N/A (Insert Address) N/A		a labor organization, of since (Month, Day, Year) N/A	
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name none	12b. Address none	12c. Tel. No. n/a	12d. Fax No. n/a
		12e. Cell No. n/a	12f. E-Mail Address n/a
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Agree to an election		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 11/04/19, 11/18/19, 12/4/19	13c. Election Time(s) 0700 hrs	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)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No. n/a
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and its contents, and I believe in its truth and accuracy.			
Name (Print) (b) (6), (b) (7)(C)		Title Petitioner	Date Filed 10-25-19

WILLFUL FALSE STATEMENTS

AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Board (NLRB) in processing representation and related proceedings. Further explanation of 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.

51 et seq. The principal use of the information is to assist the National Labor Relations Board in processing representation and related proceedings. The information is 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.

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