

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-226936

Date Filed

9-7-2018

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as 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:
Sysco Foods Boston

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
99 Spring Street, Plympton, MA 02367

3a. Employer Representative - Name and Title:
Chuck Frazier, President

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

3c. Tel. No.
781-422-2300

3d. Cell No.

3e. Fax No.
1-877-239-1025

3f. E-Mail Address

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

4b. Principal Product or Service
Wholesale Food Distributor

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

5b. Description of Unit Involved:
Included:
See Attachment A.

6a. Number of Employees in Unit:
230

Excluded:
Managers, supervisors and clerical office staff.

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

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):

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number):
General Teamsters, Chauffeurs, Warehousemen and Helpers of Brockton and Vicinity Local 653

12b. Address (street and number, city, State and ZIP code):
4 Hampden Dr., STE A, South Easton, MA 02375-1158

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.

12e. Cell No.
202-528-3775

12f. Fax No.

12g. E-Mail Address
crosell@teamster.org

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

13a. Name and Title:
Michael A. Feinberg, Esq.

13b. Address (street and number, city, State and ZIP code):
Feinberg, Campbell & Zack, P.C, 177 Milk Street, Boston, MA 02109

13c. Tel. No.
617-338-1976

13d. Cell No.

13e. Fax No.
617-338-7070

13f. E-Mail Address
maf@fczlaw.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)

Michael A. Feinberg, Esq.

Signature

Michael Feinberg

Title

Attorney

Date

9/7/18

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

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-227146

Date Filed

9-11-18

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

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

2a. Name of Employer: Republic Waste Services		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 965 Plain Street, Marshfield, MA 02050	
3a. Employer Representative - Name and Title: Jacob Dietz		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. 1-800-659-1501	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste Management Services		4b. Principal Product or Service Waste Removal	5a. City and State where unit is located: Marshfield, MA
5b. Description of Unit Involved: Included: All full time Drivers (Residential, Roll-off, Front Load) Shakers Excluded: Office Clerical, Managers, Supervisors, Shop Mechanics			6a. Number of Employees in Unit: 25
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) 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:
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Any day of the week 11c. Election Time(s): 3:00 am- 6:00am and 2:00-4:00pm 11d. Election Location(s): 965 Plain Street, Marshfield, MA

12a. Full Name of Petitioner (including local name and number): General Teamsters, Chauffeurs, Warehousemen and Helpers of Brockton and Vicinity Local 653 12b. Address (street and number, city, State and ZIP code): 4 Hampden Dr., STE A, South Easton, MA 02375-1158

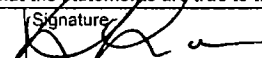
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters

12d. Tel. No. 508-230-7140	12e. Cell No.	12f. Fax No. 508-230-7145	12g. E-Mail Address brian.m@teamsterslocal653.org
-------------------------------	---------------	------------------------------	--

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Luke G. Liacos, Esq. 13b. Address (street and number, city, State and ZIP code): Feinberg, Campbell & Zack, P.C, 177 Milk Street, Boston, MA 02109

13c. Tel. No. 617-338-1976	13d. Cell No.	13e. Fax No. 617-338-7070	13f. E-Mail Address lg1@fczlaw.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) Luke G. Liacos, Esq.	Signature 	Title Attorney	Date 09/11/18
--------------------------------------	--	-------------------	------------------

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

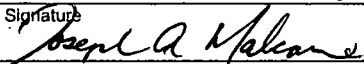
Date Filed

01-RC-227175

9/12/18

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

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

2a. Name of Employer: CT Light and power DBA Eversource		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): PO Box 270 Hartford CT 06141-0270	
3a. Employer Representative - Name and Title: Angela Ruggiero		3b. Address (if same as 2b - state same): 107 Selden St Berlin CT 06037-1616	
3c. Tel. No. (860)665-3667	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility		4b. Principal Product or Service Electric and Gas Distribution	
5b. Description of Unit Involved: All full-time and regular part-time field included: COMMUNICATION TEST TECHNICIANS, TEST SPECIALISTS, SENIOR TEST SPECIALISTS, TECHNICAL LEADS, ASSOCIATE ENGINEERS, ENGINEERS AND SENIOR ENGINEERS Employed by the Employer at its BERLIN, CT facility that work statewide Excluded: All other employees, guards, professional employees and supervisors as defined in the Act.		5a. City and State where unit is located: Berlin CT	
6a. Number of Employees in Unit: 32		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? <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 an election in this matter, state your position with respect to any such election: Armor Globe into existing CL and P (Teal) Contract			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s):		11c. Election Time(s):	
11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers LU 420		12b. Address (street and number, city, State and ZIP code): 550 Wolcott St Waterbury CT 06705	
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 Worker			
12d. Tel. No. 2037579639	12e. Cell No. 8603848010	12f. Fax No. 2037579426	12g. E-Mail Address ibew@snet.net
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Joseph Malcarne Business Manager		13b. Address (street and number, city, State and ZIP code): 550 Wolcott St Waterbury CT 06705	
13c. Tel. No. 2037579639	13d. Cell No. 8603848010	13e. Fax No. 2037579426	13f. E-Mail Address ibew@snet.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Joseph Malcarne		Signature 	Title Business Manager
		Date 9/10/18	

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
01-RC-227492

Date Filed

Sept. 17, 2018

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

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

2a. Name of Employer
Talmage Park

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
38 Talmage Avenue, East Haven CT 06512

3a. Employer Representative - Name and Title
Terrance Brennan

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

3c. Tel. No.
(203)469-2316

3d. Cell No.

3e. Fax No.
(203)467-5582

3f. E-Mail Address
tbrennan@talmagepark.com

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

4b. Principal product or service
Health care

5a. City and State where unit is located:
East Haven, CT

5b. Description of Unit Involved
Included: All full time, regular part time and per diem Certified Nursing Aides, Housekeepers, Dietary Aides and Cooks.
Excluded: All other employees, all professional employees, all guards and supervisors as defined in the act.

6a. No. of Employees in Unit:
56

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) 9/17/18 and Employer declined recognition on or about 9/17/18 (Date) (If no reply received, so state).**
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

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

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name
None

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
Thursday October 4th, 2018

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

11d. Election Location(s):
Employee Break room

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

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

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

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

12e. Cell No.

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

12g. E-Mail Address

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

13a. Name and Title
Robert Baril, Vice President

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

13c. Tel. No.
(860)251-6088

13d. Cell No.
(203)915-0126

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

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

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

Name (Print)
Robert Baril

Signature
Robert Baril

Title
Secretary Treasurer

Date
9/17/18

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE
Case No. 01-RC-227574 Date Filed 9/19/2018

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

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

2a. Name of Employer Snow Pond Arts Academy		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 8 Goldenrod Lane, Sydney ME 04330	
3a. Employer Representative - Name and Title Deborah Emery		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 207-681-8908	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Deborah.emery@snowpondartsacad
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School		4b. Principal product or service Education	
5b. Description of Unit Involved Included: All Educational Staff, including faculty, directors, teachers, educational technicians, guidance counselors/student services Excluded: Superintendent, Principal, Office Manager, Human Resources Director, Special Education Director		5a. City and State where unit is located: Sydney, ME	
		6a. No. of Employees in Unit: 21	
		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) 9/5/2018 and Employer declined recognition on or about 9/12/2018 (Date) (If no reply received, so state).
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

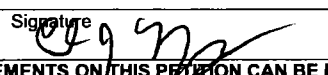
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Friday		11c. Election Time(s): Afternoon (schools out at 3:15 p.m.)		11d. Election Location(s): Snow Pond Arts Academy			
12a. Full Name of Petitioner (including local name and number) Snow Pond Education Association/Maine Education Association				12b. Address (street and number, city, state, and ZIP code) 35 Community Drive, Augusta ME 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	
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, Director of C		13b. Address (street and number, city, state, and ZIP code) 35 Community Drive, Augusta ME 04330					
13c. Tel No. 207-622-4418		13d. Cell No. 207-522-3758		13e. Fax No. 207-623-2129		13f. E-Mail Address cbetit@maineea.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) Charles J. Betit	Signature 	Title Director of Collective Bargaining	Date 9/12/2018
---	---	---	--------------------------

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

1-RC-227585

Date Filed

September 19, 2018

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

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

2a. Name of Employer

Land Air Express

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

121 Industrial Park Road Pittsfield ME 04967

3a. Employer Representative - Name and Title

Howard Small, Terminal manager

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

Same as above

3c. Tel. No.

1800-639-3095 Ext 8905

3d. Cell No.

207-416-3166

3e. Fax No.

3f. E-Mail Address

howardsmall@landair.com

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

Trucking

4b. Principal product or service

Freight

5a. City and State where unit is located:

Pittsfield Maine

5b. Description of Unit Involved

Included: All Class A Truck Drivers

Excluded: All other positions

6a. No. of Employees in Unit:

13

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

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 9/18/18 and Employer declined recognition on or about no reply (Date) (If no reply received, so state).



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

8a. Name of Recognized or Certified 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? _____ 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):

ANY

11c. Election Time(s):

ANY

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

11d. Election Location(s):

Pittsfield Location

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

Teamsters Union Local No. 340

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

27 main Street South Portland ME. 04106

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.

207-767-2106

12e. Cell No.

207-756-5881

12f. Fax No.

207-767-7315

12g. E-Mail Address

emarzano@teamsterslocal340.org

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

13a. Name and Title

Ed Marzano. Business Agent

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

27 main Street South Portland Maine 04106

13c. Tel No.

207-767-2106

13d. Cell No.

207-756-5881

13e. Fax No.

207-767-7315

13f. E-Mail Address

emarzano@teamsterslocal340.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)

Ed Marzano

Signature



Title

Business Agent

Date

9-17-18

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 01-RC-227961

Date Filed

9-25-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to the 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:
Brown University

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
Box 1879 Providence RI 02912

3a. Employer Representative - Name and Title:
Paul Mancini, Director of Labor and Employee Relations

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

3c. Tel. No.
401-863-3896

3d. Cell No.

3e. Fax No.
401-863-9329

3f. E-Mail Address
Paul_Mancini@brown.edu

4a. Type of Establishment (Factory, mine, wholesaler, etc.):
non-sectarian higher education

4b. Principal Product or Service:
education

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

6a. Description of Unit Involved:
Included:
Catering Banquet Captains

6b. Number of Employees in Unit:
3

Excluded:

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) April 13, 2018 and Employer declined recognition on or about (Date) September 17, 2018 (If no reply received, so state).

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

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

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11b. Election Date(s):
September

11c. Election Time(s):
when all three are working

11d. Election Location(s):
Brown University Refectory

12a. Full Name of Petitioner (including local name and number):
United Service and Allied Workers of Rhode Island

12b. Address (street and number, city, State and ZIP code):
90 Printery St. Providence RI 02904

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

12d. Tel. No.
401-751-0500

12e. Cell No.
401-440-2608

12f. Fax No.
401-751-0555

12g. E-Mail Address
kbmcaininch@aol.com

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

13a. Name and Title:
Karen McAninch, Business Agent

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

13c. Tel. No.
same

13d. Cell No.
same

13e. Fax No.
same

13f. E-Mail Address
same@example.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)
Karen McAninch

Signature

Karen McAninch

Title
Business Agent

Date
09/18/18

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-228083

9/26/18

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

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

2a. Name of Employer

Securitas Critical Infrastructure Services, Inc

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

101 Shiloh Blvd, Zion, IL 60099

3a. Employer Representative - Name and Title

Charles Rival -Area Vice President

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

24 Salem Market Place, Salem, CT 06420

3c. Tel. No.

860-859-1001

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

SECURITY AGENCY

4b. Principal product or service

SECURITY

5a. City and State where unit is located:

Salem, CT

5b. Description of Unit Involved

Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY SECURITAS CRITICAL INFRASTRUCTURE, INC @ 101 SHILOH BLVD., ZION, IL 60099

Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

6a. No. 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? 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). **NO**

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: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

October 16, 2018

11c. Election Time(s):

mail

11d. Election Location(s):

mail

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

International Union, Security, Police and Fire Professionals of America (SPFPA)

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

25510 Kelly Road, Roseville, MI 48066

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

International Union, Security, Police and Fire Professionals of America (SPFPA)

12d. Tel No.

586-772-7250 X111

12e. Cell No.

586-872-5634

12f. Fax No.

586-772-9644

12g. E-Mail Address

organize@spfpa.org

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

13a. Name and Title

Gordon Gregory, General Counsel

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

65 Cadillac Square, Suite 3727, Detroit, MI 48226

13c. Tel No.

313-964-5600

13d. Cell No.

13e. Fax No.

313-964-2125

13f. E-Mail Address

Gordon@UnionLaw.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)

Dwayne Phillips

Signature

Dwayne Phillips

Title

Organizing Director

Date

9/25/18

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-228228

9/28/18

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

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

2a. Name of Employer
Allegiance Realty Corporation

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

3a. Employer Representative - Name and Title
Annette Messert Property Manager

3b. Address (If same as 2b - state same)
44 Old Ridgebury Road, Danbury, Connecticut, 06810

3c. Tel. No.
203-544-2994

3d. Cell No.
203-240-4071

3e. Fax No.
203-557-4783

3f. E-Mail Address
amessert@allegiancere.com

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

4b. Principal product or service
Property Manager

5a. City and State where unit is located:
Danbury and Westport Connecticut

5b. Description of Unit Involved

Included: All full time and part time Senior chief engineers, chief engineers and building engineers

Excluded: All office clerical employees, professional employees, guards and supervisors under the Act

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 ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 9/27/2018 and Employer declined recognition on or about (Date) (If no reply received, so state).

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
10/17/2018

11c. Election Time(s):
8 am to 9am

11d. Election Location(s):
conference center plaza level

12a. Full Name of Petitioner (including local name and number)
International Union of Operating Engineers Local 30- AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
16-16-Whitestone Expressway, Whitestone NY 11357

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

12d. Tel No.
718-847-8484

12e. Cell No.
917-680-4291

12f. Fax No.
718-805- 2172

12g. E-Mail Address
vincentfiorentino@iuoelocal30.org

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

13a. Name and Title
Vincent Fiorentino - Organizer

13b. Address (street and number, city, state, and ZIP code)
16-16 Whitestone expressway, Whitestone NY 11357

13c. Tel No.
718-847-8484

13d. Cell No.
917-680-4291

13e. Fax No.
718-805-2172

13f. E-Mail Address
vincentfiorentino@iuoelocal30.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)
Vincent Fiorentino

Signature

Title
Organizer

Date
9/28/2018

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

PRIVACY ACT STATEMENT

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