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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
01-RC-265998	9-14-20					

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

PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to I	e certified a	s repres	entative of	the employees. The Po	etitione	r alleges that the follo	owing circumstances e		
2a. Name of Employer:					of Establishment(s) invo					
				.65 Huntington Avenue, Boston, MA 02115						
3a. Employer Representative - Nan	ne and Title:		3b. Add	dress (If sa	ame as 2b - state same)):				
Matthew Teitelbaum			Same	e						
3c. Tel. No. (617) 369-3200	3d. Cell No.			3e. Fax	No.		f. E-Mail Address nteitelbaum@m	fa.org		
4a. Type of Establishment (Factory, I	mine, wholesaler	, etc)		4b. Princ	cipal Product or Service		_	d State where unit is loca	ated:	
5b. Description of Unit Involved: Included: All full-time and regular p Excluded: Guards, managers as defin				Emplo	yer.	S.	6a. Number 300	r of Employees in Unit: ubstantial number (30%, mployees in the unit wis inted by the Petitioner?	or more) Mito be	
Check One: 7a. Request for reconnection on or about (Date)	ognition as Barg			e was ma			and Employer o	declined recognition		
7b. Petitioner is cur		d as Bargain	ing Rep	resentative	e and desires certification	on under	r the Act.			
8a. Name of Recognized or Certifie	ed Bargaining A	gent (If none	e, so sta	te) 8b.	Address:					
None				N /.	A					
8c. Tel. No. N/A	8d. Cell No. N/A			8e. Fax	No.		8f. E-Mail Address N/A			
8g. Affiliation, if any:				8h. Date of Recognition or Certification 8i. I		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A				
N/A				N/A					1	
Is there now a strike or picketing at (Name of Labor Organization)	the Employer's	establishmer	nt(s) invo	olved? No) If so, appro	-	how many employees s picketed the Employe	s are participating? er since <i>(Month, Day, Ye</i>	ear)————	
Organizations or individuals other individuals known to have a repression None						d recogn	nition as representative		-	
10a. Name	I	Address					Oc. Tel. No.	10d. Cell No.		
N/A	N/.	A					J/A De. Fax No.	N/A 10f. E-Mail Address		
							N/A N/A			
11. Election Details: If the NLRB co	nducts and elect	ion in this ma	atter, sta	ite your po	sition with respect to an	ny such e	election: 1 ₁ 1a. Election Manua		l Manual/Mail	
11b. Election Date(s): September 21, 2020	11c	Election Tin	ne(s):				1d. Election Location(s	,		
12a. Full Name of Petitioner (includ	ling local name a	nd number):			12b. Address (street	t and nu	mber, city, State and 2	ZIP code):		
Technical, Office & Profe							•	York, NY 10018	8	
12c. Full name of national or internati United Automobile, Aeros										
12d. Tel. No. (212) 387-0220	12e. Cell No.						2g. E-Mail Address Oca12110@2110	-Mail Address 12110@2110uaw.org		
L				apers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): Levy Ratner, P.C. 80 Eighth Avenue, 8th Floor, New York, NY 10011						
13c. Tel. No. (212) 627-8100	13d. Cell No. (617) 510-			13e. Fax		13	13f. E-Mail Address dlossia@levyratner.com			
I declare that I have read the above	petition and th			are true to	the best of my knowle	edge an	•		I D-4-	
Name (Print) Dana Lossia		Signature		Loss	ria	Atto	rney for Local 2	2110 UAW	9-14-2020	

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01-RC-266534	09-23-2020				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7 Congress Square ME Portland 04101-Portland Museum of Art 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 7 Congress Square ME Por land 04101 Mark Bessire 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (207) 669-4061 mbessire@portlandmuseum.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Museum - education Portland, ME 5b. Description of Unit Involved 6a. No. of Employees in Unit: 70 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): October 7, 2020 mail ballot by mail 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) ida Rosenstein hnical, Office & Professional Union Local 2110 256 W 38th St. Suite 704 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Automobile Workers 12g. E-Mail Address local@2110uaw.org 12d. Tel No. 12e, Cell No. 12f. Fax No. 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) Thomas W Meiklejohn Its Attorney Livingston, Adler, Pulda, Meiklejohn & Kelly 557 Prospect Ave. CT Hartford 06105 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address TWMeikleiohn@lapm.org (860) 570-4639 (860) 214-9676 (860) 232-7818 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 Thomas W. Meiklejohn Its Attorney 09/23/2020 12:48:07 Thomas W Meiklejohn

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

PRIVACY ACT STATEMENT

Employees Included
All employees employed by the Employer

Employees Excluded

Managers and supervisors as defined in the Act

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
01-RC-266534	09-23-2020				

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
01-RC-266690	9/28/2020					

						• • • • • •			0,20,2020
INSTRUCTIONS: Unless e-Filed us employer concerned is located. The the employer and all other parties Case Procedures (Form NLRB 487	he petition mu named in the	st be accompa petition of: (1)	nied by the pet	both a shition; (2) S	owing of interest (see tatement of Position	e 6b below) an form (Form NL	d a certifica: .RB-505); an	te of service showing d (3) Description of	g service on Representation
 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:		2	b. Addr	ess(es) of I	Establishment(s) involv	ed (Street and	number, City	, State, ZIP code):	
Wheelabrator Bridgeport		(6 Hov	vard Av	enue, Bridgepor	rt, CT 0660)5		
3a. Employer Representative - Nan	ne and Title:	3	Bb. Addr	ess (if sam	e as 2b - state same):				***************************************
Philip Schwer - Plant Man	nager		same						
3c. Tel. No.	3d. Cell No.			3e. Fax No	·	3f. E-Mail	Address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
203-579-2607	845-213-					pschwe	r@wtien	ergy.com	
4a. Type of Establishment (Factory, r		er, etc.)		4b. Princip	al Product or Service		5a. City ar	d State where unit is	located:
Waste to Energy Power P	lant			Energy			Bridgepo	ort, Connecticut	
5b. Description of Unit Involved:							6a. Numbe	er of Employees in Un	it:
ncluded: please see attachment							49		
Excluded:							6h Do a s	ubstantial number (30	% or more)
please see attachment							of the	employees in the unit	wish to be
Check One: 7 7a. Request for rec	ognition as Ba	rgaining Represe	entative	was made	on (Date) 09/28	3/2020 ar		ented by the Petitioner declined recognition	·? ✓ Yes No
on or about (Date)	9/28/20			ceived, so		5/2020 ui	ia Employor	acomica recognition	
					nd desires certification	under the Act.			
8a. Name of Recognized or Certifie	d Bargaining	Agent (If none,	so state	8b. Ad	dress:				
8c. Tel. No.	8d. Cell No.		T	8e. Fax No		8f. E-Mail	Address		
8g. Affiliation, if any:			8h	Date of Re	ecognition or Certificat			urrent or Most (Month, Day, Year)	
9. Is there now a strike or picketing a	t the Employer	's establishment	(s) invol	ved? No	If so, approxi	imately how ma	nv emplovee	s are participating?	
(Name of Labor Organization)	t and Employer	o octabilotition,	(0)	140	55, 57, 51	5		er since (Month, Day,	Year)
10. Organizations or individuals other	than Petitione	r and those nam	ed in ite	ame 8 and 9	which have claimed				
individuals known to have a repre								oo ana omor organiza	aono ana
10a. Name	10	b. Address				10c. Tel. N	lo.	10d. Cell No.	
						10e. Fax N	lo.	10f. E-Mail Address	
11. Election Details: If the NLRB co	nducts and ele	ction in this matt	ter, state	your posit	ion with respect to any	such election:	11a. Electio	Control Control	ked Manual/Mail
11b. Election Date(s):	11	c. Election Time	e(s):			11d. Electi	on Location(s		**************************************
Wednesday, October 21, 2	2020 7	am-8am &	5pm-	6pm		Breakre	oom at th	e facility	
12a. Full Name of Petitioner (include		and number):			12b. Address (street a	and number, cit	y, State and	ZIP code):	
International Union of Op	erating En	gineers Lo	cal 30)	16-16 Whitesto	one Expres	sway, Wl	nitestone, New	York 11357
12c. Full name of national or internat International Union of Op			h Petitio	oner is an a	ffiliate or constituent (i	f none, so state):		
12d. Tel. No.	12e. Cell No.			12f. Fax N		12g. E-Ma	il Address		
917-680-7978	917-680-			718-80				uoelocal30.org	
13. Representative of the Petitione	r who will acc	ept service of a	all pape						
13a. Name and Title: Andres Puerta - Director of	Special Pro	jects			hitestone Expres			w York 11357	
13c. Tel. No.	13d. Cell No.	and a second		13e. Fax N	0. //	13f. E-Mai			
917-680-7978	917-680-	/	7	718-80				uoelocal30.org	
I declare that I have read the above	e petition and		ents ar	e true to the	best of my knowle				
Name (Print) Andres Puerta		Signature	Ser	1/1-		Dir. of Sp	ecial Proj	ects	Date 9/28/2020
	1			1///	I				

NLRB Form 502/RC Petition

5b Description of Unit Involved

Included:

All Assistant Plant Operators, Crane Operators, E&I Leads and Techs, Fuel/Ash Handlers, Mechanics, Plant Operators, Scale House Operators, Tipping Floor Operators, Utility Plant Operators.

Utility Plant Operators.

Excluded

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

At 9/28/2020

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 01-RC-266758	September 28, 2020					

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 135 Beaver Street First Floor WCI - Work Community Independence 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 135 Beaver Street First Floor MA Waltham 02452-Paula Dunn-Meadows 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (781) 899-8220 pdunnmeadows@wearewci.org (781) 899-3828 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Service Waltham, MA 6a. No. of Employees in Unit: 5b. Description of Unit Involved 78 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 10/28/2020 TBD TRD 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Milton Francisco Depina International Brotherhood of Teamsters Joint Council 10 New England, Teamsters Local Union No. 25 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address mdepina@teamstersjointcouncil10.com 12d. Tel No. 12e, Cell No. 12f. Fax No. (857) 274-0750 (857) 274-0750 (617) 241-7512 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Milton Francisco Depina Organizer 09/28/2020 14:27:28 Milton Francisco Depina

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

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

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE					
Case		Date Filed			

Employees Included

All full-time and regular part time workers in the Social Support Division including direct care support staff, support service, support specialists, resident counselors, support coordinators, and assistant coordinators at the following addresses: 146-148 Hammond Street (Waltham), 428 Lincoln Street (Waltham), 17 Hardy Pond Road (Waltham), 1072 Trapelo Rd. (Waltham), 94 Phillips Circle (Waltham), 217 Prospect Hill Rd (Waltham), 40 Crestview Rd. (Waltham), 66 Kendall Park (Waltham), 4 York Road (Newton), 15 Townsend Street (Waltham).

Employees Excluded

All other employees including guards, division heads, directors, non Social Support Division employees, and managers as defined in the act.

LOCAL 251 OFFICE

FORM NLR8-502 (RC) $\{2-18\}$

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No. Date Filed

		RC PETITIO	IN			0	1-RC-26	6848		9-29	9-2020
INSTRUCTIONS: Unless e-Filed using the Agency's website, with it is not considered by both a showing of interest (see 6b below) and a cartificate 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.											
PURPOSE OF THIS PETITION: bargaining by Patitioner and Patitioner and Patitional Laboratorial Laboratorial	tioner desir	as to be certified a	s represe	entati	ive of the employees. The i	Petitio	ner alleges	that the fol	lowing circumst	tancès (
2a. Name of Employer; Durham School Services			26, Add 10 La	ress(rk]	(ea) of Establishment(s) inv Industrial Drive, G	rèen Vastr	(Street and i ville, RI	number, City 02828	, State, ZIP code	e).'	
3a. Employer Rapresentstive - Nar Fran Adamski/ Manager	ne and Title	2	3b. Add Same	o. Address (If same as 2b - state same): ame							
3c. Tel. No. 401-349-2770	3d. Cell N	Q.			Fax No. 1-349-2772		3f. E-Mail A fadamsk		amschoolser	vices	.com
4a. Type of Establishment (Factory. Transportation	mine, whole	Saler, etc.)			Principal Product or Service adent	e '	ZOUR HYS RESIDENCE	5a, City an Green	d State where un ville, RI 02	nit is loc 828	ated;
5b. Description of Unit Involved: Included: See attachment Excluded: 6b. Do a substantial number (30% or more)							h to be				
See attachment Check One:	rently recog	(if no Inized as Bargaini	reply re	ecelve Santi	ed, so state). ative and desires certificati	ion und		represe	inted by the Pelit declined recognit	ioner?	xi Yes 🗌 No
None	ed Bargaiii	ng Agent (ir none	, SO State		8b, Address:					40	
Bc. Tel. No.	Bd, Cell No).		8ę. F	Fax No.	8f. E-Mall Address					
8g. Affiliation, if any:) 8h	. Date	e of Recognition or Certific		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
 Is there now a strike or picketing a (Name of Labor Organization) 	t the Emplo	yer's establishmen	it(a) invo	lved?	No If so, appro				are participating or since (Month, L		
10. Organizations or individuals other individuals known to have a repre	rthan Petiti esentative in	oner and those nar terest in any empl	med in its oyees in	ėms 8 the u	8 and 9, which have claime Init described in Item 6b ab	d reco	gnition as re	presentative		•	
10g. Name		10b. Address			, , , , , , , , , , , , , , , , , , ,	T	10c. Tel. No		10d. Cell No.	.,	
							10e. Fax No		10f. E-Mail Addr	ess	
11. Election Details: If the NLRB co	nducts and	election in this mat	tter, state	you	r position with respect to an	ny such	election:	1a. Election		Mixed	Manual/Mail
11b. Election Oate(s):		11 c. Election Time	e(s):				11d. Election	1 Location(s):		
12a. Full Name of Patitioner <i>finclud</i> Teamsters Local 251	ing local na	me and number):			12b. Address (stree 121 Brightrids	t and n ge A	umber, cily, venue, E	State and 2 ast Prov	ep code): idence, RI 0.	2914	
12c. Full name of national or internat International Brotherhood	of Tean	rganization of which asters	ch Petitic	oner i	s an affliate or constituent				and the second second		
12d, Tel. No. 401-434-0454	12e. Cell N 401-963	5-2024		401	Fax No. 1-431-1893		12g. E-Mail /		9		
13. Representative of the Petitione 13s. Name and Title: Marc Gursky/ Attorney	rwho will a	ccept sërvica of	1	13b.	r purposes of the represe Address (street and number 0 Ten Rod Road, C-2	er, city,	State and 2	IP code):	RI 02852		
13c. Tel. No. 401-294-4700	13d, Cell N 401-580)-3402		401	Fax No. -294-4702	1	•		rlaw.com		1.8
declare that I have read the above Name (Print)	petition a	of that the statem Signature		e true	e to the best of my knowl	Title				I	Dale / .
Michael Simone		Mu	hing &	1,	more	Org	ganizer/T	rustee			7/37/24

5b. Description of Unit Involved:

Included: All full-time and regular part-time bus drivers, monitors and aides employed by the employer at its 10 Lark Industrial Drive, Greenville, RI facility.

Excluded: All other employees, office and clerical employees, dispatchers, mechanics, guards, managers and supervisors as defined in the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
01-RD-266362	9/21/2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should <u>not</u> 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 10 shoham road CT East Windsor 06088-3a. Employer Representative - Name and Title 3b. Address (If same as 2b – state same) 10 shoham road Joe Byrka CT East Windsor 06088 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 3e. Fax No. (860) 508-6124 Joseph.byrka@penske.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Auto & Truck Parts maintenance of trucks East Windsor, CT 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 13 6b. Do a substantial number (30% or more) of the employees in he unit no longer wish to be Excluded: See Attached Page 2 for additional details represented by the cer ified or currently recognized bargaining representative? Yes 🔽 No 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representa ive and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent 8b. Address 22 britton drive CT Bloomfield 06002 671 teamsters David lucas president 8d Cell No. 8e. Fax No. 8f. E-Mail Address (860) 242-3200 (860) 769-6711 Dlucas@teamsters671.com 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) international brotherhood of teamsters 11/30/2020 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b. Address 10c Tel No 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 11/19/20 10 shoham road east windsor CT 1pm-4pm 12a. Full Name of Petitioner (b) (6), (b) (7)(C 12b. Address (s(b) (6), (b) (7)(C) state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state international brotherhood of teamsters 12q. E-Mail Address 12d. Tel No 12e. Cell No. 12f. Fax No. (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 13c. Tel No. 13d Cell No 13e Fax No 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature (b) (6), (b) (7)(C) Date b) (6), (b) (7)(C 09/21/2020 10:34:18

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

PRIVACY ACT STATEMENT

Employees Included 13

Employees Excluded

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
01-RD-266513	9/23/2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should <u>not</u> 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 DURHAM SCHOOL SERVICES 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1 JOHN C DEAN MEMORIAL BLVD.
RI CUMBERLAND 02864-3b. Address (If same as 2b – state same) 3a. Employer Representative - Name and Title 1 JOHN C DÈAN MEMORIAL BLVD. ARMANDO FERREIRA MANAGER RI CUMBERLAND 02864-3f. E-Mail Address 3c Tel No 3d. Cell No. 3e. Fax No. (401) 334-3775 AFERREIRA@DURHAMSCHOOLSERVICES.COM (401) 334-3745 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation TRANSPORTATION OF SCHOOL CHILDREN Cumberland, RI 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he unit no longer wish to be Excluded: See Attached Page 2 for additional details represented by the cer ified or currently recognized bargaining representative? Yes 🔽 No 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representa ive and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent 8b. Address 278 SILVER SPRING ST. UFCW LOCAL 328 SAM MARVIN UNKNOWN RI PROVIDENCE 02904-8d Cell No. 8f. E-Mail Address 8e. Fax No. (401) 861-0300 (401) 331-7965 SAM@UFCW328.ORG 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 09/19/2019 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b. Address 10c Tel No 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 10/29/2020 9AM-7PM MEETING ROOM AT CUMBERLAND YARD 12a. Full Name of Petitioner (b) (6), (b) (7)(C) 12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C) 12q. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 13c. Tel No 13d Cell No 13e Fax No 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 09/23/2020 12:11:45

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

PRIVACY ACT STATEMENT

Employees Included BUS DRIVERS AND MONITORS

Employees Excluded 0

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 01-RD-266718	Date Filed	9-28-2020			

INSTRUCTIONS: Unless e-Filed using the located. The petition must be accompain the petition of: (1) the petition; (2) States.	nied by both a showi atement of Position fo	ng of interest (see orm (Form NLRB-5	6b below 05); and () and a certificate 3) Description of	of service showing : Representation Case	service o	n the em	ployer and all other parties named		
interest should only be filed with the NL 1. PURPOSE OF THIS PETITION: RD						emnlove	es asser	t that the certified or currently		
recognized bargaining representative Labor Relations Board proceed un	is no longer their rep	oresentative. The prity pursuant to s	Petitione Section 9	r alleges that the of the National I	e following circums Labor Relations Act	tances e t.	xist and	requests that the National		
				Idress(es) of Establishment(s) involved (Street and number, city, State, ZIP code) HN C DEAN MEMORIAL BLVD UMBERLAND 02864-						
3a. Employer Representative – Name	and Title			Idress (If same as IN C DEAN MEMO	s 2b – state same)					
ARMANDO FERREIRA MANAGER			RLCU	MBERLAND 02864						
3c. Tel. No. (401) 334-3745	3d. Cell No.	3e. Fax No. (401) 334-3775			3f. E-Mail Address AFERREIRA@DURHAMSCHOOLSERVICES.CO					
4a. Type of Establishment (Factory, mir	e, wholesaler, etc)	4b. Principal pro	duct or se	ervice		5a. City and State where unit is located:				
Transportation		TRAN	ISPORTA	TION OF SCHOO	SCHOOL CHILDREN			Cumberland, RI		
5b. Description of Unit Involved								6a. No. of Employees in Unit: 139		
Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details							_	6b. Do a substantial number (30% or more) of the employees in he unit no longer wish to be represented by the cer ified or currently recognized bargaining representative? Yes		
Check One: 7a. Request fo	or recognition as Baro	paining Depresents	rtivo was	made on (Date)	an	d Employ				
Check One: /a. Request in		jaining Representa (If no reply receive		. , –	an	ia Employ	yer decili	ned recognition on or about		
7b. Petitioner	is curren ly recognize		•	•	certification under the	e Act				
8a. Name of Recognized or Certified				8b. Address	278 SILVER SPRIN					
UFCW LOCAL 328 SAM MARVIN UNKN	IOWN				RI PROVIDENCE 02		_			
8c. Tel No. (401) 861-0300	8d Cell No.		8e. Fax No. (401) 331-7965			8f. E-Mail Address SAM@UFCW328.ORG				
							8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
UFCW			09/19/2019							
Is there now a strike or picketing at the (Name of labor organization)	e Employer's establis				imately how many er <i>Month, Day, Year</i>)	nployees	are part	icipating?		
10. Organizations or individuals other th	an those named in ite			<u> </u>		nd other	organiza	tions and individuals known to		
have a representative interest in any en	nployees in the unit de	escribed in item 5b	above. ((If none, so state)						
10a. Name	10b. Ad	fress			10c. Tel. No.			10d. Cell No.		
					10e. Fax No.			10f. E-Mail Address		
11. Election Details: If the NLRB cond	ucts an election in thi	s matter, state you	ır position	with respect to	11a. Election Type	: 🔽 Ma	anual 🗀	Mail Mixed Manual/Mail		
any such election. 11b. Election Date(s):		ection Time(s):		11d. Election Location(s):						
11/05/2020 9AM-7PM				MEETING ROOM AT CUMBERLAN						
12a. Full Name of Petitioner (b) (6), (b) (7)(C)				12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)						
12c. Full name of national or internation (b) (6), (b) (7)(C)	al labor organization	of which Petitioner			t (if none, so state)					
12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.	Cell No. 12f. Fax No.				12q. E-Mail Address (b) (6), (b) (7)(C)				
13. Representative of the Petitioner w	ho will accept servi	ce of all papers f		•	•	_				
13a. Name and Title			13b. A	ddress (street and	d 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 p	etition and that the	statements are tri	ue to the	best of my know	ledge and belief.					
Name (Print)	Signature		Title		Date					
(b) (6), (b) (7)(C)	(b) (6), (b) (7)((C)	(b) (6), (b) (7)(C)				09/28/2020 08 02:48			

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

PRIVACY ACT STATEMENT

Employees Included DRIVERS AND MONITORS

Employees Excluded 0

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	