

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


3-RC-253300

Date Filed

12/13/19

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: Gowanda Rehabilitation & Nursing Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 100 Miller St., Gowanda NY 14070	
3a. Employer Representative - Name and Title: Phyllis Leffler, Administrator		3b. Address (if same as 2b - state same): 100 Miller St., Gowanda NY 14070	
3c. Tel. No. 716-532-5700	3d. Cell No.	3e. Fax No. 715-532-5703	3f. E-Mail Address pleffler@gmcrehab.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: Gowanda NY
5b. Description of Unit Involved: Included: SEE ATTACHED Excluded: All other employees, guards, supervisors as defined by the act			6a. Number of Employees in Unit: 14
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.			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
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) 1199 SEIU United Healthcare Workers East		8b. Address: 2421 Main St Suite 100 Buffalo NY 14214	
8c. Tel. No. 716-982-0540	8d. Cell No.	8e. Fax No. 716-876-0930	8f. E-Mail Address ken.franklin@1199.org
8g. Affiliation, if any: Service Employees International Union		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) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 100 Miller St, Gowanda NY 14070		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): January 9, 2020	11c. Election Time(s): 7:00 am-9:00 am & 3:30 pm - 5:15 pm		11d. Election Location(s): Conference Room (White Oak)
12a. Full Name of Petitioner (including local name and number): 1199 SEIU United Healthcare Workers East		12b. Address (street and number, city, State and ZIP code): 2421 Main Street - Suite 100, Buffalo NY 14214	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International			
12d. Tel. No. 716-982-0540	12e. Cell No.	12f. Fax No. 716-876-0930	12g. E-Mail Address ken.franklin@1199.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Catherine Creighton, Esq.		13b. Address (street and number, city, State and ZIP code): 1103 Delaware Avenue, Buffalo NY 14209	
13c. Tel. No. 716-854-0007	13d. Cell No. 716-868-9026	13e. Fax No. 716-854-0004	13f. E-Mail Address ccreighton@cpjglaborlaw.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) Catherine Creighton	Signature 	Title Attorney	Date 12/12/19

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 to RC Petition

5b Description of Unit Involved:

Included: All full time and regular part time professionals and technical employees, including occupational therapists, speech therapists, physical therapists, social workers, dieticians, physical therapists assistants and certified occupational therapist assistants employed by the employer at its facility located at 100 Miller Street, Gowanda, NY 14070.