

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
03-RC-254718

Date Filed  
1/16/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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:**  
Chase Memorial Nursing Home Co., Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
1 Terrace Heights, New Berlin, NY 13411

**3a. Employer Representative - Name and Title:**  
Gabiella Skillen, Administrator

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

**3c. Tel. No.**  
607-847-7000

**3d. Cell No.**

**3e. Fax No.**  
607-847-6561

**3f. E-Mail Address**  
executivedirector@chasehealth.org

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

**4b. Principal Product or Service**  
Nursing care and services

**5a. City and State where unit is located:**  
New Berlin, NY

**5b. Description of Unit Involved:**  
**Included:**  
Please see attached document  
**Excluded:**  
Please see attached document

**6a. Number of Employees in Unit:**  
53

**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. *Request to be made.*

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

**8b. Address:**  
None

**8c. Tel. No.**  
None

**8d. Cell No.**  
None

**8e. Fax No.**  
None

**8f. E-Mail Address**  
None

**8g. Affiliation, if any:**  
None

**8h. Date of Recognition or Certification**  
None

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** None

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No ☒ If so, approximately how many employees are participating? None  
(Name of Labor Organization) None, has picketed the Employer since (Month, Day, Year) None

**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**  
None

**10b. Address**  
None

**10c. Tel. No.**  
None

**10d. Cell No.**  
None

**10e. Fax No.**  
None

**10f. E-Mail Address**  
None

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

In person manual election at the facility's break room

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

**11b. Election Date(s):**  
January 24, 2020

**11c. Election Time(s):**  
5:30AM-7:00AM, 2:00PM-3:30PM

**11d. Election Location(s):**  
Break room at the facility

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

Retail, Wholesale, and Department Store Union, UFCW

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

370 Seventh Ave., Suite 501, New York, NY 10001

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

United Food and Commercial Workers

**12d. Tel. No.**  
212-684-5300

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
JCaffey@rwdsu.org

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

**13a. Name and Title:**

Christopher S. Baluzy, counsel

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

Cary Kane LLP, 1350 Broadway, Suite 1400, New York, NY 10018

**13c. Tel. No.**  
212-871-0535

**13d. Cell No.**

**13e. Fax No.**  
646-599-9575

**13f. E-Mail Address**  
CBaluzy@carykane.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)**  
Christopher S. Baluzy

**Signature**

**Title**

Counsel

**Date**

1/16/2020

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.

**Addendum to RC Petition**  
**Retail, Wholesale, and Department Store Union, UFCW**

**Question 5b.**

- **Included:** all full time, regular part time, and per diem employees in the following titles and/or departments:
  - Licensed Practical Nurses
  - Certified Nursing Assistants
  - Unit Aides
  - Dietary
  - Unit Secretaries
- **Excluded:**
  - Housekeeping employees
  - Maintenance employees
  - Security guards
  - Supervisors as defined by the Act

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
03-RC-254755

Date Filed  
1/17/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer</b> North Country Dairy, LLC		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 22 County Road 52 NY North Lawrence 12967-	
<b>3a. Employer Representative - Name and Title</b> Bob Lemke		<b>3b. Address</b> (If same as 2b - state same) 22 County Road 52 NY North Lawrence 12967-	
<b>3c. Tel. No.</b> (315) 389-5111	<b>3d. Cell No.</b> (716) 799-3790	<b>3e. Fax No.</b> (315) 389-4856	<b>3f. E-Mail Address</b> rlmke@upstateniagara.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Food Processing		<b>4b. Principal product or service</b> yogurt products	
<b>5a. City and State where unit is located:</b> North Lawrence, NY		<b>5b. Description of Unit Involved</b>	
<b>Included:</b> See Attached Page 2 for additional details		<b>6a. No. of Employees in Unit:</b> 6	
<b>Excluded:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

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

<b>10a. Name</b>		<b>10b. Address</b>		<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
				<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.				<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 1/27/2020, 1/30/2020, 1/31/2020		<b>11c. Election Time(s):</b> Any time		<b>11d. Election Location(s):</b> North Country Dairy, LLC 22 County Road 52 North Lawrence, New York	
<b>12a. Full Name of Petitioner (including local name and number)</b> Brian K. Hammond Brian K. Hammond Teamsters Local Union No. 687				<b>12b. Address (street and number, city, state, and ZIP code)</b> 14 Elm Street NY Palsdam 13676-	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) International Brotherhood of Teamsters					
<b>12d. Tel No.</b> (315) 265-6125	<b>12e. Cell No.</b> (315) 244-6870	<b>12f. Fax No.</b> (315) 265-1403	<b>12g. E-Mail Address</b> teams687@slc.com		

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

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

<b>Name (Print)</b> Brian K. Hammond	<b>Signature</b> Brian K. Hammond	<b>Title</b> President/ PEO / Business Agent	<b>Date</b> 01/16/2020 11:43:35
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

Attachment

Employees Included  
Lab Tech/ Quality Control

Employees Excluded  
Management/Supervisors

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 3-RC-254900	Date Filed January 22, 2020
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**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 <b>Essendant</b>	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>12089 Route 9W, Coxsackie NY 12051</b>
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3a. Employer Representative - Name and Title <b>William Sorel, III - General Operations Manager</b>	3b. Address (If same as 2b - state same) <b>SAME</b>
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3c. Tel. No. <b>(518) 824-7950</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>bsorel@essendant.com</b>
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Warehouse</b>	4b. Principal product or service <b>Dry Goods</b>	5a. City and State where unit is located: <b>Coxsackie, NY</b>
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5b. Description of Unit Involved <b>Included:</b> Full-time and regular part-time warehouse associates, shipping & receiving associates, including bulk, inbound and shelf. <b>Excluded:</b> Cycle counters, clerical associates, professional associates, security guards and supervisors as defined in the NLRA and all others.	6a. No. of Employees in Unit: <b>73</b> 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"/>
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **1/21/20** and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **No Reply**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

10a. Name <b>NONE</b>	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
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11b. Election Date(s): <b>January 31, 2020</b>	11c. Election Time(s): <b>TBD</b>	11d. Election Location(s): <b>Employer's Coxsackie Facility</b>
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12a. Full Name of Petitioner (Including local name and number) <b>Teamsters Local 294</b>	12b. Address (street and number, city, state, and ZIP code) <b>890 Third Street, Albany NY 12206</b>
--	---

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. <b>(518) 489-5436</b>	12e. Cell No. <b>(518) 391-9258</b>	12f. Fax No. <b>(518) 453-9251</b>	12g. E-Mail Address <b>peengel@teamsterslocal294.org</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Bruce Bramley, Esq.</b>	13b. Address (street and number, city, state, and ZIP code) <b>90 State St. Albany, NY 12207</b>
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13c. Tel No. <b>(518) 434-2622</b>	13d. Cell No. <b>(518) 424-4426</b>	13e. Fax No. <b>(518) 453-9251</b>	13f. E-Mail Address <b>bbramley@pbmlaw.net</b>
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Paul M. Engel, Jr.</b>	Signature 	Title <b>Organizer / Field Representative</b>	Date <b>January 21, 2020</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
**03-RC-254930**

Date Filed  
**1/22/2020**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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**  
Health Alliance Hospital

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

**3a. Employer Representative - Name and Title**  
Heidi Rosborough, Human Resource Manager

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

**3c. Tel. No.**  
845-802-7422

**3d. Cell No.**

**3e. Fax No.**  
845-802-7412

**3f. E-Mail Address**  
Heidi.Rosborough@hahv.org

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

**4b. Principal product or service**  
Health care

**5a. City and State where unit is located:**  
Kingston, NY

**5b. Description of Unit Involved**

**Included:** All full time and regular part time, including per diem, clerical employees employed by Health Alliance Hospital at its 396 Broadway, 105 Mary's Avenue, and 741 Grant Avenue campuses.

**Excluded:** All other employees, including security guards and supervisors defined by the Act.

**6a. No. of Employees in Unit:**  
100

**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)**  
None

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

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

**11b. Election Date(s):**  
February 18, 2020

**11c. Election Time(s):**  
See attached Rider

**11d. Election Location(s):**  
See attached Rider

**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)**  
155 Washington Avenue, Albany, NY 12210

**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.**  
518-396-2300

**12e. Cell No.**  
(914) 774-5756

**12f. Fax No.**

**12g. E-Mail Address**  
anthony@1199.org

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

**13a. Name and Title**  
Amelia K. Tuminaro, Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
Gladstein, Reif & Meginniss, LLP, 817 Broadway, 6th Floor, New York, NY 10003

**13c. Tel No.**  
212-228-7727

**13d. Cell No.**

**13e. Fax No.**  
212-228-7654

**13f. E-Mail Address**  
atuminaro@grmny.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)**  
Amelia K. Tuminaro

**Signature**  
*Amelia K. Tuminaro*

**Title**  
Attorney

**Date**  
January 22, 2020

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

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 03-RC-255002

Date Filed 1/23/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

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2a. Name of Employer Vassar Brothers Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) see attached rider	
3a. Employer Representative - Name and Title Marvin Russell, Labor Relations Officer		3b. Address (if same as 2b - state same) 7 Fox Street, Poughkeepsie, NY 12601	
3c. Tel. No. (312) 315-7737	3d. Cell No. (845) 867-8246	3e. Fax No.	3f. E-Mail Address marvin.russell@Health-quest.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) acute care hospital		4b. Principal product or service health care	
5b. Description of Unit Involved Included: See attached rider  Excluded: See attached rider		5a. City and State where unit is located: Poughkeepsie, NY	
		6a. No. of Employees in Unit: approximately 80	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

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

11b. Election Date(s): February 13, 2020	11c. Election Time(s): see attached rider	11d. Election Location(s): see attached rider
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12a. Full Name of Petitioner (including local name and number)  
1199SEIU United Healthcare Workers East

12b. Address (street and number, city, state, and ZIP code)  
155 Washington Avenue, Lobby 1, Albany, NY 12210 (Attn.: Anthony Peterson)

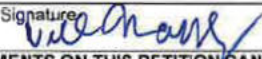
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Service Employees International Union

12d. Tel No. 914-385-1356	12e. Cell No. 914-774-5756	12f. Fax No. (518) 436-0726	12g. E-Mail Address anthonyp@1199.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title William S. Massey, Esq.		13b. Address (street and number, city, state, and ZIP code) Gladstein, Relf & Meginniss, LLP, 39 Broadway Suite 2430, NY, NY 10006	
13c. Tel No. 212-228-7727	13d. Cell No.	13e. Fax No. 212-228-7654	13f. E-Mail Address wmassey@grmny.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) William S. Massey	Signature 	Title Attorney	Date 01/23/20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

## Rider

### **2b. Addresses of the Establishments involved:**

1 Columbia Street  
Poughkeepsie, NY 12601

115 Delafield Street  
Poughkeepsie, NY 12601

939 Little Britain Road  
New Windsor, NY 12553

60 Merritt Boulevard  
Fishkill, NY 12524

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

Included: All full-time and regular part-time, including per diem,\* non-professional employees employed at the Vassar Brothers Medical Center/ Nuvance Health heart centers in Poughkeepsie, New Windsor, and Fishkill, New York, including schedulers, scheduling coordinators, scheduling representatives, medical assistants, registered medical assistants, administrative assistants, administrative secretaries, medical records employees, patient service representatives, prior authorization representatives, pre-authorization representatives, pre-certification representatives, and front desk specialists/registration, as residual titles to the existing collective bargaining unit currently represented by 1199SEIU United Healthcare Workers East.

\*Eligible employees include all employees who worked an average of at least 4 hours per week for the 13 weeks preceding the eligibility date.

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

### **11c. & 11d. Proposed Election Times and Locations:**

- (1) 1 Columbia Street, Poughkeepsie, NY: 12:00 p.m. (noon) - 3:00 p.m., in the conference room.
- (2) 939 Little Britain Road, New Windsor, NY: 12:00 p.m. (noon) - 2:30 p.m., in the conference room.
- (3) 60 Merritt Boulevard, Fishkill, NY: 7:30 a.m.- 9:30 a.m., in the conference room.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RD PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
03-RD-254777

Date Filed  
1/17/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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: 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.**

<b>2a. Name of Employer</b> St. Lawrence Health System - Massena Hospital		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> One Hospital Drive NY Massena 13662-	
<b>3a. Employer Representative - Name and Title</b> Joanne Ellis Human Resources Director		<b>3b. Address (If same as 2b - state same)</b> One Hospital Drive NY Massena 13662-	
<b>3c. Tel. No.</b> (315) 769-4200	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jellis@massenahospital.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare		<b>4b. Principal product or service</b> Hospital	
<b>4c. City and State where unit is located:</b> Massena, NY			

<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details  <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 13  <b>6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**Check One:** ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Employer</b> CSEA (b) (6), (b) (7)(C)		<b>8b. Address</b> One Hospital Drive NY Massena 13662-	
<b>8c. Tel. No.</b> (315) 769-4200	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 12/31/2019

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

**10. Organizations or individuals other than 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)**

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

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> ANY	<b>11c. Election Time(s):</b> ANY	<b>11d. Election Location(s):</b> ANY	

<b>12a. Full Name of Petitioner</b> (b) (6), (b) (7)(C)	<b>12b. Address (street and number, city, state, and ZIP code)</b> (b) (6), (b) (7)(C)
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b>	

<b>12d. Tel. No.</b> (b) (6), (b) (7)(C)	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> (b) (6), (b) (7)(C)
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel. No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

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

<b>Name (Print)</b> (b) (6), (b) (7)(C)	<b>Signature</b> (b) (6), (b) (7)(C)	<b>Title</b>	<b>Date</b> 01/17/2020 12:02:41
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Attachment

Employees Included  
All FT and PT professional employees

Employees Excluded  
All non-professional employees

DO NOT WRITE IN THIS SPACE	
Case	Date Filed