

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

3-RC-257541

Date Filed

March 6, 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> Visiting Nursing Association of Western New York		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 650 Airborne Parkway NY Buffalo 14221-	
<b>3a. Employer Representative - Name and Title</b> Paul Coleman		<b>3b. Address</b> (If same as 2b - state same) 650 Airborne Parkway NY Buffalo 14221-	
<b>3c. Tel. No.</b> (716) 630-8766	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> pcoleman@kaleidahealth.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Healthcare		<b>4b. Principal product or service</b> Home healthcare provider	
<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>5a. City and State where unit is located:</b> Buffalo, NY	
		<b>6a. No. of Employees in Unit:</b> 4	
		<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) 02/27/2020 and Employer declined recognition on or about 03/04/2020 (Date) (If no reply received, so state). Yes  
☐ 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? 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)

<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> Monday, March 16		<b>11c. Election Time(s):</b> 11am - 2pm		<b>11d. Election Location(s):</b> 650 Airborne Parkway, Elizabeth Coe conference room			
<b>12a. Full Name of Petitioner (including local name and number)</b> Theresa Shaffer Theresa Shaffer Communications Workers of America, AFL-CIO				<b>12b. Address (street and number, city, state, and ZIP code)</b> 821 Elk St. Suite B NY Buffalo 14201-			
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> Communications Workers of America, AFL-CIO							
<b>12d. Tel No.</b> (716) 824-2042		<b>12e. Cell No.</b> (716) 310-9352		<b>12f. Fax No.</b> (716) 824-2159		<b>12g. E-Mail Address</b> hshaffer@cwa-union.org	

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

<b>13a. Name and Title</b> Amy Young Esq. District 1 Legal Counsel Communications Workers of America, AFL-CIO		<b>13b. Address (street and number, city, state, and ZIP code)</b> 80 Pine St. 37th Floor NY New York 10005-	
<b>13c. Tel No.</b> (212) 344-2515	<b>13d. Cell No.</b> (917) 796-1158	<b>13e. Fax No.</b> (212) 425-2947	<b>13f. E-Mail Address</b> ayoung@cwa-union.org

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> Theresa Shaffer	<b>Signature</b> Theresa Shaffer	<b>Title</b> Lead Organizer	<b>Date</b> 03/5/2020 16:54:16
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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  
See attached page 2 for details

Employees Excluded  
See attached page 2 for details

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

#### Employees Included

All full time and regular part time pharmacists employed by the employer at the Visiting Nursing Association of Western New York. NOTE: Petition seeks an Armour-Globe election to include the petitioner for employees in the party's existing collective bargaining unit as described in the 2017-2020 agreement with the Visiting Nursing Association of Western New York per Article 1, Section 1.1.1 "Bargaining Unit."

#### Employees Excluded

All other employees, including casual, guards, and supervisors as defined by the act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

3-RC-257555

Date Filed

March 6, 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> Visiting Nursing Association of Western New York		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 650 Airborne Parkway NY Buffalo 14221-	
<b>3a. Employer Representative - Name and Title</b> Paul Coleman		<b>3b. Address</b> (If same as 2b - state same) 650 Airborne Parkway NY Buffalo 14221-	
<b>3c. Tel. No.</b> (716) 630-8766	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> pcoleman@kaleidahealth.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Healthcare		<b>4b. Principal product or service</b> Home healthcare provider	
<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>5a. City and State where unit is located:</b> Buffalo, NY	
		<b>6a. No. of Employees in Unit:</b> 12	
		<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) 02/27/2020 and Employer declined recognition on or about 03/04/2020 (Date) (If no reply received, so state). Yes  
☐ 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?** 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)**

<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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> Ballots to be mailed out on the 12th of March		<b>11c. Election Time(s):</b> Ballots to be returned by the 19th of March		<b>11d. Election Location(s):</b> Ballots to be mailed to workers' home addresses			
<b>12a. Full Name of Petitioner (including local name and number)</b> Theresa Shaffer Theresa Shaffer Communications Workers of America, AFL-CIO				<b>12b. Address (street and number, city, state, and ZIP code)</b> 821 Elk St. Suite B NY Buffalo 14201-			
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> Communications Workers of America, AFL-CIO							
<b>12d. Tel No.</b> (716) 824-2042		<b>12e. Cell No.</b> (716) 310-9352		<b>12f. Fax No.</b> (716) 824-2159		<b>12g. E-Mail Address</b> hshaffer@cwa-union.org	

<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> Amy Young Esq. CWA District 1 Legal Counsel Communications Workers of America, AFL-CIO		<b>13b. Address (street and number, city, state, and ZIP code)</b> 80 Pine St. 37th Floor NY New York 10005-	
<b>13c. Tel No.</b> (212) 344-2515	<b>13d. Cell No.</b> (917) 796-1158	<b>13e. Fax No.</b> (212) 425-2947	<b>13f. E-Mail Address</b> ayoung@cwa-union.org

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> Theresa Shaffer	<b>Signature</b> Theresa Shaffer	<b>Title</b> Lead Organizer	<b>Date</b> 03/5/2020 17:04:21
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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  
See attached page 2 for details

Employees Excluded  
See attached page 2 for details

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

### Employees Included

All full time and regular part time coding specialists and clinical documentation specialists employed by the employer at the Visiting Nursing Association of Western New York. NOTE: Petition seeks an Armour-Globe election to include the petitioner for employees in the party's existing collective bargaining unit as described in the 2017-2020 agreement with the Visiting Nursing Association of Western New York per Article 1, Section 1.1.1 "Bargaining Unit."

### Employees Excluded

All other employees, including casual, guards, and supervisors as defined by the act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

3-RC-257840

Date Filed

March 11, 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**

Kaleida Health

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

726 Exchange Street Floor 2  
NY Buffalo 14210-

**3a. Employer Representative - Name and Title**

Robert Heftka Esq.

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

726 Exchange Street Floor 2  
NY Buffalo 14210-

**3c. Tel. No.**

(716) 859-8602

**3d. Cell No.**

**3e. Fax No.**

(716) 859-8670

**3f. E-Mail Address**

RHeftka@kaleidahealth.org

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

Healthcare

**4b. Principal product or service**

Healthcare

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

Buffalo, NY

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

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

41

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

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

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

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

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

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

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** 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):**  
4/2/2020

**11c. Election Time(s):**  
Buffalo General 8:00a-10:00a & 2:00p-4:00p, Millard

**11d. Election Location(s):**  
Buffalo General Medical Center (1st and 3rd session), Millard Fillmore St

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

Ann Converso  
Communications Workers of America AFL-CIO Local 1168

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

1900 Sweet Home Road  
NY Amherst 14228-

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

Communications Workers of America AFL-CIO

**12d. Tel No.**

(716) 867-9552

**12e. Cell No.**

**12f. Fax No.**

(716) 639-9100

**12g. E-Mail Address**

aconverso@cwa1168.org

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

**13a. Name and Title**

Amy Young Esq. District 1 Counsel  
Communications Workers of America AFL-CIO

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

80 Pine Street 37th Floor  
NY New York 10005-

**13c. Tel No.**

(212) 530-4744

**13d. Cell No.**

(917) 796-1158

**13e. Fax No.**

(212) 425-2947

**13f. E-Mail Address**

AYoung@cwa-union.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)**

Ann Converso

**Signature**

Ann Converso

**Title**

Organizer

**Date**

03/11/2020 09:54:12

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

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

### Employees Included

All full time and regular part time employees including clinical lab instrument specialists, advanced imaging system engineers, biomedical equipment information network specialists, biomedical equipment technician 1's, biomedical equipment technician 2's, biomedical equipment technician 3's, and medical equipment processing technicians in the systemwide Kaleida Health Biomed Clinical Engineering Department employed by the employer.

### Employees Excluded

All other employees, including casual, guards, and supervisors as defined by the act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

3-RC-258061

Date Filed

March 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.

**2a. Name of Employer**  
TCG Player

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
440 Warren St.  
NY Syracuse 13202-

**3a. Employer Representative - Name and Title**  
Chedy Hampson

**3b. Address (If same as 2b - state same)**  
440 Warren St.  
NY Syracuse 13202-

**3c. Tel. No.**  
(315) 416-9881

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
chedy@tcgplayer.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Retail (Catalog & Mail Order)

**4b. Principal product or service**  
E-Commerce Sales

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

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**  
96

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

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

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

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

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

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

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** 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):**  
Ballots mailed April 13th, ballots due back April \_\_\_\_\_

**11c. Election Time(s):**  
Mail

**11d. Election Location(s):**  
Mail

**12a. Full Name of Petitioner (including local name and number)**  
Chris Machanoff  
Service Employees International Union Local 200United

**12b. Address (street and number, city, state, and ZIP code)**  
731 James St. Suite 300  
NY Syracuse 13201-

**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.**  
(585) 880-3345

**12e. Cell No.**  
(585) 880-3345

**12f. Fax No.**  
(585) 464-8684

**12g. E-Mail Address**  
Cmachanoff@local200united.org

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

**13a. Name and Title**

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

**13c. Tel No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

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

**Name (Print)**  
Chris Machanoff

**Signature**  
Chris Machanoff

**Title**  
Organizing Director

**Date**  
03/16/2020 14:47:18

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

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
3-RC-258061	March 17, 2020

#### Employees Included

All fulfillment center warehouse employees located at the TCGPlayer Syracuse location.

#### Employees Excluded

All supervisors, clerical employees, office employees, confidential employees, team leads, directors, managerial employees and guards as defined by the act.



FORM NLRB-602 (RC)  
(3-16)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


Date Filed

03-RC-258062

3/17/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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 at: (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>Empire Merchants North, LLC</b>		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): <b>16 Houghtaling Road, West Coxsackie, NY 12192</b>	
3a. Employer Representative - Name and Title: <b>Tony Amalfitano, Dir of Operations</b>		3b. Address (if same as 2b - state same): <b>Same</b>	
3c. Tel. No. <b>1-800-724-3960</b>	3d. Cell No. <b>1-315-952-6134</b>	3e. Fax No. <b>518-731-5300</b>	3f. E-Mail Address <b>tamalfita@empirenorth.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Wholesaler</b>		4b. Principal Product or Service <b>Wine and Liquor</b>	
5a. City and State where unit is located: <b>West Coxsackie, NY</b>		5b. Number of Employees in Unit: <b>4</b>	
6a. Description of Unit Involved: Included: <b>See attached sheet</b> Excluded:		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>3/16/2020</b> on or about (Date) <b>no reply</b> (if no reply received, so state). and Employer declined recognition. <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) <b>Teamsters Local 294, IBT</b>		8b. Address: <b>890 Third Street, Albany, NY 12206</b>	
8c. Tel. No. <b>518-489-5436</b>	8d. Cell No. <b>518-227-4410</b>	8e. Fax No. <b>518-453-9251</b>	8f. E-Mail Address <b>mdegano@teamsters294.org</b>
8g. Affiliation, if any: <b>International Brotherhood of Teamsters</b>		8h. Date of Recognition or Certification <b>25+ years</b>	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>02/28/2022</b>			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. 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 obtained recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 6b above. (if none, so state) <b>None</b>			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Date(s): 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): <b>April 9, 2020</b>	11c. Election Time(s): <b>TBD</b>	11d. Election Location(s): <b>Employer Facility</b>	
12a. Full Name of Petitioner (including local name and number): <b>Teamsters Local 294, IBT</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): <b>International Brotherhood of Teamsters</b>			
12d. Tel. No. <b>518-489-5436</b>	12e. Cell No. <b>518-227-4410</b>	12f. Fax No. <b>518-453-9251</b>	12g. E-Mail Address <b>mdegano@teamsters294.org</b>
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: <b>Bruce C. Bramley, Esq.</b>			
13b. Address (street and number, city, State and ZIP code): <b>90 State Street, Albany, NY 12207</b>			
13c. Tel. No. <b>518-434-2622</b>	13d. Cell No. <b>518-424-4426</b>	13e. Fax No. <b>518-434-0048</b>	13f. E-Mail Address <b>bbramley@pbmlaw.net</b>
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>Michael Degano</b>	Signature 	Title <b>Business Agent</b>	Date <b>3-16-20</b>

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 answer explain these uses upon request. Disclosure of the information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

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

**Included:** All full-time and regular part-time administrative warehouse clerks including inventory clerk, receiving clerk, night administrative clerk and returns clerk/day admin of Employer Facility named above.

**Excluded:** All others



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

03-RC-258311

Date Filed

3/24/2020

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

<b>2a. Name of Employer:</b> Northern Dutchess Hospital		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 6511 Springbrook Avenue Rhinebeck, New York 12572	
<b>3a. Employer Representative - Name and Title:</b> Christina Crotty Human Resources Business Partner		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> (845) 876-3001	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> christina-marie.crotty@nuvancehealth.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> health care facility		<b>4b. Principal Product or Service</b> health care	<b>5a. City and State where unit is located:</b> Rhinebeck, NY
<b>6a. Description of Unit Involved:</b> <b>Included:</b> All regular full-time, all regular part-time and Per Diem Registered Nurses primarily engaged in direct patient care. <b>Excluded:</b> See attached Rider.			<b>6a. Number of Employees in Unit:</b> 215
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> _____ <b>and Employer declined recognition</b> on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<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 (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> NO <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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> none			
<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: If the NLRB conducts an election in this matter, state your position with respect to any such election:</b>		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b>	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b> Northern Dutchess Hospital, Cafeteria Conference Room	
<b>12a. Full Name of Petitioner (including local name and number):</b> New York State Nurses Association		<b>12b. Address (street and number, city, State and ZIP code):</b> 131 West 33rd Street, 4th Floor New York, New York 10001 Attn: Jessica Oliva	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> None			
<b>12d. Tel. No.</b> (212) 785-0157	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (212) 785-0242	<b>12g. E-Mail Address</b> Jessica.Oliva@NYSNA.ORG
<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> Joseph J. Vitale, Counsel Cohen, Weiss and Simon LLP		<b>13b. Address (street and number, city, State and ZIP code):</b> 900 Third Avenue, Suite 2100 New York, NY 10022	
<b>13c. Tel. No.</b> (212) 356-0238	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (646) 473-8238	<b>13f. E-Mail Address</b> jvitale@cwsny.com
<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>			
<b>Name (Print)</b> Joseph J. Vitale	<b>Signature</b>	<b>Title</b> Counsel	<b>Date</b> 3/23/2020

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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Northern Dutchess Hospital RC Petition Rider

Excluded:

All non-direct patient care titles (including: Robotics Clinical Coordinator, Nurse Educator, Nurse Practitioner, Quality Management, Thompson House and Case Managers) and all statutory supervisors (including: PACU Team Lead, OR Clinical Resource Coordinator, OR Team Lead).