

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
03-RC-260014

Date Filed
5/6/2020

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 Vassar Brothers Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 45 Reade Place, Poughkeepsie, NY 12601	
3a. Employer Representative - Name and Title Eileen Miller, Director of Human Resources		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 845-483-6093	3d. Cell No. 845-224-6501	3e. Fax No.	3f. E-Mail Address eileen.miller@nuvancehealth.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute care hospital		4b. Principal product or service health care	5a. City and State where unit is located: Poughkeepsie, NY
5b. Description of Unit Involved Included: See attached rider Excluded: See attached rider			6a. No. of Employees in Unit: Approx. 32 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) 4/30/20 and Employer declined recognition on or about 5/5/20 (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):
Ballots to be mailed May 26, 2020
11c. Election Time(s):
N/A
11d. Election Location(s):
N/A

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, 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 anthony@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 Amelia K. Tuminaro, Esq.		13b. Address (street and number, city, state, and ZIP code) Gladstein, Reif & Meginniss, LLP, 39 Broadway, Suite 2430, New York, New York 10006	
13c. Tel. No. 212-228-7727	13d. Cell No. 917-576-6881	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 <i>Amelia K. Tuminaro</i>	Title Attorney	Date May 6, 2020
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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

5b. Description of Unit Involved:

Included: All full time and regular part time, including per diem, social workers employed at Vassar Brothers Medical Center, including lead social worker, social work case managers, and unlicensed case managers, as residual titles to the existing collective bargaining unit currently represented by 1199SEIU United Healthcare Workers East.

Excluded: All other employees, Registered Nurses, RN Case Managers, guards, and supervisors as defined in the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case **03-RC-260980**

Date Filed **5/29/2020**

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 8 of the National Labor Relations Act.

2a. Name of Employer
Express Tire

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
475 Cayuga Road, Suite 500, Buffalo, New York 14225

3a. Employer Representative - Name and Title
Bill Cleary, Director of Human Resources

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

3c. Tel. No.
716-583-3914

3d. Cell No.
Unknown

3e. Fax No.
716-683-1422

3f. E-Mail Address
Bill.Cleary@dunntire.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Tire Warehouse and Distributor

4b. Principal product or service
Tire Distribution

5a. City and State where unit is located:
Buffalo, New York

5b. Description of Unit Involved
Included: Warehouse workers and delivery drivers

Excluded: All others

6a. No. of Employees in Unit:
26

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).** **Petition serves as Demand**

☐ **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

9a. Affiliation, if any

9b. Date of Recognition or Certification

9c. 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).
June 25, 2020

11c. Election Time(s).
3:00 PM - 6:30 PM

11d. Election Location(s).
Company Breakroom

12a. Full Name of Petitioner (Including local name and number)
International Association of Machinists and Aerospace Workers, District Lodge 65, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
PO Box 737, 138 Main Street, Dansville, New York 14437

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel. No.
585-204-4017

12e. Cell No.
585-610-0207

12f. Fax No.
585-204-4130

12g. E-Mail Address
dist65rwarner@yahoo.com

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

13a. Name and Title **Nicholas A. Scotto, Special Representative**

13b. Address (street and number, city, state, and ZIP code)
25 Court St, Ste 1710, Brooklyn, NY 11242

13c. Tel. No.
(929) 226-1724

13d. Cell No.
(631) 219-4116

13e. Fax No.
(646) 902-5720

13f. E-Mail Address
nscotto@iamaw.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)
Nicholas A. Scotto

Signature 

Title
Special Representative

Date
May 29, 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. 74912-43 (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.

FORM NLRB-502 (RD)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION.

DO NOT WRITE IN THIS SPACE

Case No.
03-RD-260010Date Filed
5/6/2020

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 7 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.

2a. Name of Employer First Student	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 43 ONIONTOWN RD DOVER PLAINS, NY 12522
3a. Employer Representative - Name and Title Karen McKinley loc mgr	3b. Address (If same as 2b - state same) same
3c. Tel. No. 845-332-5684	3d. Fax No.
3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service School Bus Transport

5a. Description of Unit Involved Included: drivers, mechanics, monitors Excluded:	5b. City and State where unit is located: Dover Plains New York
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6. No. of Employees in Unit **49** 7. 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? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent Transport Workers Union of America	8b. Affiliation, if any
8c. Address 10 Banta Place Suite 105 Hackensack, NJ 07601	8d. Tel. No. 201-343-9412
	8e. Cell No. (b) (6), (b) (7)(C)
	8f. E-Mail Address (b) (6), (b) (7)(C) @TWA.org

9. Date of Recognition or Certification	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 07/31/2020
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No 11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

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

13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)
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14. Full Name of Petitioner
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
	14d. Cell No.	14e. E-Mail Address (b) (6), (b) (7)(C)

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

15a. Name	15b. Title
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. 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) (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 5/6/2020
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AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FORM NLRB-502 (RD)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

3-RD-260374

Date Filed

5/14/20

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 7 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.

2a. Name of Employer The Commons on St. Anthony		2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code) 3 Saint Anthony St, Auburn, NY 13021	
3a. Employer Representative - Name and Title John Kennedy HR Business Partner		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 315-282-6831	3d. Fax No. 315-258-3904	3e. Cell No.	3f. E-Mail Address J.Kennedy@lorettasystem.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Skilled Nursing Facility		4b. Principal product or service Skilled Nursing	
5a. Description of Unit Involved Included: Full time and Regular Part time Registered Nurses employed by the employer. Excluded: Unit Managers, House supervisors, other professional employees, clerical employees, confidential employees, guards and spousers.		5b. City and State where unit is located: Auburn, NY	
6. No. of Employees in Unit 5		7. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent Teamsters Local Union 1149		8b. Affiliation, if any	
8c. Address 7272 Van Buren Rd, Baldwinsville NY 13027		8d. Tel. No. 315-638-1137	8e. Cell No.
		8f. Fax No. 315-638-7507	8g. E-Mail Address admin@teamsterslocal1149.org
9. Date of Recognition or Certification September 1, 2017		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) August 31, 2020	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)			
12a. Name none	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 5/27/2020	13c. Election Time(s) N/A	13d. Election Location(s) N/A	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No. (b) (6), (b) (7)(C)
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No. (b) (6), (b) (7)(C)
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)
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) (6), (b) (7)(C)		Signature (b) (6), (b) (7)(C)	
		Title (b) (6), (b) (7)(C)	
		Date Filed 5/14/2020	

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PRIVACY ACT STATEMENT

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