#### 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.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Vassar Brothers Medical Center 45 Reade Place, Poughkeepsie, NY 12601 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Eileen Miller, Director of Human Resources Same 3c Tel No 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 845-483-6093 845-224-6501 eileen.miller@nuvancehealth.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Acute care hospital health care Poughkeepsie, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See attached rider Approx 32 6b. Do a substantial number (30% or more) of the employees in he Excluded: See attached rider unit wish to be represented by the Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date)  $\frac{4}{30}$ and Employer declined recogni ion on or about Check One: (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 None 8c Tel No 8d Cell No 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion 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 Manual ✓ Mail Mixed Manual/Mail 11a. Election Type: any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): Ballots to be mailed May 26, 2020 N/A N/A 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 155 Washington Avenue, Lobby 1, Albany, NY 12210 (Attn: Anthony Peterson) 1199 SEIU United Healthcare Workers East 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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address anthonyp@1199.org 914-385-1356 914-774-5756 518-436-0726 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. <sup>13a. Name and Title</sup> 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 13d Cell No. 13c. Tel No. 13e Fax No. 13f. E-Mail Address 212-228-7727 917-576-6881 212-228-7654 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. Title Name (Print) Signature Date anelio le Numer Viano Amelia K. Tuminaro Attorney May 6, 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 will cause the NLRB to decline to invoke its processes.

## Rider

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

<u>Included</u>: 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.

<u>Excluded</u>: 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 Date Filed 5/29/2020 Case 03-RC-260980

INSTRUCTIONS: Unless in which the employer co of service showing servi	oncerned is located. Thice on the employer and	e petition mus all other parti	st be accompanied by t les named in the petitio	ooth a showing on of: (1) the peti	of interest (se- ition; (2) State	e 6b belo ment of	w) and a certificate Position form	
(Form NLRB-505); and (3 with the NLRB and shou 1 PURPOSE OF THIS PETITI bargaining by Petitioner and requests that the National 2a. Name of Employer	ld not be served on the	employer or a FREPRESENTA led as representa seed under its pr	riy other party.  TIVE - A substantial number tive of the employees. The troper authority pursuant to address/es) of Establishment	of employees wish to Petitioner allegas to Section 9 of the Notes involved (Street	o be represented hat the following ational Labor Re and number, city,	for purpos circumsta stations Ac State, ZIP	es of collective ances exist and it. 'code)	
Exxpress Tire  3a. Employer Representative	None and The	478	5 Cayuga Road, S 3b. Address (If same as	uite 500, Buf	falo, New Y	fork 14	225	
Bill Cleary, Director	of Human Resource	es	Same	20 - oldic deline)	La Problem Longuette su			
3c. Tel. No. 716-583-3914	3d. Cell No Unknown		3e. Fax No. 716-683-1422	3f E-Mail Address Bill.Cleary@dunntire.co			The same of the sa	
4a Type of Establishment (Fac Tire Warehouse and		4b Principal po Tire Distri	roduct or service ibution			o, New	York	
5b. Description of Unit Involvincluded: Warehous	ed se workers and de	elivery driv	ers			6a No of 26	Employees in Unit:	
Excluded: All others						or more) of unit wish	substantial number (30% of the employees in the to be represented by the ? Yes No	
H -	tequest for recognition as Ban (Date)	(if no reply recen	red, so state). 🤉 💥	11.00 4cm	Jes C		nition on or about Q.	
Sa. Name of Recognized or C None								
Sc. Tel No.	8d Cell No		őe. Fax No.	8f E-Mail Address				
Ug. Affiliation, if any			8h. Date of Recognition of	8h. Date of Recognition or Certification U. Expiration I Contract, if an			rent or Most Recent lay, Year)	
9. Is there now a strike or picke (Name of lebor organization	1)	has pi	ickeled the Employer since (I	Month, Day, Year) _				
10. Organizations or individual known to have a representative None	s other than Petitioner and the a interest in any employees in	ose named in item the unit describe	ns 8 and 9, which have claim d in item 5b above. (If none,	ed recognition as rit , so state)	presentatives and	other orga	inizations and individuals	
10s Name	10b Ad	idress	55		10c Tel No.		10d. Cell No	
				10e, Fax No.		10f E-N	lai Address	
11, Election Details: If the NLRB conducts an election in this matter, state your position with respect			our position with respect to	11a. Election Type: Manual		Mail _	Mixed Manual/Mail	
any such election.  11b. Election Date(s).  June 25, 2020  11c. Election Time(s)  3:00 PM - 6:30 PM			И	11d. Dection Location(s)* Company Breakroom				
12s. Full Name of Patitioner (Including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 65, AFL-CIO			12h Address (street and number, city, state, and 7tiP code) PO Box 737, 138 Main Street, Dansville, New York 14437					
12c Full name of national or in International Association	nternational labor organization n of Machinists and Aer	of which Petition rospace Work	er is an affiliate or constituen ers, AFL-CIO	t (if none, so state)				
12d. Tel No. 585-204-4017	12e. Cell No. 585-610-02	207	12t. Fax No. 12g. E- 585-204-4130 dist65			E-Mail Address 65rwarner@yahoo.com		
13. Representative of the Pe								
13a Name and Title Nichol		esentative:	13b Address (street an 25 Court St, Ste 171		11242	1		
13c. Tel No. (929) 226-1724	13d. Cell No. (631) 219-4		13e. Fax No. (646) 902-5720		13t. E Mail Ad nscotto@is		j	
I declare that I have read the	above petition and that the	statements are	The second secon	wiedge and belief.	1.000			
Name (Print) Nicholae A. Scotto	Signature		Title Special Represent	tative	May 29,	2020		

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

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DOVER PLAINS

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DO NOT WRITE IN THIS SPACE

FORM NLR8-502 (RD) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION.

Case No. 03-RD-260010

Date Filed 5/6/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, [Www.hirb.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 a showing of interest (see 7 ticlow) and a certificate of aerulae-showing service on the employer and all office 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.

Case Procedures (Form NERB 4612), The	snowing of interest snould duty be tiled	with the NLHB and should not be served	on the employer or any other party.
PURPOSE OF THIS PETITION: RB-DECE recognized bargaining representative is not Labor Relations Board proceed under its	onger their representative. The Petitioner a	alleges that the following circumstances.	ees assert that the certified or currently exist and requests that the National
22 Name of Employer  First 5 trade	1	stablishment(s) involved (Street and number	m, city, state, ZIP code) Doven Plains, NY 1250
3a. Employer Representative - Name and Titl			DOUDT FIRMS, 1911 1630
Maren Mc Kinley	loc mar sam		
Sc. Tel, No. 3d. Fax No. 845-332-5684	3e. Sell No.	3f. E-Mail-Address	
4a. Type of Establishmont (Factory, mine, whol	lesaler, etc.)	4b. Principal product or sorva	7G
TRANSPER tatio		School Bus	Transport
5a. Description of Unit Involved		100,00, 00	5b. City and State where unit
included: deivens, mecha	unics, monitors		is located:
Excluded:			Down Plasas
6, No. of Employees in Unit 49 7. Do	a substantial number (30% or more) of the cognized bargaining representative? X Ye	employees in the unit no longer wish to be	
8a. Name of Recognized or Certified Bargaining	g-Agont	8b. Affiliation, if a	пу
TRANSport worker			
8c. Address 10 Banta Place		8d. Tel. No. 201-343-9417 (b) (6), (b) (7	7)(C)
Hackensach, N	200		TWU, OFG
9. Date of Recognition or Certification		f Gurrent or Most Recent Contract, if any (A	Month, Day, Year)
	07		1900 S 1900 S 1900 S
11a. Is there now a strike or picketing at the En	nployer's establishment(s) involved? \(\sum \gamma\)	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)		sl	nce (Month, Day; Year)
12. Organizations or individuals other those nar			
and individuals known to have a representa	dive interest in any employees in the unit de ddress		
12a, Name 12b, A	auress.	12c. Tel. No.	12d: Fáx No:
			32.2
i		12a. Cell No.	12f. E-Mail Address
13. Eléction Details: If the NLRB conducts an matter, state your position with respect to an		13a. Election Type: Manu	ual Mail Mixed Manual/Mail
13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)	
14. Full Name of Politioner (b) (6), (b) (7)(C)		1	
			737.75.11
4a. Address (Street and number: bity, state, 2 (b) (6), (b) (7)(C)	(P. code)	(b) (6), (b) (7)(C)	14c. Fax No.
		14d. Cell No.	(b) (6), (b) (7)(C)
/			
15. Representative of the Petitioner who will	accept service of all papers for purpose		,
15a: Name,		15h Title	
Sc. Address, (Street and number, city, state, Z	(Prépide)	15d_Tél_No_	15e. Fex.No.
		15f. Gell No.	15g. E-Mail Address
declare that I have read the above petition :	and that the protonous are found to the his		
		Title	Date-Filed,
Name (Print) b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)		5/6/2020
EMENTS		ND IMPRISONMENT (U.S. COL	E, TITLE 18, SECTION 1001)

PAGE 02/04

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

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RD PETITION**

DO NOT Y	VRITE IN THIS SPACE	4
se No.	Date Filed	-
3-RD-260374	5/14/20	

INSTRUCTIONS: Unless to-Filed using the Agency's website	The world and the second
employer concerned is located. The notition and the	npanied by both a showing of interest (on Theleval and a NLRB office in the Region in which the
the employee and all officers, The penuin must be accom-	in panied by both a showing of internet (see 7 below) and a certificate of service showing service on 11 the patillon: (2) Statement of Parties (2007).
the employer and all other parties named in the polition of:(	1) the petition: (7) Statement of Backley for the petition of Service snowing service on
Case Procedures (Form NLRB 4812). The showing of leteror	nparied by both a showing of interest (see 7 below) and a certificate of service showing service on (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation of should only be filed with the NLRB and should got be served on the employer of any other party.
	at another only be med with the NLRB and should not be served on the employer or any other at-

1 PURPOSE OF THE PETITION ST. THE	howing of Interest should only be file	ed with the NLRB and should no	of be served on the employ	ipuon of Representation Ver or any other narty
PURPOSE OF THIS PETITION: RD- DECEPTION PROPERTY IN THE PURPOSE OF THIS PETITION: RD- DECEPTION PROPERTY IN THE PURPOSE OF THIS PURPOSE O	RTIFICATION (REMOVAL OF REPRES	ENTATIVE) - A substantial numb	er of amployees assert that	
2a. Name of Employer		A AL THE LANGING LYDING MAISTIGHT	B ACT.	
The Commons on St. A.	othory 3 Saint	Establishment(s) Involved (Street		
and Title	3b. Address (If sar	ne as 2b - state same)	Auburn, W'	Y (302)
30. Fax No.	Sires Partur So.	ne		
315-282-6831 315-258	3-3904	3f, E-Mail Addres	5 and 10 1 11	
4a. Type of Establishment (Factory, mine, wholes	seler, etc.)	4b. Principal prod	edy@loretto	system.ag
Skilled Nursing	Facility	Skilled	nor or Selvice	' 0
58. Description of Unit Involved			15h 64	and State where unit
Full time and Re	mular Part time	Penishered No	1810	ocated:
employed by the em Excluded: Unit Managers	iployer. House supervisors,	other profession	YUA AUK	Yu, ma
employees, derical o	molales antidation	1 00000 10000 1	donado	
6. No. of Employees in Unit 7. Do a	substantial number (30% or more) of the grized bargaining representative?	le amployees in the unit no-tonger	wish to be represented by	be settled as a second
8a. Name of Recognized or Certified Bargaining A	gnized bargalning representative?	es No	man so so representati by (	ne ceralied of correctly
		8b. Aft	Mation, if any	
8c. Address	Union 1149			
7272 Van Buren R	d Cold inalls	8d. Tel. No. 8e. Ce	₩ No.	
	a, Bouldwinsville	3/5-638-1137	Mail Address	
NY 13027		315-638-7507 adm		וממונושם סכם
9. Date of Recognition or Certification	IV. Expiration Date	or Current or Most Recent Contra	ct, if any (Month, Day, Year)	10.0.171.019
September 1, 2017	Augue	110 100 100 100 100 100 100 100 100 100		0
11a. Is there now a strike or picketing at the Empk		es No 11b. if so, approxim	nately how many employees	s are participating?
11c. The Employer has been picketed by or on bei	half of (Insert Name)	1		a labor organization, of
(Insert Address)		7.11	since (Month, Day,	Year)
12. Organizations or individuals other those named and individuals known to have a representative 12a. Name	I in items 8 and 11c, which have claime	d recognition as representatives a	nd other organizations	
12a, Name 12b, Addr	988	12c. Tel. No.	12d, Fax No.	
none			8	
		12e. Cell No.	12f. E-Mail Add	iress
19 51-41-5				
<ol> <li>Election Details: If the NLRB conducts an elematter, state your position with respect to any s</li> </ol>	ction in this uch election.	t3a. Election Type:	Manual Mail	Mixed Manual/Mail
13b. Election Date(s)	13c. Election Time(s)	. 13d. Election Locat	lan(s)	
5/27/2020	N/A	l N	LA LA	
14. Full Name of Petitioner (b) (6), (b) (7)				
14a. Address (Street and number, city, state, ZIP o b) (6), (b) (7)(C)	acisi	(b) (6), (b) (7)	14c, Fax No.	
b) (b), (b) (1)(b)			. , . , . ,	(7)(C)
		(b) (6), (b) (7)	(C) (b) (6), (b) (c)	TESS
4f. Affiliation, if any		(b) (b), (b) (1)	(b) (b), (b)	(1)(0)
5. Representative of the Petitioner who will acc	ept service of all gapers for gurnoss	o of the several states		
<sup>5a. Name</sup> (b) (6), (b) (7)(C)	pulpose.			
(=) (=); (=) (-)(=)		(b) (d),	(b) (7)(C)	
5c. Address (Street and number, city state, ZIP or b) (6), (b) (7)(C)	rfa)	15d Tel No.	15e Fax No.	
b) (b), (b) (7)(C)		(b) (6), (b) (7)	(C) (b) (6), (b)	(7)(C)
,		(b) (6), (b) (7)		
declare that I have read the above petition and	that the statements are true to the	(b) (0), (b) (7)(	(b) (o), (b) (	(1)(0)
Simp (Print) (b) (6), (b) (7)(C)	pajura	Title		
(b)	(b) (6), (b) (7)(C)	(b) (6), (b)	(7)(C)	SILLIMA
	IMIS PETITION CAN BE PUNISHED	BY FINE AND IMPRISONMENT	IS CODE TITLE 49 OFCO	5114/2020