

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

03-RC-226811

Date Filed

9/6/2018

**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**

Auburn Memorial Medical Services, PC

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

17 Lansing Street  
NY Auburn 13021-

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

Scott Berlucchi

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

17 Lansing Street  
NY Auburn 13021-

**3c. Tel. No.**

(315) 255-7011

**3d. Cell No.**

**3e. Fax No.**

(315) 255-7018

**3f. E-Mail Address**

sberlucchi@auburnhospital.org

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

Healthcare Facilities

**4b. Principal product or service**

medical services

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

Auburn, 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:**

98

**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?** \_\_\_\_\_ 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):**  
September 26, 2018

**11c. Election Time(s):**  
7:30am-9:30am and 1:30pm-4:00pm

**11d. Election Location(s):**  
37 West Garden Street Suite 202, 77 Nelson Street Suite 120, 17 E Gene

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

Brenda Judge  
1199SEIU Healthcare Workers East

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

250 S. Clinton Street  
NY Syracuse 13202-1866

**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.**

(315) 729-8764

**12e. Cell No.**

**12f. Fax No.**

(315) 479-6716

**12g. E-Mail Address**

brenda.judge@1199.org

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

**13a. Name and Title**

Sarah E. Ruhlen  
Satter Law Firm, PLLC

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

217 S. Salina Street, 6th Floor  
NY Syracuse 13202-

**13c. Tel No.**

(315) 471-0405

**13d. Cell No.**

**13e. Fax No.**

(315) 471-7849

**13f. E-Mail Address**

sruhlen@satterlaw.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)**

Sarah E. Ruhlen

**Signature**

Sarah E. Ruhlen, Esq.

**Title**

**Date**

09/5/2018 14:48:18

**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.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

03-RC-227903

Date Filed

9/25/2018

**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> Welded Tube USA		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2537 Hamburg Tpke NY Buffalo 14218-2557	
<b>3a. Employer Representative - Name and Title</b> Chris Jankowski		<b>3b. Address (if same as 2b - state same)</b> 2537 Hamburg Tpke NY Buffalo 14218-2557	
<b>3c. Tel. No.</b> (905) 669-1111	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> CJankowski@weldedtube.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Basic Materials		<b>4b. Principal product or service</b> produce welded tubing	
		<b>5a. City and State where unit is located:</b> Buffalo, NY	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 75
<b>Included:</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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**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 (if none, so state).</b>		<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>

**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>

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

<b>11b. Election Date(s):</b> 10/08/2018	<b>11c. Election Time(s):</b> 1-3pm	<b>11d. Election Location(s):</b> the break room on premises.
---	--	--

<b>12a. Full Name of Petitioner (including local name and number)</b> Daniel Irons United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union.	<b>12b. Address (street and number, city, state, and ZIP code)</b> 305 Cayuga Rd Ste 175 NY Buffalo 14225-1947
--	--

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

<b>12d. Tel No.</b> (716) 565-1720	<b>12e. Cell No.</b> (716) 572-9015	<b>12f. Fax No.</b> (716) 565-1727	<b>12g. E-Mail Address</b> dan.ironson@protonmail.com
---------------------------------------	--	---------------------------------------	--

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

<b>13a. Name and Title</b> Brad Manzolillo Organizing Counsel United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial		<b>13b. Address (street and number, city, state, and ZIP code)</b> 60 Blvd of the Allies Fl 9 PA Pittsburgh 15222-1209	
<b>13c. Tel No.</b> (412) 562-2529	<b>13d. Cell No.</b> (412) 418-4333	<b>13e. Fax No.</b> (412) 562-2555	<b>13f. E-Mail Address</b> bmanzolillo@usw.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> Daniel Irons	<b>Signature</b> Daniel Irons	<b>Title</b> Casual Organizer	<b>Date</b> 09/24/2018 11:40:27
-------------------------------------	----------------------------------	----------------------------------	------------------------------------

**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.

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

DO NOT WRITE IN THIS SPACE

Case No.

3-RC-228168

Date Filed

September 27, 2018

**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  
Northwestern Medical Center

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
133 Fairfield Street, St. Albans, VT AND Clinics

3a. Employer Representative - Name and Title  
Jill Berry Bowen, Chief Executive Officer

3b. Address (if same as 2b - state same)  
133 Fairfield Street, St. Albans, VT 05478

3c. Tel. No.  
802-524-1041

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
jbowen@nmcinc.org

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

4b. Principal product or service  
Healthcare

5a. City and State where unit is located:  
SEE ATTACHMENT

5b. Description of Unit Involved  
Included: SEE ATTACHMENT

Excluded:  
SEE ATTACHMENT

6a. No. of Employees in Unit:  
180

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? \_\_\_\_\_ 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):  
10/15/18; 10/16/18 or 10/17/18

11c. Election Time(s):  
6-9 AM; 11AM-1PM; 2-4PM; 5-9PM

11d. Election Location(s):  
Cafeteria at Hospital-133 Fairfield Street, St. Albans, VT

12a. Full Name of Petitioner (including local name and number)  
American Federation of Teachers-Vermont, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)  
121 Park Avenue, # 10, Williston, VT 05495

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
American Federation of Teachers, AFL-CIO

12d. Tel No.  
802-373-0133

12e. Cell No.

12f. Fax No.

12g. E-Mail Address  
matt.mcgrath@afvtvermont.org

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

13a. Name and Title  
David Rome, Attorney

13b. Address (street and number, city, state, and ZIP code)  
Pyle Rome, 2 Liberty Square, 10th Floor, Boston, MA 02109

13c. Tel No.  
617-367-7200

13d. Cell No.

13e. Fax No.  
617-367-4820

13f. E-Mail Address  
drome@pylerome.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)  
David Rome

Signature  
David Rome

Title  
Attorney

Date  
09/27/2018

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.



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

DO NOT WRITE IN THIS SPACE

Case No.

03-RD-226840

Date Filed

9/6/2018

**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 5b 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-DECLARATION (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

Bard College

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

P.O.Box 5000, Annandale on Hudson, NY 12504

3a. Employer Representative - Name and Title

KIMBERLY ALEXANDER

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

SAME

3c. Tel. No.

845-758-7248

3d. Cell No.

3e. Fax No.

845-758-7826

3f. E-Mail Address

kalexander@bard.edu

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

College

4b. Principal product or service

Education

5a. City and State where unit is located:

Annandale on Hudson, NY

5b. Description of Unit Involved

Included:

All Guards employed by employer at the CCS and Hessel Museum.

Excluded:

Professional employees and supervisors as defined in the Act and all other employees.

6a. No. of Employees in Unit:

5

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? 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

David Cella

8b. Address

5014 Rt 9G, Tivoli, NY 12583

8c. Tel. No.

845-750-0104

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

installorman.123@yahoo.com

8g. Affiliation, if any

SEIU Local200 united

8h. Date of Recognition or Certification

4/12/2017

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

n/a

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)

10a. Name

none

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):

within 30 days

11c. Election Time(s):

10am-8pm

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

11d. Election Location(s):

Fishbowl, Student Center, Bard College.

12 (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent

none

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

12f. Fax No.

(b) (6), (b) (7)(C)

13. Representative of Employer and Union who will accept service of process for purposes of the representation proceeding

13a. Name (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

I declare that I have read the above (b) (6), (b) (7)(C)

to the best of my knowledge and belief.

(b) (6), (b) (7)(C)

Title

Date

8/21/2018

WILLFUL FALSE STATEMENT

PUNISHABLE 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.