

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-260613

Date Filed

05/18/2020

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

Carestream Health Inc

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

150 Verona St. Rochester, NY 14608

3a. Employer Representative - Name and Title

Stephen Poulin

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

150 Verona St. Rochester, NY 14608

3c. Tel. No.

585-627-1800

3d. Cell No.

203-223-7731

3e. Fax No.

3f. E-Mail Address

stephen.poulin@carestream.com

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

Medical Imaging Manufacturing/Service

4b. Principal product or service

Service/Engineer Medical Equipment

5a. City and State where unit is located:

Rochester, NY

5b. Description of Unit Involved

Included: All full and part time regular employees in the Field Service Engineer Title

Excluded: (US 305 NF Division)

Service Sales Specialists, Account Executives, and Managers,

Supervisors, and Guards as defined in the contract

6a. No. of Employees in Unit:

19

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):

June 5, 2020 (to be mailed)

11c. Election Time(s):

Mail Ballot

11d. Election Location(s):

Mail

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

International Brotherhood of Electrical Workers Local 3

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

158-11 Harry Van Arsdale Jr Ave, Flushing

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

International Brotherhood Of Electrical Workers

12d. Tel. No.

718-591-4000

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

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

13a. Name and Title Ray Kitson, Director of Organizing

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

158-11 Harry Van Arsdale Jr Ave, Flushing, NY 11365

13c. Tel. No.

917-376-3474

13d. Cell No.

917-376-3474

13e. Fax No.

N/A

13f. E-Mail Address

rkitson@local3ibew.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)

Ray Kitson

Signature

Ray Kitson

Title

Director of Organizing IBEW

Date

May 18, 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.

Case No.

02-RC-260759

Date Filed

5/22/2020

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: St Anthony Community Hospital		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 15 Maple Avenue, Warwick NY 10990	
3a. Employer Representative - Name and Title Yvonne Capone		3b. Address (if same as 2b - state same): same	
3c. Tel No 845-986-2276	3d. Cell No	3e. Fax No	3f. E-Mail Address yvonne_capone@bshsi.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) health care facility		4b. Principal Product or Service health care	5a. City and State where unit is located Warwick NY
5b. Description of Unit Involved: Included: SEE RIDER Excluded: SEE RIDER			6a. Number of Employees in Unit 105
			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) 5/15/2020 and Employer declined recognition on or about (Date) (if no reply received so state) <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) 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? <u>no</u> 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 and election in this matter, state your position with respect to any such election: prefer in-person			11a. Election Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): June 12		11c. Election Time(s): 6am to 9 am, 11 am to 2 pm, 6pm to 9pm	11d. Election Location(s): TBD
12a. Full Name of Petitioner (including local name and number): The New York State Nurses Association		12b. Address (street and number, city, State and ZIP code) 131 West 33rd St, 4th Fl, NY NY 10001 attn Jessica Oliva	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): none			
12d. Tel No	12e. Cell No	12f. Fax No	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Joseph J. Vitale, Counsel		13b. Address (street and number, city, State and ZIP code): Cohen, Weiss and Simon LLP, 900 Third Avenue, Suite 2100, NY NY 10022	
13c. Tel No 212 356 0238	13d. Cell No	13e. Fax No 646 473 8238	13f. E-Mail Address jvitale@cwsny.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) Joseph J. Vitale		Signature	Title Counsel
			Date 5.22.20

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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RIDER TO PETITION

Included: All full-time, regular part-time, and Per Diem Registered Nurses employed by the Employer at its 15 Maple Avenue, Warwick, NY 10990 facility

Excluded Robotics Clinical Coordinators, Certified Lactation Consultants, Nurse Educators, Nurse Practitioners, Quality Management Nurses, Bone and Joint Coordinators (Medical Surgery), Bariatric Data Coordinators, Metabolic/Bariatric Surgical Coordinators, Scheduling Operating Room Coordinators, Clinical Coordinators OP GI Services, Clinical Coordinators OP Infusion/Chemo, Operating Room Clinical Resource Coordinators, Mt Alverno Center employees, Scherviev Pavilion employees, St Joseph's Place employees, Stress Test Registered Nurses, PACU Team Leads, Operating Room Team Leads, business office clerical employees, service employees, maintenance employees, technical employees, licensed practical nurses, guards, and all other professional employees and supervisors as defined in the National Labor Relations Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


02-RC-261007

Date Filed

05/29/2020

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 9 of the National Labor Relations Act.

2a. Name of Employer: The Bronx Defenders		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 360 East 161st Street, Bronx, NY 10451	
3a. Employer Representative - Name and Title: Justine Olderman		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (718) 838-7878	3d. Cell No.	3e. Fax No.	3f. E-Mail Address justineo@bronxdefenders.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Legal Services Organization		4b. Principal Product or Service Legal Services	
5a. City and State where unit is located: Bronx, NY		5b. Description of Unit Involved: Included: See attached addendum Excluded:	
6a. Number of Employees in Unit: 274		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) <u>5/29/20</u> and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <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)		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? <u>No</u> 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 and election in this matter, state your position with respect to any such election: 11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 6/12/20		11c. Election Time(s):	
11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number): Association of Legal Aid Attorneys, Local 2325, UAW		12b. Address (street and number, city, State and ZIP code): 50 Broadway Suite 1600, New York NY 10004	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Automobile, Aerospace and Agricultural Implement Workers of America (UAW)			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Allyson L. Belovin, Attorney		13b. Address (street and number, city, State and ZIP code): Levy Ratner, PC 80 8th Ave, 8th Fl, NY, NY 10011	
13c. Tel. No. (212) 627-8100	13d. Cell No. (646) 326-9096	13e. Fax No.	13f. E-Mail Address abelovin@levyratner.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) Allyson L. Belovin		Signature 	Title Attorney
Date 5/29/20			

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PRIVACY ACT STATEMENT

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ADDENDUM TO RC PETITION

Petitioner – Association of Legal Aid Attorneys, Local 2325, UAW

Description of Unit Involved:

Included: All full-time and regular part-time workers employed by the Employer including Administrator, Advancement Officer, Arraignment Clerk, Arraignment Court Advocate, Associate Legal Counsel, Associate Legal Director, ATI Specialist, Benefits Adviser, Benefits Coordinator, Civil Legal Advocate, Client and Community Navigator, Client Coordinator, Co-Director of RPP, Communications Associate, Community Organizer, Court Liaison, Development Associate, Digital Forensic Specialist, Discovery Administrator, Discovery Arraignment Data Administrator, DNA Specialist, Facilities Coordinator, Federal Practice Attorney, Forensic Practice Director Grants Manager, Immigration Civil Legal Advocate, Intake Clerk, Interpreter/Translator, Investigator, IT Associate, IT Discovery Compliance Officer, Law Graduate, Legal Advocate, Legal Assistant, Paid Fellow, Paralegal, Parent Advocate, Policy Associate, Policy Counsel, Practice Administrator, Practice Associate, Pro Bono Coordinator, Process Server, Re-entry Coordinator, Receptionist, Senior Investigator, Senior Staff Accountant, Senior Policy Advocate, Senior Policy Social Worker, Social Worker, Staff Attorney, and Team Administrator.

Excluded: Executive Director, Supervising Attorney, Investigations Supervisor, Legal Advocate Supervisor, Managing Director of Social Work, Social Work Supervisor, Chief of Staff, Chief Operating Officer, Chief Practice Officer, Director of Strategic Partnerships, Controller, Director of DEI, Office Manager, Director of Professional Development, Managing Director, Director of Strategic Communications, Legal Director, Chief Policy Counsel, Parent Advocate Supervisor, Supervising Legal Advocate, Director of the Center of Holistic Defense, Director of Organizing and Community Engagement, HR Generalist, Recruiting and Hiring Coordinator, IT Associate Director, Human Resources Manager, Legal Administrative Manager, Human Resources Associate, General Counsel, Associate General Counsel, Community Intake Coordinator, DEI Associate, Facilities Superintendent, Director of Advancement, Deputy Director, unpaid interns, guards, confidential employees, supervisors and managerial employees.