

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-260416

Date Filed

5-14-20

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

Lewis Tree Service INC.

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

300 Lucius Gordan dr.
NY West Henrietta 14586-

3a. Employer Representative - Name and Title

Unknown

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

300 Lucius Gordan dr.
NY West Henrietta 14586-

3c. Tel. No.

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

Others

4b. Principal product or service

Line Clearance tree trimming for Utility's

5a. City and State where unit is located:

Titusville, PA

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:

14

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) 05/12/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received

☐ 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): When NLRB is available

11c. Election Time(s): anytime

11d. Election Location(s): Mail Ballot

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

Richard Layhew
Richard Layhew I.B.E.W. Local 1919

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

986 Greentree rd.
PA Pittsburgh 15220-

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 AFL-CIO

12d. Tel No.

(412) 921-5757

12e. Cell No.

(412) 400-8027

12f. Fax No.

(412) 920-1661

12g. E-Mail Address

richard.layhew@verizon.net

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

13a. Name and Title

Joshua Bloom Joshua Bloom and Associates P.C.
Law firm

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

3204 Grant Building 310 Grant st.
PA Pittsburgh 15219-

13c. Tel No.

(412) 288-6000

13d. Cell No.

(412) 606-6176

13e. Fax No.

13f. E-Mail Address

bloom@bloomlawyers.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)

Richard Layhew

Signature

Richard Layhew

Title

President/Business Manager

Date

05/12/2020 12:04:48

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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Line clearance Tree trimming, Routine maintenance, Brush cutting, Brush spraying,
Permitting in the County`s of Erie, Crawford, Forest and Venango for Penelec.

Employees Excluded
Management.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

FORM EXEMPT UNDER 44 U.S.C.

PETITION

DO NOT WRITE IN THIS SPACE

Case No.
06-RD-260080Date Filed
5-7-20

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1. PURPOSE OF THIS PETITION (if box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)
- ☐ 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.
- ☐ RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
- ☒ RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
- ☐ UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.
- ☐ UC-UNIT CLARIFICATION - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) ☐ In unit not previously certified. ☐ In unit previously certified in Case No. _____
- ☐ AC-AMENDMENT OF CERTIFICATION - Petitioner seeks amendment of certification issued in Case No. _____. Attach statement describing the specific amendment sought.

2. Name of Employer Valley Haven		Employer Representative to contact Kristen Stotler		Tel. No. 304-394-5322	
3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 70 Valley Haven Dr. Wellsburg, WV 26070				Fax No. 304-394-1242	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home		4b. Identify principal product or service Healthcare		Cell No.	
5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) Included HK-Dietary - Laundry - NA-restorative aide-maintenance workers Excluded CEO-(HK, laundry, maint. Supervisors)-(Office, clerical employees) LPN-DON-ADON-Food Service Supervisor-RN				6a. Number of Employees in Unit: Can Present 26 Proposed (By UC/AC)	
(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)				6b. Is this petition supported by 80% or more of the employees in the unit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *Not applicable in RM, UC, and AC	
7a. <input type="checkbox"/> Request for recognition as Bargaining Representative was made on (Date) 4-1-2018 and Employer declined recognition on or about (Date) _____ (If no reply received, so state).					
7b. <input type="checkbox"/> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.					
8. Name of Recognized or Certified Bargaining Agent (If none, so state.) USW		Affiliation			
Address 63 Hospitality Ln Unit #105 Mineral Wells WV 26150		Tel. No. 304-489-3961		Date of Recognition or Certification 4-1-2018	
		Cell No.		Fax No. 304-489-2717	
9. Expiration Date of Current Contract. If any (Month, Day, Year) 3-31-2020		10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)			
11a. Is there now a strike or picketing at the Employer's establishment(s) Involved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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 Petitioner (and 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 unit described in item 5 above. (If none, so state)					
Name		Address		Tel. No.	
				Fax No.	
				Cell No.	
				e-Mail	
13. Full name of national or international labor organization, give full name, including local name and number) (b) (6), (b) (7)(C)					
14a. Address (Street and ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. EXT		14c. Fax No.	
		14d. Cell No.		14e. e-Mail	
15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)					
I declare that I have read the above petition and that the statements are true (b) (6), (b) (7)(C)					
(b) (6), (b) (7)(C)		Title (if any)		(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)		Fax No.			
(b) (6), (b) (7)(C)		Cell No. (b) (6), (b) (7)(C)		e-Mail	

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