

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-258944

Date Filed

April 9, 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 Interstate Blood Bank	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 5121 Delmar MO Saint Louis 63104-3443
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3a. Employer Representative – Name and Title Amanda Leonard	3b. Address (If same as 2b – state same) 5121 Delmar MO Saint Louis 63104-3443
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3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities	4b. Principal product or service Collecting Plasma from donors whom they compensate for the donation	5a. City and State where unit is located: Saint Louis, MO
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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: 23 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"/>
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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
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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.

11b. Election Date(s): April 16, 2020	11c. Election Time(s): 8:30am-5pm	11d. Election Location(s): Due to COVID-19 We are requesting election be mailed in
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12a. Full Name of Petitioner (including local name and number) Sharon Martin Sharon Martin	12b. Address (street and number, city, state, and ZIP code) 1842 Russell Blvd MO Saint Louis 63104-3443
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Advance Nurses and Nursing Support Association

12d. Tel No. (314) 550-0316	12e. Cell No.	12f. Fax No.	12g. E-Mail Address mysharai01@gmail.com
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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	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Sharon Martin	Signature Sharon Martin	Title CEO	Date 04/9/2020 10:06:02
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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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Phlebotomists, Donor reception, Nurses, Plasma processor tech, Lab techs

Employees Excluded

managers, supervisors, janitors, maintenance