UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	01-RC-238994	Date Filed 4-2-19				

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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.

(Form NLRB-505); and (3) Desc				RB 4812). The sho	wing of into	erest should only be filed	
with the NLRB and should not	be served on the	employer or an	y other party.	· ·			
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor I	er desires to be certi-	fied as representati	ve of the employees. The	Petitioner alleges that	the following	circumstances exist and	
2a. Name of Employer		2b. Ad	dress(es) of Establishmen				
UMass Memorial Medical Center		55 M	5 Lake Avenue A Worcester 01604	•			
3a. Employer Representative - Name	and Title		3b. Address (If same as				
Jeff Mogan	-		Human Resources	s, Labor Relations 55 La	ake Avenue	· · · · · · · · · · · · · · · · · · ·	
3c. Tel. No.	3d. Cell No.	· · · · · · · · · · · · · · · · · · ·	3e. Fax No.		f. E-Mail Addr	ess	
(508) 740-7082	(508) 740-708	2	(508) 793-5680	j	effrey.mogan@u	massmemorial.org	
4a. Type of Establishment (Factory, mi	ne, wholesaler, etc.)	4b. Principal pro	duct or service		5a. City a	and State where unit is located:	
Healthcare			healthcare			Worcester, MA	
5b. Description of Unit Involved				•		6a. No. of Employees in Unit:	
Included: See Attached Page 2 for ac	ditional details					6	
Excluded: See Attached Page 2 for ac			···			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the	
Excluded: See Attached Page 2 for ac	ditional details	,				Petitioner? Yes [] No []	
Check One: 7a. Request f	or recognition as Bar	gaining Representa	tive was made on (Date) 0	4/03/2019 and E	Employer decli	ined recognition on or about	
04/03/20	(Date)	(If no reply receive	d, so state). Yes	6		······································	
			epresentative and desires	certification under the A	ct.		
8a. Name of Recognized or Certified	Bargaining Agent (I	f none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.	8	f. E-Mail Addr	ess	
8g. Affiliation, if any			8h. Date of Recognition or			ate of Current or Most Recent (Month, Day, Year)	
9. Is there now a strike or picketing at the	ne Employer's establi	shment(s) involved	? No If so, approx	imately how many empl	oyees are par	ticipating?	
(Name of labor organization)		has pick	eted the Employer since (I	Month. Dav. Year)			
10. Organizations or individuals other th	an Potitioner and the				entatives and	other organizations and individuals	
known to have a representative interest	in any employees in	the unit described i	in item 5b above. (If none,	so state)	ocinatives and	other organizations and individuals	
• •				·	-		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.	-	10f. E-Mail Address	
			<u> </u>				
 Election Details: If the NLRB cond any such election. 			r position with respect to			Mail Mixed Manual/Mail	
11b. Election Date(s): ' April 25, 2019	1	lection Time(s): 1:00 pm		11d. Election Location 291 Lincoln Street, su		ester, MA 01606	
12a. Full Name of Petitioner (including	g local name ånd n		12b. Address (street and number, city, state, and ZIP code) 50 Lake Avenue MA Worcester 01604-				
State Healthcare And Research Employees, Al 12c. Full name of national or internation	al labor organization		is an affiliate or constituen		<u> </u>		
American Federation of State, County and Municipal Employees							
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-M (508) 929-4020 (507) 620-2843 (508) 929-4040					2g. E-Mail Ada arol.hehir@the	dress eshareunion.org	
13. Representative of the Petitioner v				entation proceeding.	2		
13a. Name and Title	·		13b. Address (street and number, city, state, and ZIP code)				
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address							
TOC. TELNO.	100. Cell 140.		156, 1 07 140,	. '	. L-Iviali Aud		
I declare that I have read the above p	etition and that the	statements are tru	ie to the best of my know	ledge and belief.	<u> </u>		
Name (Print)	Signature		Title		Date		
Carol Hehir Organizer					04/2/2019 1	9:44:13	

Uganizer 04/2/2019 19:44:13
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	01-RC-238994	Date Filed 4-2-19					

Employees Included
291 Lincoln Street Suite 301 Medical Office Assistants, PCAs, Secretaries, LPNs.

Employees Excluded supervisors, doctors, registered nurses.

Robert Olson

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
01-RC-239165	4-8-19						

4/4/2019

RC PETITION 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 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, 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Baxter Academy 185 Lancaster St, Portland, ME 04101 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Kelli Prvor - Executive Director 3c. Tel. No. 3d, Cell No. 3e. Fax No. 3f. E-Mail Address 207-699-5500 207-331-4831 kelli.pryor@baxter-academy.org 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service School Education Portland, ME 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Certified Instructors and Education Technicians -35 6b. Do a substantial number (30% or more) of the employees in the **Excluded:** unit wish to be represented by the Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) 3/20/2019 Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). 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 No currently recognized bargaining agent 8d Cell No. 8f. E-Mail Address 8e. Fax No. 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. 10f. E-Mail Address 10e, Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): As soon as practicable Baxter Academy, 185 Lancaster St. Portland ME 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 35 Community Drive, Augusta, ME 04330 Maine Education Association 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) National Education Association 12e. Cell No. 12f, Fax No. 12g. E-Mail Address 12d. Tel No 207-622-5866 rolson@maineea.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Robert Olson, UniServ Direct | 13b. Address (street and number, city, state, and ZIP code) 29 Christopher Toppi Dr., South Portland, ME, 04106 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No 207-774-9786 207-774-6133 rolson@maineea.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print)

UniServ Director 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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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE							
Case No. 01-RC-239236	Date Filed 4-9-19						

INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	The petition mus s named in the p 112). The showin	st be accomp petition of: (1) ng of interest	panied by I 1) the petit t should o	both a sh ition; (2) S only be file	howing of interest (see Statement of Position fo led with the NLRB and s	6b below) and form (Form NLF should not be	d a certificat RB-505); an served on t	ite of service showing s nd (3) Description of Re the employer or any oti	service on epresentation her party.
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	tioner desires to t	be certified as	s represent	ntative of th	the employees. The Petit	itioner alleges t	that the foll	lowing circumstances	
2a. Name of Employer:					Establishment(s) involve		number, City	, State, ZIP code):	
Northeastern University	General Counsel us Avenue, Suite 3		n, MA 0)2215					
3a. Employer Representative - Nan	ne and Title:		3b. Addre	ass (if san	ne as 2b - state same):				
Scott Merrill Senior Director of Labor (Operations		same						
3c. Tel. No. 617-373-8064	3d. Cell No.		6		3-8090	3f. E-Mail A s.merrill	ddress l@north	eastern.edu	
4a. Type of Establishment (Factory, I University	nine, wholesaler	, etc.)			pal Product or Service education		5a. City an Boston	nd State where unit is loc n, MA	:ated:
5b. Description of Unit Involved: Included: SEE ATTACHED							6a. Numbe 430	er of Employees in Unit:	
Excluded: SEE ATTACHED							of the e	substantial number (30% employees in the unit wis ented by the Petitioner?	sh to be
Check One: 7a. Request for recon on or about (Date)			esentative w			and		declined recognition	
					and desires certification u	under the Act.			
8a. Name of Recognized or Certifie					ddress:				
8c. Tel. No.	8d. Cell No.			8e. Fax No	_	8f. E-Mail A			
8g. Affiliation, if any:			8h. I	Date of R	Recognition or Certification			urrent or Most (Month, Day, Year)	
9. Is there now a strike or picketing at	the Employer's	establishmen	ıt(s) involv	ed?	✓ If so, approxim	•		es are participating?	
(Name of Labor Organization)								ver since (Month, Day, Ye	
Organizations or individuals other individuals known to have a repre								es and other organization	ns and
10a. Name	10b	o. Address				10c. Tel. No) .	10d. Cell No.	
			_	_		10e. Fax No). ·	10f. E-Mail Address	
11. Election Details: If the NLRB con	nducts and electi	ion in this mat	tter, state y	your posit	ion with respect to any s	uch election:	11a. Election Manua	<u></u>	d Manual/Mail
11b. Election Date(s):	11c	c. Election Time	e(s):			11d. Election	on Location(s	i):	
12a. Full Name of Petitioner (including local name and number): Service Employees International Union, Local 509 12b. Address (street and number, city, State and ZIP code): 293 Boston Post Road West, 4th Floor Marlborough, MA 01752									
12c. Full name of national or internati Service Employees Interna			ch Petition	ier is an a	iffiliate or constituent (if r	none, so state):	:		
12d. Tel. No. 774-843-7509	12e. Cell No.		5		5-8529	12g. E-Mail			
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation 13a. Name and Title: Patrick N. Bryant, Attorney 13b. Address (street and number, Pyle Rome Ehrenberg PC) 2 Liberty Square, 10th Flori						city, State and 2	ZIP code):)9	
13c. Tel. No. 617-367-7200	13d. Cell No.		6	13e. Fax N 617-36	7-4820	13f. E-Mail Address pbryant@pylerome.com			
I declare that I have read the above	petition and th			true to th					
Name (Print) Ally Little		Signature	lypon	~ Si		^{litte} Organizer			Date 04/09/19

ATTACHMENT to RC PETITION

5b. Description of Unit Involved:

Included: All full-time non-tenured or non-tenure track faculty employed by Northeastern University at its campuses located at 360 Huntington Avenue, Boston and 89 Broad Street, Boston, Massachusetts, including, but not limited to, faculty with the titles Assistant Teaching Professor, Associate Teaching Professor, Teaching Professor, Visiting Assistant Teaching Professor, Visiting Associate Teaching Professor, Visiting Assistant Professor, Visiting Associate Professor, Visiting Professor, Visiting Lecturer, Assistant Academic Specialist, Associate Academic Specialist, Academic Specialist, Senior Academic Specialist, Executive Professor, Lecturer, Senior Lecturer, Professor of the Practice, clinical fellows, assistant clinical professors, associate clinical professors, clinical professors, and clinical instructors. Bargaining unit faculty above who also have title or responsibilities identified in the exclusions remain included within the unit, unless they are a supervisory, managerial or confidential employee as defined by the Act.

Excluded: Part-time faculty, including adjuncts, tenured and tenure-track faculty, deans, provosts, professionals and non-professional employees, department chairs, graduate assistants, graduate students, research assistants, teaching fellows, athletic coaches, academic advisors, maintenance employees, clerical employees, post-doctoral scholars, assistant co-op coordinators, associate co-op coordinators, co-op coordinators, "remote faculty" (i.e., faculty assigned to non-Boston campuses and/or faculty who only teach online and do not have a reasonable expectation of teaching in person), and guards, supervisors, and confidential employees as defined by the act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE IN THIS SPACE
Case No	Date Filed

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R	C	Р	Ε.	Т	ΙT	1	0	N	

01-RC-239558

4/15/2019

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 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 300 Maxim Road, Hartford, Connecticut 06114 NAES Corporation 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Abdulijawad Rabah - Plant Manager same 3e. Fax No. 3f. E-Mail Address 860-613-0048 x 2905 860-834-9198 abdul.rabah@naes.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Hartford, Connecticut waste to energy plant waste processing 5b. Description of Unit Involved 6a. No. of Employees in Unit: All full time and regular part time Control Room Operators, Electricians, Maintenance Mechanics, Picking Station Operators, Plant Maintainers, Plant Included:
Operators, PS/CR Operators, Senior Plant Operators, Senior Maintenance Mechanics. Utility Operators and Yard Crew Leaders at the Waste Processing Facility (WPF). 6b. Do a substantial number (30% or more) of the employees in the Excluded: All office clerical employees, professional employees, guards and supervisors under the Act. unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) 04/09/2019 and Employer declined recognition on or about 04/09/2019 (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). 8c. Tel No. 8d Cell No. Se 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 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election. 11d, Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 05/01/2019 6:30am-7:30am & 2:30pm-3:30pm lunch room at the facility 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 16-16 Whitestone Expressway, Whitestone, New York 11357 Local 30 I.U.O.E. and Local 478 I.U.O.E. 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12d, Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 718-847-8484 x 209 917-680-7978 718-805-2172 andrespuerta@iuoelocal30.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Andres Puerta, Director of Special Projects 13b. Address (street and number, city, state, and ZIP code) 16-16 Whitestone Expressway, Whitestone, NY 11357 & 1965 Dixwell Avenue, Hamden, CT 06514 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 13d. Cell No 718-847-8484 x 209 718-805-2172 andrespuerta@iuoelocal30.org 917-680-7978 I declare that I have read the above petition and that the statements are frue to the best of my knowledge and belief. Name (Print) Signature / Xac 04/15/2019 Andres Puerta Director of Special Projects 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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NLRB to decline to invoke its processes.

- Kegior av

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. - RC-239739

DO NOT WRITE IN THIS SPACE

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) Descript	ion of Repres	entation Case I	Procedures (Form NL)	RB 4812). The sl	howing of inte	rest should only be filed		
with the NLRB and should not be served on the employer or any other party.								
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	ions Board proc		per autnority pursuant to dress(es) of Establishmen					
Troupe Waste Services			Bedford St. Abingtor		ina nambor, ony,	Ciato, 211 coda)		
3a. Employer Representative - Name and	Title		3b. Address (If same as	<u> </u>				
John Troupe			, , , , , , , , , , , , , , , , , ,	,				
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ess		
781.340.0030			781.878.9094		dtroupe@tro	upewaste.com		
4a. Type of Establishment (Factory, mine, w Waste Services	vholesaler, etc.)	4b. Principal pro Waste	duct or service		1 '	nd State where unit is located: n Ma 02351		
5b. Description of Unit Involved						6a. No. of Employees in Unit:		
Included: All full time and re	gular nart	time driver	s at the Ahinata	n location	L	15		
Included: All full time and regular part time drivers at the Abington location Excluded: All other employees: mechanics,guards,yardmen,supervisors, mangers as defined in the act 15								
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 4/16/19 and Employer declined recognition on or about								
<u> </u>		(If no reply receive						
			epresentative and desires of 8b. Address	certification under the	Act.			
8a. Name of Recognized or Certified Barg	gaining Agent (#	none, so statej.	ob. Address					
8c. Tel No.	8d Cell No.	d Cell No. 8e. Fax No.			8f. E-Mail Addr	ess		
8g. Affiliation, if any			8h. Date of Recognition or	r 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 Er	mplover's establis	hment(s) involved	2 no If so approv	imately how many en	nnlovene are nar	ticipating?		
					iipioyees are par	ucipating:		
(Name of labor organization)								
 Organizations or individuals other than F known to have a representative interest in a 					resentatives and	other organizations and individuals		
known to have a representative interest in a	ny employees in	the unit described i	ir item 30 above. (ii none,	SO SIGIE)				
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conducts	an election in thi	s matter, state you	r position with respect to	11a Flection Type	Manual	Mail Mixed Manual/Mail		
any such election.			<u> </u>	Transcator Types T manage				
11b. Election Date(s): 5/1/19	11c. El	ection Time(s):		11d. Election Local Abington Location	tion(s):			
12a. Full Name of Petitioner (including lo International Brotherhood of Teamsters Lo	cal name and nu	ımber)				ity, state, and ZIP code)		
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters Local Union #25								
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address								
617.241.8825	17.241.8825 617.242.4284 awalsh@teamsterslocal25.com							
13. Representative of the Petitioner who	•		or purposes of the repres	entation proceeding	g.	}		
13a. Name and Title Andrew P. W	alsh Busin	ess Agent	13b. Address (street and 544 Main St. Boston Ma 021		and ZIP code)			
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add			
617.241.8825			617.242.4284	dades and 5-0-2	awaisn@teams	terslocal25.com		
I declare that I have read the above petiti	- 1	statements are tri		vieage and belief.				
Name (Print) P. Walsh Sig	inature 1- V		Title Business Agent		Date 4/16/19			

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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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
01-RC-239801	4/17/2019						

		RC PETITIO	N					01 - RC	-23980	1	4/1	7/2019
INSTRUCTIONS: Unless e-Filed L employer concerned is located. I the employer and all other partie Case Procedures (Form NLRB 48	The petitions named in 112). The st	must be accomp the petition of: (1 lowing of interest	panied b i) the pe i should	y both tition; (only b	a sho (2) St e filed	wing of interest (s etement of Position is with the NLRB at	see 6b on form nd sho	Petition to below) and form NL ould not be	an NLRB o d a certifica RB-505); an served on	ffice in the Reg te of service sh d (3) Description the employer or	owing s on of Re any oth	ervice on presentation per party.
PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Laboratery	tioner desire	es to be certified as	s represe	ntative	of the	employees. The P	Petitio	ner alleges	that the foll	lowing circums	tances e	
2a. Name of Employer: Student Transportation of State Transit	Americ	a/Ocean		Comm	nerc	stablishment(s) invital Way, East)2915						anoag Trl.,
3a. Employer Representative - Nat Tony Murgo/ VP of Oper);				as 2b - state same e., Jamestown	•	02835		·		
3c. Tel. No. 401-435-8080	3d. Cell N 401-86			3e. Fa	x No.			3f. E-Mail A tmurgo(address DrideST	A.com	-	
4a. Type of Establishment (Factory, Transportation	mine, whole	saler, etc.)		4b. Pri Stud		Product or Service	e			ovidence,		ated:
5b. Description of Unit Involved: Included: See attachment Excluded: See attachment	-						<u> </u>		6a. Number 98 6b. Do a s	er of Employees ubstantial number employees in the ented by the Peti	in Unit: er (30% o unit wis	<u>h_t</u> o be ´
Check One:	rrently reco	(If no gnized as Bargaini	o reply re ing Repre	ceived, esentati	, so st	ate). d desires certification	on und			declined recogni		
8c. Tel. No.	8d. Cell No).		8e. Fax	x No.			8f. E-Mail A	ddress			-
8g. Affiliation, if any:			8h	. Date o	of Rec	ognition or Certifica				rrent or Most (Month, Day, Ye	ar)	
Is there now a strike or picketing a (Name of Labor Organization)	t the Emplo	yer's establishmen	nt(s) invo	lved? 1	No	If so, appro		-		s are participatin er since (Month,		ar)
10. Organizations or individuals othe individuals known to have a repre							d reco	gnition as re	presentativo			
10a. Name		10b. Address	·				Ī	10c. Tel. No).	10d. Cell No.		
							}	10e, Fax No).	10f. E-Mail Add	ress	
11. Election Details: If the NLRB co	nducts and	election in this mad	tter, state	your p	ositio	n with respect to ar	ny suci	h election:	11a. Election		Mixed	Manual/Mail
11b. Election Date(s): May 14, 2019		11c. Election Tim To be determ		11d. Election Location(s): Office located on Commerc			al Wa	у				
12a. Full Name of Petitioner (includ Teamsters Local 251	ing local na	me and number):				2b. Address (stree 21 Brightrid					14	
12c. Full name of national or internat International Brotherhood			ich Petitio	oner is a	an affi	liate or constituent	(if non	ne, so state).				
12d. Tel. No. 401-434-0454	12e. Cell N 401-96:			121. Fa 401-4		1893		12g. E-Mail	Address			
13. Representative of the Petitione 13a. Name and Title: Marc Gursky/Attorney	r who will a	accept service of	all pape	13b. Ac	ddres	ses of the represe s (street and numbe Rod Rd.,(C-20	er, city	, State and	ZIP code):	I 02852		
13c. Tel. No. 401-294-4700	13d. Cell N 401-580	0-3402	1				mgursky	f. E-Mail Address gursky@rilaborlaw.com				
I declare that I have read the above Name (Print)	petition a	nd that the staten Signature		e true t	to the	best of my knowl	edge a					Date / /
Michael Simone		Mec	le l	Su	uoi	1e.		ganizer/7	Trustee			4/17/19

Attachment

5b. Description of Unit Involved

Included:

All full time and regular part-time bus drivers employed by the employer to provide transportation for the East Providence district.

Excluded:

All monitors, aides, van drivers, other employees, guards and supervisors as defined in the act.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
	Date Filed					
01-RC-239804	4-17-19					

												4-1	7 - 1,7
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48:	he petition named in	must b the pet	e accompanion of: (1) the	ed by l e petiti	oth a si ion; (2) s	sho Sta	wing of interest (se atement of Position	ee 6b o form	below) and (Form NLI	i a certificat RB-505); an	te of service d (3) Descrip	showing sotion of Re	ervice on presentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desire	s to be	certified as rep	present	ative of t	the	e employees. The Pe	tition	ner alleges	that the foll	owing circu	mstances (
2a. Name of Employer:				2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): One Broadway, Everett, MA 02149									
Robert DeSalvio, President				3b. Address (# same as 2b - state same): One Broadway, Everett, MA 02149									
3c. Tel. No. 3d. Cell No. 857–770–7000				3e. Fax No.				of. E-Mail Address					
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Gambling Casino and Hotel					4b. Principal Product or Service Gambling, Entertainment,			nt,L	odging	5a. City and State where unit is located: Everett, MA			ated:
5b. Description of Unit Involved: Included: SEE ATTACHED										6a. Numbe 109	r of Employe	es in Unit:	
Excluded:										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: x 7a. Request for reconnection on or about (Date) 7b. Petitioner is cur	•	-	(If no rep	oly rece	ived, so	st	ate).	7/201		Employer o	leclined reco	gnition	
8a. Name of Recognized or Certifie					8b. A	\dd		ii dila	er are not.		· · · · · · · · · · · · · · · · · · ·		
N/A					N/A	ł							
8c. Tel. No. N/A	8d. Cell No. N/A				8e. Fax No. N/A				8f. E-Mail Address N/A				
Bg. Affiliation, if any: N/A				8h. Date of Recognition or Certification N/A			tion	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 Emplo	yer's es	tablishment(s)	involve	ed?		If so, approx	kimate	ly how man	y employee:	s are participa	ating?	
(Name of Labor Organization)	. 5	<u>.</u>		/A		_					er since (Mon		
 Organizations or individuals other individuals known to have a repre 											es and other c	organization	is and
la. Name 10b. Address N/A								10c. Tel. No N/A).	10d. Cell No. N/A			
							10e. Fax No. N/A		10f. E-Mail Address N/A				
11. Election Details: If the NLRB cor	nducts and	election	in this matter,	state y	our posi	itio	on with respect to any	y such	n election:		i Type: I ⊠ Mail	☐ Mixed	l Manual/Mail
b. Election Date(s): SAP 11c. Election Time(s): ASAP):	11d. Elect				11d. Electio	on Location(s):			
12a. Full Name of Petitioner (includi Local 103, IBEW	ing local na	me and	number):		_	2	22b. Address (street) 256 Freeport S Dorchester, MA	tree	t	State and 2	(IP code):		
2c. Full name of national or internati International Brotherhood	onal labor of of Elect	organiza trical	tion of which F Workers	Petition	er is an a	affi	iliate or constituent (i	if non	e, so state):	-			
12d, Tel. No. 517-436-3710	12e. Cell N 781-789		5	12	2f. Fax N	Vo.			12g. E-Mail rsheehar	Address n@ibew1	03.com		
Representative of the Petitionel As Name and Title: Ira Sills, Esq.	r who will a	occept s	service of all p	13	Bb. Addre	res	ses of the represent s (street and number itman, LLP, 33 l	r, city,	State and 2	ZIP code):	Floor, Bost	ton, MA	02111
3c. Tel. No. 17-603-1421 13d. Cell No. 617-823-2485				13e. Fax No. 617-742-2187				13f. E-Mail Address isills@segalroitman.com					
	eclare that I have read the above petition and that the statements			ts are t				dge a				Date	
Name (Print) Ira Sills								Attorney				4/18/2019	

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

ATTACHMENT A

IBEW, Local 103 Bargaining Unit Positions RE: Encore Casino/Hotel

All Maintenance, General Services and building Trades employees including, but not limited to, the following, all:

Lead Employees (i.e., Lead Electricians, Lead Plumbers, Lead HVAC, etc.); Electricians; Plumbers; Plasterers; Sheet Metal Workers; HVAC Technicians General; Drywall Employees; Carpenters General; Painters; Tilers; Laborers/Landscape Employees; Slot Maintenance Employees; Utility Employees; Senior Watch Employees; FCC Dispatch and Maintenance Employees; Telecommunications Technicians; I+C Technicians; HVAC AHG-FCU Technicians; HVAC General Employees; Stonemasons; FCC Maintenance and Dispatch; BAS Controls Technicians; Graphic Artists and Sign Shop; Utility Porter Employees; Security Technicians; Base Technician Leads; Communication Technicians; Sound and Video Technicians; A/V Technicians; Lighting Technicians; Lighting Control Technicians; Solar Technicians; Wall Coverers; IT Technicians; Locksmiths; EPS/Junior Production Managers; Surveillance Technicians; Carpet Installers; Senior Administration Assistants/Security and Maintenance; Upholstery Employees; General Services Technicians; Kitchen Technicians; Plant and Senior Watch Operators; Technician Refrigeration Employees; Door Repair Employees; Frames and Drywall Employees; Millwork Specialist Employees and Clerks

LINITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
01-RC-240379	4-26-19						

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov/</u>, 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Preble Street 38 Preble Street Portland, ME 04101 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Mark Swann. Executive Director Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 207-775-0026 207-842-3614 humanresources@preblestree.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: homeless shelter and resource center food, shelter, and counselling Portland, Maine 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: wall to wall unit including full-time, part-time, and per diem staff Excluded: all statutory supervisors, managerial, and confidential employees Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 04/26/19 and Employer declined recognition on or about (Date) No reply (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8b. Address: 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None 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) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N_0 (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: 11a. Election Type: Because of variety of schedules and locations, mail ballot would be most effective ☐ Manual ☐ Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): ASAP (not Mem Day weekend) 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): MSEA-SEIU Local 1989 65 State Street Augusta, ME 04330-5126 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 12e. Cell No. 207-504-3391 12d. Tel. No. 12f. Fax No. 12q. E-Mail Address Angela.MacWhinnie@mseaseiu.org 207-622-3151 207-623-4016 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): Jeffrey Neil Young, Esq. Johnson, Webbert & Young 160 Capitol St. Suite 3 Augusta, ME 04330 13f. E-Mail Address 13d. Cell No. 13e, Fax No 13c. Tel. No. 207-623-5110 jyoung@work.law 207-841-1881 207-622-4160 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) Date Signatury Jeffrey Neil Young Attorney 04/26/19

718-847-8484 ext 209

Name (Print)

Vincent Fiorentino

UNITED STATES		DO NOT WRITE IN THIS SPACE							
NATIONAL LABOR	Case No.	Case No. Date Filed							
RC PE	01-RC-	-240403		/29/19					
INSTRUCTIONS: Unless e-Filed us	ing the Agency's web	site, <u>www.nlri</u>	b.gov, submit	an original of this	Petition to a	in NLRB office in the Region			
in which the employer concerned i	s located. The petitio	n must be acc	companied by	both a showing o	of interest (se	ee 6b below) and a certificate			
of service showing service on the	employer and all other	r parties name	ed in the petiti	on of: (1) the peti	ition; (2) State	ement of Position form			
(Form NLRB-505); and (3) Descript									
with the NLRB and should not be s				,					
1. PURPOSE OF THIS PETITION: RC-CEI	RTIFICATION OF REPRES	ENTATIVE - A S	ubstantial number	r of employees wish t	o be represented	d for purposes of collective			
bargaining by Petitioner and Petitioner de									
requests that the National Labor Relat 2a. Name of Employer	ions board proceed unde	2b. Address(e:	s) of Establishmen	ot(s) involved (Street	and number, city	State, ZIP code)			
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Avalon Bay see attach list									
3a. Employer Representative - Name and	Title	Address (If same as 2b – state same)							
James Meehan Maintenance Dire	ctor	I .	99 Post Road, 2nd Fairfield CT 06824						
3c. Tel. No.	3d. Cell No.	3e. Fa	ax No.		3f. E-Mail Address				
203-319-4949	203-543-1957	203-	319-4944		jim_meehai	an@avalonbay.com			
4a. Type of Establishment (Factory, mine, w	rholesaler, etc.) 4b. Prin	cipal product or s	oduct or service			5a. City and State where unit is located:			
Residential Developments	mainte	nance				achment			
5b. Description of Unit Involved				<u>.</u>		6a. No. of Employees in Unit:			
Included: All full time and re	gular part time I	ead engir	neers tech	1.2 and 3		27			
	gaiai pair aine s	-oud origin	10010, 10011	1,2 4,14 0		6b. Do a substantial number (30% or more) of the employees in the			
All office and profe	ssional employee	e auerde	and simen	visors under t	the Act	unit wish to be represented by the			
7 th embe and profe			and super-	visors ander i	ine Act.	Petitioner? Yes ✓ No			
Check One: 7a. Request for re				4/26/2019_ar	nd Employer dec	lined recognition on or about			
no reply		-	•						
	urrently recognized as Barg			certification under the	e Act.				
8a. Name of Recognized or Certified Barg	gaining Agent (<i>ir none,</i> so	state).	8b. Address						
8c. Tel No.	8d Cell No.	8e. Fa	ax No.		8f. E-Mail Add	ress			
→									
8g. Affiliation, if any		8h. Dat	e of Recognition o	r Certification		Date of Current or Most Recent			
		i			Contract, ii an	y (Month, Day, Year)			
9. Is there now a strike or picketing at the El	mplover's establishment(s)	involved?	If so approx	cimately how many e	mplovees are na	urticinating?			
				•					
10. Organizations or individuals other than F known to have a representative interest in a					oresentatives and	d other organizations and individuals			
	.,,,			,,					
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 positio	n with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail			
any such election.				Tra. Election Type	V Iviandan				
11b. Election Date(s):		11d. Election Location(s):							
5/21/2019 12:00 to 2:00 pm 12a. Full Name of Petitioner (including local name and number)				8 Norden place East Norwalk CT 06840 12b. Address (street and number, city, state, and ZIP code)					
International Union of Operating Engineer				1	•	hitestone NY 11357			
12c. Full name of national or international la International Union of Operating Engineers	bor organization of which P	etitioner is an af	iliate or constituer	nt (if none, so state)					
12d. Tel No.	el No. 12e. Cell No.				12g. E-Mail Address				
718-847-8484 ext 209	917-680-4291		05-2172						
13. Representative of the Petitioner who 13a. Name and Title Vincent Fior			-	-	-				
				d number, city, state,					

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

13e. Fax No.

718-805-2172

Title

Organizer

13d. Cell No.

917-680-4291

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

How.

16-16 Whitestone Expressway, Whitestone NY 113357

13f. E-Mail Address

Date

4/29/2019

vincentfiorentino@iuoelocal30.org

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.