

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-246712

Date Filed

8/16/19

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
CREC Transportation

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
535 Salmon Brook Street, Granby, CT 06035

3a. Employer Representative - Name and Title
Mason Thrall, Director of Operations

3b. Address (If same as 2b - state same)
111 Charter Oak Avenue, Hartford, CT 06106

3c. Tel. No.
860-524-4056

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
mthrall@crec.org

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

4b. Principal product or service
School Bus

5a. City and State where unit is located:
Granby, CT

5b. Description of Unit Involved

Included: All full time and part time school bus, van, and STVS drivers

Excluded: All other employees, temporary employees, professional employees, and supervisors as defined by the Act.

6a. No. of Employees in Unit:
31

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) 08/16/19 and Employer declined recognition on or about 8/16/19 (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).
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? No If so, approximately how many employees are participating? _____
(Name of labor organization) None, 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):
9/3/2019

11c. Election Time(s):
8:30 AM- 10:30 AM, 12:00pm - 2:00pm

11d. Election Location(s):
File Office Room

12a. Full Name of Petitioner (including local name and number)
Teamsters Local 671

12b. Address (street and number, city, state, and ZIP code)
22 Britton Drive, Bloomfield, CT 06002

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

12d. Tel. No.
860-242-3200

12e. Cell No.
(b) (6), (b) (7)(C)

12f. Fax No.
860-769-6711

12g. E-Mail Address
(b) (6), (b) (7)(C)@teamsters671.com

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

13a. Name and Title
John T. Fussell, Attorney

13b. Address (street and number, city, state, and ZIP code)
333 East River Drive, Suite 101, East Hartford, CT 06108

13c. Tel. No.
860-290-9610

13d. Cell No.
860-305-4497

13e. Fax No.
860-290-9611

13f. E-Mail Address
jfussell@cheverielaw.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)
John Fussell

Signature

Title
Attorney

Date
8/16/19

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

PRIVACY ACT STATEMENT

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.

FORM NLRB-502 (RC)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


01-RC-245821

Date Filed

8-1-19

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: Wheaton College		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 26 East Main Street, Norton, Massachusetts 02766	
3a. Employer Representative - Name and Title: Omaira Roy, Vice President & Director of Human Resources		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 508-286-8200	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Roy_Omaira@wheatoncollege.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) College		4b. Principal Product or Service Education	5a. City and State where unit is located: Norton, MA
5b. Description of Unit Involved: Included: All full-time and regular part-time public safety officers, dispatchers and sergeants. Excluded: All other employees, and supervisors as defined in the Act.		6a. Number of Employees in Unit: 15	
Check One: <input type="checkbox"/> 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). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.		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	
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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): ASAP	11c. Election Time(s): 9:00am - 12:00pm	11d. Election Location(s): Public Safety Office	
12a. Full Name of Petitioner (including local name and number): National Association of Campus Law Enforcement		12b. Address (street and number, city, State and ZIP code): (b) (6), (b) (7)(C)	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): (b) (6), (b) (7)(C)			
12d. Tel. No. (b) (6), (b) (7)(C)	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: (b) (6), (b) (7)(C)		13b. Address (street and number, city, State and ZIP code): (b) (6), (b) (7)(C)	
13c. Tel. No. (b) (6), (b) (7)(C)	13d. Cell No.	13e. Fax No.	13f. E-Mail Address (b) (6), (b) (7)(C)
I declare that I have read the above petition and believe the facts stated therein to be true and correct to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)		Date (b) (6), (b) (7)(C) 8/31/19	

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
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-245990

Date Filed

August 5, 2019

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:
Vistra Energy/Lake Road Generating LLC

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
56 Alexander Park Way, Dayville, Connecticut 06241

3a. Employer Representative - Name and Title:
Tony Paradis - Plant Manager

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

3c. Tel. No.
860-779-8356

3d. Cell No.
860-625-2271

3e. Fax No.
860-779-8362

3f. E-Mail Address
anthony.paradis@vistraenergy.com

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

4b. Principal Product or Service
Energy

5a. City and State where unit is located:
Dayville, Connecticut

5b. Description of Unit Involved:
Included:

all full time & regular part time OpTechs, Maint. Mechanics, IC&E Techs & Electricians

Excluded:

all office clerical emp., professional emp., guards and supervisors under the Act

6a. Number of Employees in Unit:
16

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) 08/04/2019 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):
September 3 2019

11c. Election Time(s):
6am to 7:15am

11d. Election Location(s):
Break room at the facility

12a. Full Name of Petitioner (including local name and number):
International Union of Operating Engineers Local 30

12b. Address (street and number, city, State and ZIP code):
16-16 Whitestone Expressway, Whitestone, NY 11357

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.
917-680-7978

12e. Cell No.
917-680-7978

12f. Fax No.
718-805-2172

12g. E-Mail Address
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

13c. Tel. No.

13d. Cell No.
917-680-7978

13e. Fax No.
718-805-2172

13f. E-Mail Address
andrespuerta@iuoelocal30.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)
Andres Puerta

Signature
/s/ Andres Puerta

Title
Director of Special Projects

Date
08/05/19

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 may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-246211

Date Filed

8-7-19

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: HESSCO		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Merchant Street, Sharon, MA. 02067	
3a. Employer Representative - Name and Title: Mary Jean McDermott, Executive Director		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 781-784-4944	3d. Cell No.	3e. Fax No. 781-784-4922	3f. E-Mail Address mmcdermott@hessco.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Elder Services		4b. Principal Product or Service Provides services for elders and individuals with disability.	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Elder Services		5a. City and State where unit is located: Sharon, Massachusetts	
5b. Description of Unit Involved: Included: see attached Excluded:		6a. Number of Employees in Unit: 34	
		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 type="checkbox"/> 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). <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? <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____ No			
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: TBD		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): TBD	11c. Election Time(s): TBD	11d. Election Location(s): TBD	
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, Suite 400, Marlborough, MA 01752	
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. 774-843-7509	12e. Cell No.	12f. Fax No. 508-485-8529	12g. E-Mail Address aamartey.dodd@seiu509.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: James Hykel		13b. Address (street and number, city, State and ZIP code): 2 Liberty Square 10th flr. Boston, MA. 02109	
13c. Tel. No. 617-367-7200	13d. Cell No.	13e. Fax No. 617-367-4820	13f. E-Mail Address jhykel@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) Abigail Amartey-Dodd	Signature 	Title Organizer	Date 8/7/2019

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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Including:

All full-time and regular part time service providing employees, including intake/Information referral, intake assessment specialists, case managers, protective service/elder at risk workers, nurses, family caregiver specialist, nursing home transitions specialist, and all other employees

Excluding: clerical employees, managers, guards, and supervisors as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-246283

8/9/19

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
All-Star Transportation

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
7 Dodd Road, New Milford, CT 06776

3a. Employer Representative - Name and Title
Leslie Sheldon

3b. Address (If same as 2b - state same)
146 Huntington Ave, Waterbury, CT 06708

3c. Tel. No.
203-573-0555

3d. Cell No.
860-601-0075

3e. Fax No.
203-573-9750

3f. E-Mail Address

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

4b. Principal product or service
Student Transportation

5a. City and State where unit is located:
New Milford, CT

5b. Description of Unit Involved

Included: All full-time and part-time bus drivers and monitors

Excluded: Dispatchers, All other employees, temporary employees, professional employees, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit:
67

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) 8/8/19 and Employer declined recognition on or about 8/8/19 (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).
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? 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):
August 27, 2019

11c. Election Time(s):
9:00am - 11:00am

11d. Election Location(s):
Employee Break Room

12a. Full Name of Petitioner (including local name and number)
Teamsters Local 677

12b. Address (street and number, city, state, and ZIP code)
1871 Baldwin Street, Waterbury, CT 06706

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

12d. Tel. No.
203-753-3121

12e. Cell No.
203-648-5538

12f. Fax No.
203-756-1058

12g. E-Mail Address
ibt677@sbcglobal.net

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

13a. Name and Title
William E. Petrino, Business Agent

13b. Address (street and number, city, state, and ZIP code)
1871 Baldwin Street, Waterbury, CT 06706

13c. Tel. No.
203-753-3121

13d. Cell No.
203-648-5538

13e. Fax No.
203-756-1058

13f. E-Mail Address
ibt677@sbcglobal.net

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

Name (Print)
William E. Petrino

Signature

Title
Business Agent

Date
8/9/19

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-246363

Date Filed

8/9/2019

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:
Visiting Nurses Association of Boston, Inc

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
97 Libbey Industrial Parkway, Weymouth, Ma 02189

3a. Employer Representative - Name and Title:
Holly Chaffee BSN,MSN,RN
President and CEO

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

3c. Tel. No.
617-886-6500

3d. Cell No.

3e. Fax No.
781-682-0314

3f. E-Mail Address
Holly-Chaffee@vnaicare.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Home Health Care Agency

4b. Principal Product or Service
Health Care

5a. City and State where unit is located:
Weymouth, MA + Dorchester Ma

5b. Description of Unit Involved:

Included:
see attached

6a. Number of Employees in Unit:
36

Excluded:
see attached

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)** 08/07/19 **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.**

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 and 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):
9/5/19

11c. Election Time(s):
7A-9A

3P-6P

11d. Election Location(s):

Dorchester Ma + Weymouth Ma

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

Massachusetts Nurses Association
Jeanine Hickey

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

340 Turnpike Street
Canton, Ma 02021

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.
781-830-5739

12e. Cell No.
781-363-0960

12f. Fax No.
781-821-4445

12g. E-Mail Address
JHickey@mnarn.org

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

13a. Name and Title:
Kristen Barnes, Atty
McDonald, Lamond and Canzoneri

13b. Address (street and number, city, State and ZIP code):
352 Turnpike Rd Suite 210
Southborough, MA 01772-1756

13c. Tel. No.
508-485-6600 ext 125

13d. Cell No.

13e. Fax No.
508-485-4477

13f. E-Mail Address
KBarnes@masslaborlawyers.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): Jeanine Hickey, RN **Signature:** Jeanine Hickey, RN **Title:** Assoc. Director, Organizing **Date:** 8/9/19

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 may cause the NLRB to decline to invoke its processes.

Description of Bargaining Unit:

Included: All Full Time, Part Time, Per Visit, and Per Diem professional employees, including physical therapists, occupational therapists, speech and language pathologists, and social workers employed by the Employer at the Visiting Nurse Association of Boston, Inc (Dorchester and Weymouth offices).

Excluded: Guards, registered nurses, and supervisors and all other employees as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
01-RC-246412	8/12/19

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 Bob's Discount Furniture, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 70 Jewett City Road CT Taftville 06380-	
3a. Employer Representative - Name and Title Ivan Kucher		3b. Address (If same as 2b - state same) 70 Jewett City Road CT Taftville 06380-	
3c. Tel. No. (860) 859-3400	3d. Cell No.	3e. Fax No. (860) 889-2035	3f. E-Mail Address Ivan.kucher@mybobbs.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Warehouse	5a. City and State where unit is located: Taftville, CT

5b. Description of Unit Involved		6a. No. of Employees in Unit: 258
Included: See Attached Page 2 for additional details		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"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 08/12/2019 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? _____ 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): Any Tuesdays - Thursdays, ASAP	11c. Election Time(s): 6-9 AM, 1-4 PM, and 6:30-9:30 PM	11d. Election Location(s): Taftville Distribution Center
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12a. Full Name of Petitioner (including location, name and number) Frances Boyes New England Joint Board, UNITE HERE	12b. Address (street and number, city, state, and ZIP code) 33 Harrison Avenue 8th Floor MA Boston 02111-
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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)
UNITE HERE, AFL-CIO

12d. Tel No. (617) 832-6618	12e. Cell No. (617) 352-8785	12f. Fax No. (617) 426-1653	12g. E-Mail Address fboyes@unitehere.org
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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 Shelley B. Kroll Attorney Segal Roitman, LLP		13b. Address (street and number, city, state, and ZIP code) 33 Harrison Avenue 7th Floor MA Boston 02111-	
13c. Tel No. (617) 603-1425	13d. Cell No.	13e. Fax No. (617) 742-2187	13f. E-Mail Address skroll@segalroitman.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) Shelley B. Kroll	Signature Shelley B. Kroll	Title Attorney	Date 08/12/2019 13:54:33
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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

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All regular full-time and regular part-time warehouse employees employed by the Employer in the Taftville, Connecticut distribution center.

Employees Excluded

Office clericals, confidential employees, customer care employees, routing department employees, warehouse management systems specialists, returns coordinators, drivers and yard jockeys, truck mechanics, loss prevention (security) employees, professional employees, managers, and supervisors.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-246570

Date Filed

August 14, 2019

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 Midwest Air Traffic Control Services, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7285 W. 132nd St., Suite 340 KS Overland Park 66213	
3a. Employer Representative - Name and Title Shane Cordes		3b. Address (If same as 2b - state same) 7285 W. 132nd St., Suite 340 KS Overland Park 66213	
3c. Tel. No. (913) 782-7082	3d. Cell No.	3e. Fax No.	3f. E-Mail Address shanelc@att.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Aerospace & Defense		4b. Principal product or service Air Traffic Control Services	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Beverly, MA	
		6a. No. of Employees in Unit: 4	
		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"/>	

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.

11b. Election Date(s): First available	11c. Election Time(s): 1 hour, mid day	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
		11d. Election Location(s): Employee break room at the facility (address: 50 L.P. Henderson Rd., Be

12a. Full Name of Petitioner (including local name and number)
Nicole Vitale
National Air Traffic Controllers Association, AFL-CIO (NATCA)

12b. Address (street and number, city, state, and ZIP code)
1325 Massachusetts Ave., NW
DC Washington 20005

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. (202) 220-9805	12e. Cell No.	12f. Fax No.	12g. E-Mail Address nvitale@natcad.org
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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 Nicole Vitale Acting Director of Labor relations National Air Traffic Controllers Association, AFL-CIO (NATCA)	13b. Address (street and number, city, state, and ZIP code) 1325 Massachusetts Ave., NW DC Washington 20005
13c. Tel No. (202) 220-9805	13d. Cell No.
13e. Fax No.	13f. E-Mail Address nvitale@natcad.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) Nicole Vitale	Signature Nicole Vitale	Title Acting Director of Labor relations	Date 08/14/2019 13:56:25
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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

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DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

All full-time and regular part-time air traffic control specialists at the Beverly Air Traffic Control Tower (BVY)

Employees Excluded

All other employees, managers, guards, and supervisors, as defined by the Act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-246616

Date Filed

8-14-19

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:
Prolerized New England Company, LLC /
Schnitzer Steel Industries Inc.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
69 Rover Street Everett Ma. 02149

3a. Employer Representative - Name and Title:
John Silva

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

3c. Tel. No.

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

jsilva@schn.com

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

4b. Principal Product or Service
Metal Recycling

5a. City and State where unit is located.
Everett Ma.

5b. Description of Unit Involved:
Included:

All full-time and regular part-time scale operators in the Everett, Ma. Location

Excluded:

All other employees defined in the act.

6a. Number of Employees in Unit.
3

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)
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? 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):
8.20.19

11c. Election Time(s):
tbd

11d. Election Location(s):
Everett Location inter

12a. Full Name of Petitioner (including local name and number):
International Longshoremen's Association

12b. Address (street and number, city, State and ZIP code):
5000 West Side Avenue, North Bergen N.J 07047

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Longshoremen's Association

12d. Tel. No.

508-274-8942

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

ilaboston@msn.com

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

13a. Name and Title:
Bernard O'Donnell - International V.P.

13b. Address (street and number, city, State and ZIP code):
32 Stallion Way, Marstons Mills, Ma. 02648

13c. Tel. No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

ilaboston@msn.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)

Bernard O'Donnell

Signature

Bernard O'Donnell

Title

International - V.P.

Date

8.14.19

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
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

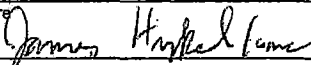
01-RC-246694

Date Filed

8-16-19

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: Health and Social Services Consortium Inc. d/b/a HESSCO		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Merchant Street, Sharon, MA 02067	
3a. Employer Representative - Name and Title: Mary Jean McDermott, Executive Director		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 781-784-4944	3d. Cell No.	3e. Fax No. 781-784-4922	3f. E-Mail Address mmcdermott@hessco.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) elder services		4b. Principal Product or Service elder services	5a. City and State where unit is located: Sharon, MA
5b. Description of Unit Involved: Included: All registered nurses. Excluded: All other employees, clericals, managers, guards, and supervisors as defined in the Act.			6a. Number of Employees in Unit: 5
Check One: <input type="checkbox"/> 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). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			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
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? 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) 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 an election in this matter, state your position with respect to any such election: mail ballot			11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): TBD		11c. Election Time(s): N/A	11d. Election Location(s): mail ballot
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, Suite 400, Marlborough, MA 01752	
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. 774-843-7509	12e. Cell No.	12f. Fax No. 508-485-8529	12g. E-Mail Address aamartey_dodd@seiu509.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: James Hykel		13b. Address (street and number, city, State and ZIP code): 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 jhykel@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) James Hykel		Signature 	Title Attorney
			Date 08/16/19

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

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 may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-246785

Date Filed

8/19/19

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:
Rogers Corporation

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
15 Ray Trainor Drive, Narragansett, RI 02882

3a. Employer Representative - Name and Title:
Gerald Fargo/ Operations Manager

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

3c. Tel. No.
401-789-9736

3d. Cell No.
401-783-6780

3e. Fax No.
401-789-9738

3f. E-Mail Address

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

4b. Principal Product or Service
Polymer films/ tapes

5a. City and State where unit is located:
Narragansett, RI 02882

5b. Description of Unit Involved:

Included:
Sec attachment

Excluded:
See attachment

6a. Number of Employees in Unit:
120

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)
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? No If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____
(Name of Labor Organization)

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 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):
9/10/2019

11c. Election Time(s):
6-8am and 2-4pm

11d. Election Location(s):
Break Room

12a. Full Name of Petitioner (Including local name and number):
Teamsters Local 251

12b. Address (street and number, city, State and ZIP code):
121 Brightridge Avenue, East Providence, RI 02914

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

12d. Tel. No.
401-434-0454

12e. Cell No.
401-965-2024

12f. Fax No.
401-431-1893

12g. E-Mail Address
mps251@yahoo.com

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

13a. Name and Title:
Marc Gursky/ Attorney

13b. Address (street and number, city, State and ZIP code):
1130 Ten Rod Road, C-207, North Kingstown, RI 02852

13c. Tel. No.
401-294-4700

13d. Cell No.
401-580-3402

13e. Fax No.
401-294-4702

13f. E-Mail Address
mgursky@rilaborlaw.com

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

Name (Print)
Michael Simone

Signature

Michael Simone

Title
Organizer/Trustee

Date
8/19/19

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 collection of the information is for the purpose of processing the petition.

Attachment

5b. Description of Unit Involved:

Included: All full time and regular part-time production, maintenance, shipping/receiving and quality assurance employees employed by the employer at its Narragansett, RI facility.

Excluded: All other employees, managers, supervisors and guards as defined in the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-247287

Date Filed

8-28-19

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 National Express School d/b/a Durham School Services		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1 John C Dean Memorial Blvd RI Cumberland 02864	
3a. Employer Representative - Name and Title Paul Neves		3b. Address (If same as 2b - state same) 1 John C Dean Memorial Blvd RI Cumberland 02864	
3c. Tel. No. (401) 334-3745	3d. Cell No.	3e. Fax No. (401) 334-3775	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service School Transportation	
5a. City and State where unit is located: Cumberland, RI			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 125
Included: See Attached Page 2 for additional details		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"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 08/28/2019 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.

11b. Election Date(s): September 16, 2019	11c. Election Time(s): 5am to 10am and 1230pm to 4pm	11d. Election Location(s): Training room at the employer's Cumberland location
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12a. Full Name of Petitioner (including local and number) Megan Carvalho United Food and Commercial Workers Union Local 328	12b. Address (street and number, city, state, and ZIP code) 278 Silver Spring St RI Providence 02904
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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)
United Food and Commercial Workers International Union

12d. Tel No. (401) 834-9089	12e. Cell No. (401) 834-9089	12f. Fax No. (401) 331-7965	12g. E-Mail Address megan@ufcw328.org
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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 Marc Gursky Attorney Gursky Wiens Attorneys at Law LTD		13b. Address (street and number, city, state, and ZIP code) 1130 Ten Rod Rd Bldg. C, Suite 207 RI North Kingstown 02852	
13c. Tel No. (401) 294-4700	13d. Cell No. (401) 580-3402	13e. Fax No.	13f. E-Mail Address mgursky@rilaborlaw.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) Megan Carvalho	Signature Megan Carvalho	Title Director of Organizing	Date 08/28/2019 11:43:23
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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
01-RC-247287	8-28-19

Employees Included

All full time and part time bus drivers, monitors and aides employed by employer at Durham's Cumberland, Rhode Island location

Employees Excluded

All other employees, including supervisors, managers, professional employees, mechanics, guards, office and clerical employees, and dispatchers.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
01-RC-247375

Date Filed
8-29-19

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 Quality Beverage		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 525 Myles Standish Blvd. MA Taunton 02780-	
3a. Employer Representative - Name and Title Ted Audet		3b. Address (If same as 2b - state same) 525 Myles Standish Blvd. MA Taunton 02780-	
3c. Tel. No. (508) 822-6200	3d. Cell No.	3e. Fax No. (508) 823-9092	3f. E-Mail Address ted.audet@qblp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Beverages (Alcoholic)		4b. Principal product or service Beer Distribution	
		5a. City and State where unit is located: Taunton, MA	
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: 2 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"/>

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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): As soon as possible.	11c. Election Time(s): Between 10:00 AM & 12:00 Noon	11d. Election Location(s): 525 Myles Standish Blvd., Taunton, MA	
12a. Full Name of Petitioner (including local name and number) Shawn Chesley Stevens Teamsters Union Local 170		12b. Address (street and number, city, state, and ZIP code) 330 Southwest Cutoff Suite 201 MA Worcester 01804-	

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

12d. Tel No. (508) 799-0551	12e. Cell No. (774) 823-5418	12f. Fax No. (508) 752-9647	12g. E-Mail Address sstevens@teamsters170.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)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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) Shawn Chesley Stevens	Signature Shawn C. Stevens	Title Organizer	Date 08/29/2019 13:26:31
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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

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DO NOT WRITE IN THIS SPACE

Attachment

Case

01-RC-247375

Date Filed

8-29-19

Employees Included

All mechanics.

Employees Excluded

All others as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RD-247200

Date Filed

8-27-19

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 7 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- DECERTIFICATION (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
FIRST STUDENT INC

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
99 FRONT RIDGE RD ORLAND ME 04472

3a. Employer Representative Name and Title
SUE FLEWELLING MBR

3b. Address (If same as 2b - state same)
ORLAND, ME 04472

3c. Tel. No.
207 4692143

3d. Fax No.

3e. Cell No.
207 4618571

3f. E-Mail Address
SUE.FLEWELLING@FIRSTGROUP.COM

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

4b. Principal product or service
DELIVERY OF CHILDREN SAFELY

5a. Description of Unit Involved

Included:
SCHOOL BUS DRIVERS

Excluded:

5b. City and State where unit is located:
ORLAND, ME

6. No. of Employees in Unit
34

7. 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

8a. Name of Recognized or Certified Bargaining Agent
TEAMSTERS LOCAL 340

8b. Affiliation, if any

8c. Address
27 MAW STREET
SOUTH PORTLAND, ME 04106

8d. Tel. No.
207 7672106

8e. Cell No.

8f. Fax No.

8g. E-Mail Address
EMARZANO@TEAMSTERSLOCAL340.ORG

9. Date of Recognition or Certification
MARCH 2008

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
6-30 2020

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No

11b. If so, approximately how many employees are participating?
a labor organization, of since (Month, Day, Year)

11c. The Employer has been picketed by or on behalf of (Insert Name)
(Insert Address)

12. Organizations or individuals other 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 the unit described in item 5 above. (If none, so state)

12a. Name
NONE

12b. Address

12c. Tel. No.

12d. Fax No.

12e. Cell No.

12f. E-Mail Address

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

13a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)
9-5-19 OR ASAP

13c. Election Time(s)
9AM - 10AM

13d. Election Location(s)
BUCKSPORT ME

14. Full Name
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)
(b) (6), (b) (7)(C)

14b. Tel. No.
(b) (6), (b) (7)(C)

14c. Fax No.
(b) (6), (b) (7)(C)

14d. E-Mail Address
(b) (6), (b) (7)(C)

14f. Affiliation
(b) (6), (b) (7)(C)

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

15a. Name
(b) (6), (b) (7)(C)

15b. Title

15c. Address (Street and number, city, state, ZIP code)
(b) (6), (b) (7)(C)

15d. Tel. No.
(b) (6), (b) (7)(C)

15e. Fax No.
(b) (6), (b) (7)(C)

15f. E-Mail Address
(b) (6), (b) (7)(C)

I declare that I have read the above petition and best of my knowledge and belief.

Name (Print)
(b) (6), (b) (7)(C)

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

Date Filed
8-21-19

BY FINE AND IN STATEMENT 18, SECTION 1001)

FORM NLRB-502 (RD)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RD-247251

Date Filed

8-27-19

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 7 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-503); 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-DECERTIFICATION (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 Comcast		2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code) 244 Huttleston Ave Fairhaven, Ma. 02719	
3a. Employer Representative - Name and Title Christopher Martin		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 508-884-2393	3d. Fax No. 508-997-4381	3e. Cell No. 617-676-5431	3f. E-Mail Address Christopher_Martin5@cable.comcast.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Telecommunications		4b. Principal product or service TV, internet and phone	
5a. Description of Unit Involved Included: All hourly technicians, both service and plant operations, that report out of the Fairhaven Ma. office Excluded: All other employees including managers supervisors as defined in the act.			5b. City and State where unit is located: Fairhaven Ma.
6. No. of Employees in Unit 70	7. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent IBEW Local 2322		8b. Affiliation, if any International	
8c. Address 106 West Grove St Middleboro, MA 02346		8d. Tel. No. 508-947-2131	8e. Cell No.
		8f. Fax No. none listed	8g. E-Mail Address csilvia2322@yahoo.com
9. Date of Recognition or Certification 05/05/13		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) na	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals 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 the unit described in Item 5 above. (If none, so state)			
12a. Name none	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 9/25/19	13c. Election Time(s) 8am-12pm	13d. Election Location(s) 244 Huttleston Ave Fairhaven ma.	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No. none
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and that the statements are true to my knowledge and belief.		Date Filed 8/27/19	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	

IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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 may cause the NLRB to decline to invoke its processes.