

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

ARMOUR-GLOBE


DO NOT WRITE IN THIS SPACE

Case No. 01-RC-255691

Date Filed 02-04-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: William W. Backus Hospital		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 326 Washington St, Norwich, CT 06360-2740	
3a. Employer Representative - Name and Title: Pam DeLise, Director of Human Resources, East Region Human Resources		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (860) 892-6592	3d. Cell No. (860) 425-3876	3e. Fax No. (860) 886-1219	3f. E-Mail Address Pamela.Delise@hhchealth.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute Care Hospital		4b. Principal Product or Service Healthcare	5a. City and State where unit is located: Norwich, CT
5b. Description of Unit Involved: Included: All Per Diem Registered Nurses. Note: Petitioner seeks an Armour-Globe election to include employees into the unit certified in Case 34-RC-002424 Excluded:			6a. Number of Employees in Unit: 32
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 02/04/20 and Employer declined recognition on or about (Date) no reply (If no reply received, so state). <input checked="" 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) Backus Federation of Nurses Local 5149, AFT Connecticut		8b. Address: 35 Marshall Rd, Rocky Hill, CT 06067	
8c. Tel. No. (607) 229-9534	8d. Cell No. (607) 229-9534	8e. Fax No.	8f. E-Mail Address slancer@aftct.org
8g. Affiliation, if any: American Federation of Teachers, AFL-CIO		8h. Date of Recognition or Certification 05/19/2011	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 05/16/2020
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: To cover all shifts:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 02/27/20		11c. Election Time(s): 6:00am through 6:30pm	
		11d. Election Location(s): Backus Hospital, Conf. Rm. Main Entrance	
12a. Full Name of Petitioner (including local name and number): Backus Federation of Nurses Local 5149, AFT Connecticut		12b. Address (street and number, city, State and ZIP code): 35 Marshall Rd, Rocky Hill, CT 06067	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of Teachers, AFL-CIO			
12d. Tel. No. (860) 257-9782	12e. Cell No. (607) 229-9423	12f. Fax No. (860) 257-8214	12g. E-Mail Address slancer@aftct.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Shane Lancer, Organizer		13b. Address (street and number, city, State and ZIP code): 35 Marshall Rd, Rocky Hill, CT 06067	
13c. Tel. No. (860) 257-9782	13d. Cell No. (607) 229-9423	13e. Fax No. (860) 257-8214	13f. E-Mail Address slancer@aftct.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) Shane Lancer	Signature 	Title Organizer	Date 02/04/20

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-256441

Date Filed

02-18-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Blackstone Valley Community Health Care

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

39 East Ave
RI Pawtucket 02860-

3a. Employer Representative - Name and Title

Lisa Manso

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

39 East Ave
RI Pawtucket 02860-

3c. Tel. No.

(401) 722-0081

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

lmanso@BVCHC.ORG

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

Healthcare

4b. Principal product or service

Health care

5a. City and State where unit is located:

Pawtucket, RI

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:

1

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) 11/27/2019 and Employer declined recognition on or about

02/11/2020 (Date) (If no reply received, so state). Yes



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).

SEIU 1199 NE William Eden

8b. Address

319 Broadway
RI Providence 02903-

8c. Tel. No.

(401) 225-8637

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

weden@seiu1199ne.org

8g. Affiliation, if any

Service Employees International Union

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

02/19/2022

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):
As soon as possible

11c. Election Time(s):
Any time between 9:00 and 5:00, M-F

11d. Election Location(s):
39 East Ave Location

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

William Eden
SEIU 1199 New England

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

319 Broadway
RI Providence 02903-

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.

(401) 225-8637

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

weden@seiu1199ne.org

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)

William Eden

Signature

William Eden

Title

Organizer

Date

02/13/2020 15:54:20

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

PRIVACY ACT STATEMENT

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Attachment

Employees Included
Skilled Maintenance Worker

Employees Excluded
Skilled Maintenance Worker

DO NOT WRITE IN THIS SPACE

Case

01-RC-256441

Date Filed

02-18-2020

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-256940

2/26/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Beth Israel Deaconess Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 275 Sandwich Street MA Plymouth 02360-	
3a. Employer Representative - Name and Title Wendy Baker		3b. Address (If same as 2b - state same) 275 Sandwich Street MA Plymouth 02360-	
3c. Tel. No. (508) 830-2633	3d. Cell No.	3e. Fax No.	3f. E-Mail Address wbaker@bidplymouth.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service hospital	
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: Plymouth, MA 6a. No. of Employees in Unit: 25 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.		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): Times that correspond to the shifts schedules	11d. Election Location(s): TBD	
12a. Full Name of Petitioner (including local name and number) charles strebeck United federation of special police and security officers inc		12b. Address (street and number, city, state, and ZIP code) 540 north state road NY harristown 10510-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) n/a			
12d. Tel No. (914) 941-4103	12e. Cell No. (908) 413-3285	12f. Fax No. (914) 941-4472	12g. E-Mail Address charlesstrebeck@gmail.com

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) charles strebeck	Signature charles strebeck	Title president	Date 02/24/2020 13:51:46
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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 armed and unarmed security officers employed by the employer at its facility located at 275 Sandwich Street Plymouth Ma. 02360

Employees Excluded

Excluding managers and supervisors as defined by the National Labor relations Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

FORM EXEMPT UNDER 44 U.S.C.

PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RD-256070

Date Filed

2/10/2020

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

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

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

2. Name of Employer <u>Harbor Village North</u>	Employer Representative to contact <u>Troy Guntulis</u>	Tel. No. <u>860 447 1416</u>
3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <u>78 Viet Street New London CT. 06320</u>		Fax No. <u>860 437 4438</u>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <u>Skilled nursing Facility</u>	4b. Identify principal product or service <u>Health Care</u>	Cell No.
5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) Included <u>Certified nursing assistants, Licensed Practical nurses</u> <u>Maintenance ass't, Dietary aids</u> Excluded <u>Registered nurses, Management, Laundry aids</u> <u>Supervisors</u>		Ba. Number of Employees in Unit: Present <u>105</u> Proposed (By UC/AC)
(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)		Sb. Is this petition supported by 30% or more of the employees in the unit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Not applicable in RM, UC, and AC

7a. <input type="checkbox"/> Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).		
7b. <input type="checkbox"/> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.		
8. Name of Recognized or Certified Bargaining Agent (if none, so state.) <u>1199-NE SEIU</u>	Affiliation <u>Union</u>	
Address <u>77 Huyshop Ave</u> <u>Hartford CT 06105</u>	Tel. No. <u>860 541 1199</u>	Date of Recognition or Certification <u>25, 860</u>
	Cell No.	e-Mail <u>6049</u>

9. Expiration Date of Current Contract. If any (Month, Day, Year) <u>MAY 19 2020</u>	10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) _____, a labor organization, of (Insert Address) _____ Since (Month, Day, Year) _____	

12. Organizations or individuals other than Petitioner (and other than those named in Items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in Item 5 above. (If none, so state)			
Name	Address	Tel. No.	Fax No.
		Cell No.	e-Mail

13. (b) (6), (b) (7)(C)	14b. Tel. No. EXT (b) (6), (b) (7)(C)	14c. Fax No. (b) (6), (b) (7)(C)
14. (b) (6), (b) (7)(C)	14d. Cell No. <u>59m</u>	

15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)			
I declare that I have read the above petition and that the statements are true (b) (6), (b) (7)(C) belief.			
Name (b) (6), (b) (7)(C)	Title (if any) (b) (6), (b) (7)(C)		
Address (b) (6), (b) (7)(C)	Fax No. (b) (6), (b) (7)(C)	e-Mail (b) (6), (b) (7)(C)	
	Cell No. (b) (6), (b) (7)(C)		

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