

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>03-RC-239505</b>	Date Filed <b>4/12/2019</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Sodexo	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1445 The Plaza Schenectady, NY 12308
<b>3a. Employer Representative - Name and Title:</b> Paula Presley, manager	<b>3b. Address (if same as 2b - state same):</b> 1445 The Plaza Schenectady, NY 12308

<b>3c. Tel. No.</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (518) 881-3807	<b>3f. E-Mail Address</b>
---------------------	---------------------	--------------------------------------	---------------------------

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Food Service	<b>4b. Principal Product or Service</b> Food Service at Schenectady CSD	<b>5a. City and State where unit is located:</b> Schenectady, NY
--	--	---

<b>5b. Description of Unit Involved:</b> <b>Included:</b> All regularly scheduled FT and PT food service staff. <b>Excluded:</b> Managerial employees, guards, professional employees and supervisors.	<b>6a. Number of Employees in Unit:</b> 68	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 04/11/19 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None	<b>8b. Address:</b>
---	---------------------

<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
---------------------	---------------------	--------------------	---------------------------

<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
---------------------------------	---	--

**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)**

<b>10a. Name</b> None	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election: **11a. Election Type:**  
In-person and by mail since there are 17 different work sites.  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> 5/2/2019	<b>11c. Election Time(s):</b> 2pm to 5pm	<b>11d. Election Location(s):</b> Schenectady High School
---	---	--

<b>12a. Full Name of Petitioner (including local name and number):</b> Civil Service Employees Association, Inc., Local 1000, AFSCME, AFL-CIO	<b>12b. Address (street and number, city, State and ZIP code):</b> 143 Washington Avenue, Albany, New York 12210
--	---

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
American Federation of State, County and Municipal Employees, AFL-CIO

<b>12d. Tel. No.</b> 518-257-1000	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 518-449-1525	<b>12g. E-Mail Address</b>
--------------------------------------	----------------------	-------------------------------------	----------------------------

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Eric E. Wilke, Sr. Associate Counsel	<b>13b. Address (street and number, city, State and ZIP code):</b> 143 Washington Avenue, Albany, New York 12210		

<b>13c. Tel. No.</b> 518-257-1443	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 518-449-1525	<b>13f. E-Mail Address</b> Eric.Wilke@cseainc.org
--------------------------------------	----------------------	-------------------------------------	--

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

<b>Name (Print)</b> Shane Quandt	<b>Signature</b> 	<b>Title</b> Statewide Organizer	<b>Date</b> 4/11/2019
-------------------------------------	---	-------------------------------------	--------------------------

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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (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. 3-RC-239597	Date Filed April 15, 2019

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Community Health Centers of Burlington	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 617 Riverside Ave VT Burlington 05401-
---	---

<b>3a. Employer Representative - Name and Title</b> Alison Calderara	<b>3b. Address (If same as 2b - state same)</b> 617 Riverside Ave VT Burlington 05401-
---	--

<b>3c. Tel. No.</b> (802) 264-8190	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Alison@chcb.org
---------------------------------------	---------------------	--------------------	--

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare	<b>4b. Principal product or service</b>	<b>5a. City and State where unit is located:</b> Burlington, VT
--	---	--

<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 170	<b>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"/></b>
---	---	---

**Check One:**  **7a.** Request for recognition as Bargaining Representative was made on (Date) 04/12/2019 and Employer declined recognition on or about 04/12/2019 (Date) (If no reply received, so state). Yes  
 **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>	<b>8b. Address</b>
--	--------------------

<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
--------------------	--------------------	--------------------	---------------------------

<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
--------------------------------	---	--

**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)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

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

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--

<b>11b. Election Date(s):</b> 5/6/19	<b>11c. Election Time(s):</b> 7-9am, 11am-1pm, 4:00-6:30pm	<b>11d. Election Location(s):</b> CHCB Riverside, Mansfield Conference Room
---	---	--

<b>12a. Full Name of Petitioner (including local name and number)</b> Matt McGrath Community Health United, American Federation of Teachers - Vermont, AFL-CIO	<b>12b. Address (street and number, city, state, and ZIP code)</b> 121 Park Avenue, #10 VT Williston 05495-
--	---

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
American Federation of Teacher, AFL-CIO

<b>12d. Tel No.</b> (802) 373-0133	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> matt.mcgrath@afvermont.org
---------------------------------------	----------------------	---------------------	--

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

<b>13a. Name and Title</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b>
----------------------------	--

<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
---------------------	----------------------	---------------------	----------------------------

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

<b>Name (Print)</b> Matt McGrath	<b>Signature</b> Matt McGrath	<b>Title</b> AFT Representative	<b>Date</b> 04/15/2019 13:34:13
-------------------------------------	----------------------------------	------------------------------------	------------------------------------

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

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed
3-RC-239597	April 15, 2019

#### Employees Included

All full time and regular part time and per diem Medical Doctors, Nurses Practitioners, Physician's Assistants, RNs, LICSWs, BSWs, LADCs, Psychologists, LPNs, MAs, Patient Support Services (Front Desk, Admin Assistants, Unit Secretaries) employed by Community Health Centers of Burlington at its main campus located 617 Riverside Ave, Burlington, VT 05401 and all clinics operated by Community Health Centers of Burlington

#### Employees Excluded

All other employees including those in the Dental department, Business office employees, Seasonal employees (warming shelter), Medical Respite employees, casual employees, managerial and confidential employees, 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. 03-RC-239795	Date Filed 4/17/2019

**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.**

<b>2a. Name of Employer</b> Allied Universal	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 161 washington street suite 600 PA conshohocken 19428
---	--

<b>3a. Employer Representative - Name and Title</b> david chapla	<b>3b. Address (If same as 2b - state same)</b> 161 washington street suite 600 PA conshohocken 19428
---	---

<b>3c. Tel. No.</b> (484) 351-1418	<b>3d. Cell No.</b> (610) 955-4790	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> david.chapla@aus.com
---------------------------------------	---------------------------------------	--------------------	---

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Systems & Services	<b>4b. Principal product or service</b> security guards	<b>5a. City and State where unit is located:</b> West Valley, NY
---	--	---

<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 17 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes</b> <input checked="" type="checkbox"/> <b>No</b> <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.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>	<b>8b. Address</b>
--	--------------------

<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
--------------------	--------------------	--------------------	---------------------------

<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
--------------------------------	---	--

**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)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

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

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--

<b>11b. Election Date(s):</b> May 1 2019 or asap	<b>11c. Election Time(s):</b> as agreed to with the company	<b>11d. Election Location(s):</b> as agreed to with the company
---	--	--

<b>12a. Full Name of Petitioner (including local name and number)</b> charles strebeck United Federation of Special Police and Security Officers Inc.	<b>12b. Address (street and number, city, state, and ZIP code)</b> 540 north state road NY Briarcliff manor 10510
---	---

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
NY

<b>12d. Tel No.</b> (914) 941-4103	<b>12e. Cell No.</b> (908) 413-3285	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> charlesstrebeck@gmail.com
---------------------------------------	--	---------------------	---

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

<b>13a. Name and Title</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b>
----------------------------	--

<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
---------------------	----------------------	---------------------	----------------------------

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

<b>Name (Print)</b> charles strebeck	<b>Signature</b> charles strebeck	<b>Title</b>	<b>Date</b> 04/17/2019 11:54:28
---	--------------------------------------	--------------	------------------------------------

**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.

**DO NOT WRITE IN THIS SPACE**

Case

Date Filed

Attachment

**Employees Included**

All full time and part time armed and unarmed security guards including armed and unarmed sargents performing guard duties as defined by Section 9(b)(3) of the National Labor Relations Act employed by the employer at their facility located at west valley demonstration project 10282 rock springs road west valley NY 14171

**Employees Excluded**

Excluding office clerical employees , professional employes and supervisors as defined by the Act

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>03-RC-240294</b>	Date Filed <b>4/26/2019</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Health Quest Systems, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 45 Reade Place (Vassar Brothers Medical Center), Poughkeepsie, NY 12601
---	---

<b>3a. Employer Representative - Name and Title</b> Kathleen M. Lant, Director of Human Resources	<b>3b. Address (if same as 2b - state same)</b> 1351 Route 55, Suite 200, Lagrangeville, NY 12540
--	--

<b>3c. Tel. No.</b> 845-475-9782	<b>3d. Cell No.</b> 845-518-5444	<b>3e. Fax No.</b> 845-475-9793	<b>3f. E-Mail Address</b> klant@Health-quest.org
-------------------------------------	-------------------------------------	------------------------------------	---

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare	<b>4b. Principal product or service</b> Healthcare	<b>5a. City and State where unit is located:</b> Poughkeepsie, NY
--	---	--

<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time and regular part-time, including per-diem, medical technologists, including lead technologists and cytotechnologists, and medical licensed technicians employed by the Employer at Vassar Brothers Medical Center, as residual titles to the existing unit of lab employees currently represented by 1199SEIU United Healthcare Workers East. "Employees are eligible to vote if they worked an average of at least 4 hours per week for the 13 weeks preceding the eligibility date." <b>Excluded:</b> All other employees, guards and supervisors as defined in the Act.	<b>6a. No. of Employees in Unit:</b> Approximately 45 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes</b> <input checked="" type="checkbox"/> <b>No</b> <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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None	<b>8b. Address</b>
--	--------------------

<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
--------------------	--------------------	--------------------	---------------------------

<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
--------------------------------	---	--

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

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

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

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--

<b>11b. Election Date(s):</b> May 20 or 22, 2019	<b>11c. Election Time(s):</b> 7:00 a.m. to 9:00 a.m. and 3:30 p.m. to 5:00 p.m.	<b>11d. Election Location(s):</b> Conference room B at the Main Campus, 45 Reade Pl., Poughkeepsie, NY
---	--	---

<b>12a. Full Name of Petitioner (including local name and number)</b> 1199SEIU United Healthcare Workers East	<b>12b. Address (street and number, city, state, and ZIP code)</b> 155 Washington Avenue, Albany, NY 12210 attn: Anthony Peterson
--	--

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

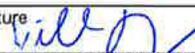
<b>12d. Tel No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> anthony@1199.org
---------------------	----------------------	---------------------	--

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

<b>13a. Name and Title</b> William S. Massey, Esq.	<b>13b. Address (street and number, city, state, and ZIP code)</b> Gladstein, Reif & Meginniss, LLP, 817 Broadway 6th Fl., NY, NY 10003
---	--

<b>13c. Tel No.</b> 212-228-7727	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 212-228-7654	<b>13f. E-Mail Address</b> wmassey@grmny.com
-------------------------------------	----------------------	-------------------------------------	---

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

<b>Name (Print)</b> William S. Massey	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> April 26, 2019
--	---	--------------------------	-------------------------------

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

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (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.

DO NOT WRITE IN THIS SPACE

Case No. 03-RD-239398

Date Filed 4/11/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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-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: Tompkins Community Action  
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): 701 Spencer Rd Ithaca NY 14850

3a. Employer Representative - Name and Title: Lee Dillon Executive Director  
3b. Address (if same as 2b - state same): 701 Spencer Rd Ithaca NY 14850

3c. Tel. No.: 607-273-8816  
3d. Fax No.: 607-273-3293  
3e. Cell No.: 607-279-1324  
3f. E-Mail Address: lee.dillon@tcaction.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Community Support  
4b. Principal product or service: Social Services

5a. Description of Unit Involved  
Included: Hourly - Non Professionals  
Excluded: Professionals + Management  
5b. City and State where unit is located: Ithaca NY

6. No. of Employees in Unit: 42  
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: Tompkins Community Reaction Local No. 11 affiliated with Painters DC #4  
8b. Affiliation, if any: AFL-CIO

8c. Address: c/o Dan Jackson 701 West State Street Ithaca NY 14850  
8d. Tel. No.:  
8e. Cell No.: 315-744-5280  
8f. Fax No.:  
8g. E-Mail Address: djackson@dc4.org

9. Date of Recognition or Certification: Jan 2013  
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): May 31 2019

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?

11c. The Employer has been picketed by or on behalf of (Insert Name) N/A a labor organization, of (Insert Address) N/A since (Month, Day, Year)

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) NONE

12a. Name: N/A  
12b. Address: N/A  
12c. Tel. No.: N/A  
12d. Fax No.: N/A  
12e. Cell No.: N/A  
12f. E-Mail Address: N/A

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): June 3rd 2019  
13c. Election Time(s): 8-11am 4-6pm  
13d. Election Location(s): Ithaca, Groton, Dryden

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. Cell No.: (b) (6), (b) (7)(C)  
14d. Fax No.:  
14e. E-Mail Address: (b) (6), (b) (7)(C)

14f. Affiliation, if any: (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: See Above  
15b. Title:

15c. Address (Street and number, city, state, ZIP code):  
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 the best of my knowledge and belief.

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Date Filed 4/4/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (SECTION 101)

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.