

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
03-RC-258772

Date Filed
4/6/2020

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
Vermont Journalism Trust d/b/a Vermont Digger

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
26 State Street, Suite 8, Montpelier, VT 05602

3a. Employer Representative - Name and Title
Anne Galloway, Editor in Chief

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

3c. Tel. No.
802-225-6224

3d. Cell No.
802-595-9159

3e. Fax No.

3f. E-Mail Address
agalloway@vtdigger.org

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

4b. Principal product or service
Digital news

5a. City and State where unit is located:
Montpelier, VT

5b. Description of Unit Involved

Included: All full-time and regular part-time newsroom employees employed by the Employer

Excluded: All other employees, including all managers, guards, and supervisors as defined by the Act.

6a. No. of Employees in Unit:
17

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) 4/6/2020 and Employer declined recognition on or about No reply (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)
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):
April 20

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)
The NewsGuild-CWA

12b. Address (street and number, city, state, and ZIP code)
501 Third St., N.W., 6th Floor, Washington, D.C. 20001

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

12d. Tel. No.
(202) 434-7177

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
memerich@cwa-union.org

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

13a. Name and Title
Michael Melick, attorney

13b. Address (street and number, city, state, and ZIP code)
1025 Connecticut Ave., Suite 1000, Washington, D.C. 20036

13c. Tel. No.
(202) 293-9222

13d. Cell No.
(443) 682-3867

13e. Fax No.

13f. E-Mail Address
mmelick@barrcamens.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)
Michael Melick

Signature
/s/ Michael Melick

Title
Attorney

Date
4/6/2020

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

DO NOT WRITE IN THIS SPACE

Case No.

3-RD-259603

Date Filed

April 27, 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 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 Calspan		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 4455 GENESEE ST. CHECTOWAGAH NY 14225	
3a. Employer Representative - Name and Title Ruthanne Armstrong HR.		3b. Address (if same as 2b - state same) SAME	
3c. Tel. No. 716-632-7500	3d. Fax No. 716-631-6944	3e. Cell No. N/A	3f. E-Mail Address Ruthanne.Armstrong@Calspan.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) RESEARCH AND DEVELOPMENT		4b. Principal product or service AEROSPACE & AUTOMOTIVE	
5a. Description of Unit Involved Included: Development and maintenance employees			5b. City and State where unit is located. Chectowagh NY.
Excluded: Training school, Graduate or undergraduate students, Graduate or undergraduate student employees, office clerical, professional engineering, watchmen, guards and supervisory employees.			

6. No. of Employees in Unit **27** 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 Peter B. Cooney, ADBR.		8b. Affiliation, if any IAMAW, District 65	
8c. Address 195 North Buffalo St. Springville NY 14141		8d. Tel. No. 716-353-1576	8e. Cell No. (246)
		8f. Fax No. 716-592-4898	8g. E-Mail Address (b) (6), (b) (7)(C)

9. Date of Recognition or Certification **6-25-2017** 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
6-23-2020

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?
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 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) 13c. Election Time(s)
MAY 24TH TENTATIVE 13d. Election Location(s)
12 PM to 2 PM

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.

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
(b) (6), (b) (7)(C)15b. Title
(b) (6), (b) (7)(C)

15c. Address (Street and number, city, state, ZIP code)

15d. Tel. No.

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

15e. Fax No.

15f. Cell No.

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

15g. E-Mail Address

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

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

S (b) (6), (b) (7)(C)

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

Date Filed

4-24-2020

WILLFUL FALSE STATEMENTS OR

PRIVACY ACT STATEMENT

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

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