FORM NLRB-502 (RC) (2-18)

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

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
03-RC-256422	2/18/2020						

INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition is named in t	must be accomp he petition of: (	panied b	y both a sh etition; (2) S	owing of interes tatement of Pos	st (see 6b i sition form	elow) and (Form NLI	l a certificat RB-505); an	e of service s d (3) Descrip	showing stion of Re	service on presentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioner and Laboratory	lioner desires	to be certified a	s represe	entative of th	ne employees. Th	ne Petition	er alleges	that the foll	owing circum	stances	
2a. Name of Employer:			2b. Add	dress(es) of	Establishment(s)	involved (S	Street and r	number, City	State, ZIP co	dej:	
Safire Rehabilitation of the	ne Northt	owns	2799	Sherida	n Drive, Tor	nawanda	a, NY 1	4150			
3a. Employer Representative - Nar	ne and Title:		3b. Add	dress (if sam	e as 2b - state sa	ame):					
Heather Edwards			same								
3c. Tel. No.	3d, Cell No			3e, Fax No	).	3	If. E-Mail A	ddress			
716-837-4466				716-33	2-3520		HEdwar	rds@nor	htownsca	recente	er.com
a. Type of Establishment (Factory,	mine, wholes	aler, etc.)		4b, Princip	al Product or Sen	vice		5a. City an	d State where	unit is loc	ated:
nursing home				health o	care			Tonawan	da, NY		
5b. Description of Unit Involved:								6a. Numbe	r of Employee	s in Unit:	
ncluded:	d		1 -	nd tooka	iaal amula			7			
All full-time, part-time, a	na per ai	em professi	onar a	na tecini	icai employe	ees.		6h Do a si	ubstantial num	hor /30%	or more)
All other employees, guar	rde and e	unervisors	oc defi	ined by t	he Act			of the e	mployees in the	ne unit wis	sh to be
Check One: 7a, Request for red							and		leclined recog		Yes No
on or about (Date)		(If n	o reply re	eceived, so	state).						
7b. Petitioner is cu						cation unde	r the Act.				
Ba, Name of Recognized or Certific	_		, so slal				100 B	CC 1 >1			
1199 SEIU United Health	icare Wo	rkers East		242	l Main Stree	et, Suite	100, Bi	uffalo, N	Y 14214		
Bc. Tel. No.	8d. Cell No			8e. Fax No		1-	f. E-Mail A				
716-982-0540				716-87			kim.gibson@1100.org				
Bg. Affil ation, if any:	17		81	h. Date of R	ecognition or Cert				rrent or Most (Month, Day,	(ear)	
Service Employees Intern							VOCOTIL CO.	mact, it arry	iviorair, Ody,		
3. Is there now a strike or picketing a	t the Employ	er's establishme	nt(s) invo	olved? no	If so, ap	oproximatel	y how man	y employee:	s are participa	ling?	
(Name of Labor Organization)						, ha	s picketed	the Employe	er since (Mont	h, Day, Ye	ear)
<ol> <li>Organizations or individuals othe individuals known to have a representation</li> </ol>									es and other o	rganizatio	ns and
Oa, Name		10b. Address	- 10			1	Oc. Tel. No	).	10d. Cell No.		
						1	0e. Fax No	О,	10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and e	lection in this ma	atter, stat	te your nosit	ion with respect to	o anv such	election: 1	11a. Election	1 Type:		
2799 Sheridan Drive, Tor				,		,		X Manua		☐ Mixed	d Manual/Mail
11b. Election Date(s):		11c. Election Tin				1	1d, Electio	n Location(s			
March 4, 2020		11:30 a.m.		80 p.m.			Confere	nce Roo	m		
12a. Full Name of Petitioner (include	ling local nar				12b. Address (st	treet and nu	ımber, city	State and 2	IP code):		
1199 SEIU United Health	care Wo	rkers East			2421 Main	Street,	Suite 10	00, Buffa	lo, NY 14	1214	
12c. Full name of national or internat	ional labor o	rganization of wh	ich Petiti	ioner is an a	ffiliate or constitue	ent (if none	. so state)		_	_	
Service Employees Intern					initiate of constitue	on prono	, so sidily,				
12d. Tel. No.	12e. Celt N			12f, Fax No	0.	1	2g. E-Mail	Address		_	
716-982-0540	716-877-0930 kim.gibson							9.org			
13. Representative of the Petitione	r who will a	ccept service of	all pape	ers for purp	oses of the repr	resentation	proceedi	ng.			
13a, Name and Title:					ss (street and nu						
Catherine Creighton, Esq.				1103 De	elaware Ave.,	Buffalo,	NY 14	209			
13c. Tel. No.	13d, Cell N			13e, Fax N			3f. E-Mail				
716-854-0007	716-868			716,85				on@cpjp	laborlaw.	com	
declare that I have read the above	e petition ar	77	-	La terio to ti	e bast of my kno		nd belief.				10-1-
Name (Print)		Signature	MA	1	i.	Title					2/14/20
Catherine Creighton		( )(2	300	1		Atto	orney				2/14/20

FORM NLRB-502 (RC) (2-18)

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

DO NOT WRITE IN THIS SPACE							
<sup>Casa No</sup> C-256434	Date/Filed 3/18/2020						

and the second s	The second secon				-				_
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be accor named in the petition of:	npanied by (1) the pet	both a shition; (2) S	owing of interest (see t tatement of Position fo	Sb below) and rm (Form NLI	l a certificat RB-505); an	e of service : d (3) Descrip	showing service on tion of Representation	
PURPOSE OF THIS PETITION; bargaining by Pelilloner and Petit requests that the National Laboratory	ioner desires to be certified	as represe	ntative of th	e employees. The Petiti	oner alleges (	that the foll-	owing circum	stances exist and	
2a. Name of Employer:		2b. Addi	ress(es) of l	Establishment(s) involved	(Street and n	number, City	Stale, ZIP co	ode):	-
Wainfleet Companies, d/l	o/a Perks	100000000000000000000000000000000000000		Ave., Buffalo, N					
3a. Employer Representative - Nar	ne and Title:		ess (if sam	e as 2b - state same):					-
Robert Newman		same	•	•					
3c, Tel. No.	3d. Cell No.		3e. Fax No	),	3f, E-Mail A	ddress			7
(716) 856-0709	2010-0-0-0				rlnewma	an@wair	fleetcom	panies.com	
4a. Type of Establishment (Factory,	mine, wholesaler, etc.)			al Product or Service				unit is located:	0
Retail			coffee s	shop cafe		Buffalo,	NY		j
5b. Description of Unit Involved:						6a, Numbe	r of Employee	es in Unit:	
Included:	aut tima amalawaan	at the E	Immuoo	d and Connection	Location	22			
All fulltime and regular p	art-time employees	at the E	imwood	i and Connecticu	location		shetantial aug	nber (30% or more)	-
All supervisors and guard	ls as defined by the	Act				of the e	molovees in t	he unit wish to be	
Check One: 7a. Request for rec	The second secon		was made	on (Date)	and		inted by the P	etitioner? × Yes No	
on or about (Date)		no reply re							1
	rrently recognized as Barga				nder the Act.				_
8a. Name of Recognized or Certific	ed Bargaining Agent (If no	ne, so state	8b. Ad	dress:					
none									
8c. Tel. No.	8d. Cell No.		8e. Fax No		8f. E-Mail A	ddress			3
g, Affiliation, if any:				b. Date of Recognition or Certification   Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
9. Is there now a strike or picketing a	t the Employer's establishm	nent(s) invo	ved? no	If so, approxim	ately how man	v emplovee:	s are participa	ling?	-
(Name of Labor Organization)			110		, has picketed				÷
10. Organizations or individuals other	r than Patitioner and those	named in its	ams R and C						-
individuals known to have a repre									
10a. Name	10b. Address				10c, Tel. No	).	10d. Cell No.		
	1				10e. Fax No	10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB co	nducts and election in this	matter, state	your posit	ion with respect to any si	uch election:	11a. Election	т Туре:		1
						× Manua	I Mail	Mixed Manual/Mail	
11b. Election Date(s):	11c, Election 7		VOR		11d. Electio	The second second second second second	The state of the s		
March 3, 2020	10a-11:30	a & 2p ·	- 5p			3 Office,			
12a. Full Name of Petitioner (include	fing local name and number	r):		12b. Address (street and					
Workers United				750 East Avenue	e, Rochest	er, NY	14607		
12c. Full name of national or internal UNITE	ional labor organization of v	which Petitio	oner is an a	ffiliate or constituent fif n	one, so state):				
12d. Tel. No.	12e. Cell No.		12f. Fax No	0,	12g. E-Mail	Address	A. 192 AA		Т
585-473-3280					ccreight	on@cpig	glaborlaw.	.com	
13. Representative of the Petitions	r who will accept service	Control of the Contro				V 10-10-10-10-10-10-10-10-10-10-10-10-10-1			_
13a. Name and Title: Catherine Creighton		1		ess (street and number, c claware Ave., Buffa					
13c. Tel. No.	13d. Cell No.	_	13e. Fax N	10	13f. E-Mail	Address			-
716-854-0007	716-868-9026		716-854				glaborlaw.	com	
I declare that I have read the above		Jaments &				On(ccep))	, auditaw.	COIII	-
Name (Print)	Signate		1		le			Date	-
Catherine Creighton		251	1	a	ttorney			2/17/20	
		the same of the same of	1						-

## FORM NLRB-502 (RC) (2-18) AMENOEO

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

| Case No. | Date Filed | 2/19/2020 |

INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be named in the petiti	accompanied to on of: (1) the p	ny both a sh etition; (2) S	lowing of interest (se tatement of Position	ee öb belav ı form (For	w) and m NLF	a certificat RB-505); an	e of service showing d (3) Description of R	service on epresentation	
PURPOSE OF THIS PETITION: i bargaining by Petitioner and Petit requests that the National Laboratery	ioner desires to be ce	rtified as repres	entative of the	ne employees. The Pe	titioner all	leges t	that the follo	owing circumstances		
Za. Name of Employer: Wainfleet Companies, d/b	/a Perks	447 1	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 447 Elmwood Avc, Buffalo NY 14222, 349 Connecticut St, Buffalo NY 14213 and 617 Main Street, Buffalo NY 14203							
3a. Employer Representative - Ner Robert Newman	3b. Adi Same		e as 2b - state same):	Ţ.						
3c. Tel. No. 716-856-0709	3d. Cell No.	No III IV	3e. Fax No	).		Mail Ad		fleetcompanies.	com	
4a. Type of Establishment (Factory, Retail	mine, wholesaler, etc.	)		al Product or Service shop cafe			~	d State where unit is to		
5b. Description of Unit Involved: Included: All full-time and regular p Excluded:	•		3 locatio	ns in Buffalo N	Y		6b. Do a st	r of Employees in Unit: ubstantial number (30% mployees in the unit wi	or more)	
All supervisors and guard Check One:  7a. Request for rec on or about (Date) 7b. Petitioner is cu 8a. Name of Recognized or Certific	cognition as Bargainin	g Representativ (if no reply r Bargaining Rep	eceived, so resentative a	state).	n under the	_	represe	nted by the Pelitioner? leclined recognition	× Yes No	
None			20							
8c. Tel. No.	8d. Cell No.		8e. Fax No.		Bf. E-	8f. E-Mail Address				
Bg. Affiliation, if any:	h. Date of R	ecognition or Certifical		ion 8f. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing a (Name of Labor Organization)  10. Organizations or individuals othe Individuals known to have a representations.	r than Petitioner and	those named in	Items 8 and	9, which have claimed	, has plo	cketed n as re	the Employe	are participating? ar since (Month, Day, Y as and other organization	Annual Contract of the last of	
10s. Name	10b. Add		II tile tilik tie	scribed in item 50 and		Tel. No		10d. Cell No.		
ive. Name	100. 740	11438							Of, E-Mail Address	
					rail .					
11. Election Details: If the NLR8 co	nducts and election in	n this matter, sta	te your post	ion with respect to any	y such elec	tion:			d Manual/Mail	
11b. Election Date(s): March 3, 2020		ction Time(s): n 11:30 a.	m. & 2 j	o.m 5 p.m.			on Location(s Office,			
12a. Full Name of Petitioner (includ Workers United	ling local name and n	umber):		12b. Address (street 750 East Aven						
12c. Full name of national or internat UNITE	ional labor organization	on of which Pelif	ioner Is an a	Ifiliate or constituent (	(if none, so	state):				
12d, Tel. No. 12e, Cell No. 12f, Fax N				0.			Address on@cpjg	laoblaw.com		
13. Representative of the Petitione 13a. Name and Title: Catherine Creighton, Attorne		rvice of all pap	apers for purposes of the representation pur 13b. Address (street and number, city, Sta 1103 Delaware Ave, Buffalo NY			e and a	ZIP code):		pi.	
13c. Tel. No. 716-854-0007	13d. Cell No. 716-868-9026	_	13e, Fax N 716-85				Address on@cpjg	laborlaw.com		
I declare that I have read the above	THE RESERVE AND ADDRESS OF THE PARTY OF THE	and the latest development of the latest dev	HE True to th	e best of my knowle	The state of the s	ellef.			Tout	
Name (Print) Catherine Creighton	S	inatule	XT		Attorne	ey			2/18/2020	

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No. 03-RC-256608	Date Filed 2/20/2020						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 726 Exchange Street Floor 2 NY Bufalo 14210-Kaleida Health 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 726 Exchange Street Floor 2 NY Bufalo 14210-Robert Heftka Esq. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address rheftka@kaleidahealth.org (716) 859-8602 (716) 859-8670 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: 5b. Description of Unit Involved 6a. No. of Employees in Unit: 2 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [ No [ ] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 02/17/2020 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. 8f. E-Mail Address 8d Cell No. -8e. Fax No. 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 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) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 3/4/2020 11c. Election Time(s): 11d. Election Location(s): 11:30am-12:00pm and 2:00pm-2:30pm Millard Fillmore Basement Conference Room 12a. Full Name of Petitioner (including local name and number)
Patrick M Weisansal II
Patrick Weisansal II - Communications Workers of America AFL-CIO 12b. Address (street and number, city, state, and ZIP code) 1900 sweet home road NY amherst 14228-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communications Workers of America AFL-CIO 12g. E-Mail Address pweisansalii@cwa1168.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (716) 639-9100 (716) 725-4953 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) Amy Young Esq. District 1 Counsel Communications Workers of America AFL-CIO 80 pine street 37th Floor NY New York 10005-13d. Cell No. 13f. E-Mail Address 13e. Fax No. ayoung@cwa-union.org (212) 530-4744 (917) 796-1158 (212) 425-2947 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) Signature Date Patrick M. Weisansal II Director of Mobilizing and Organizing 02/19/2020 12:50:10 Patrick M Weisansal II

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	18			
03-RC-256608	2/20/2020				

### Employees Included

All full time and regular part time Anatomic Pathologists' Assistants employed by the employer at its Kaleida Health, Millard Fillmore Suburban site. NOTE: petition seeks an Armour-Globe election to include the petitioner for employees in the party's existing collective bargaining unit as described in the 2019-2021 master agreement with Kaleida Health per article 3, section 1.G., "Millard Fillmore Hospital Professional Bargaining Unit"

**Employees Excluded** 

All other employees, including casual, guards, an supervisors as defined by the act

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NO	DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed						
00 00 055540	0/00/0000						

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 726 Exchnage Street Floor 2 NY Buffalo 14210-3b. Address (If same as 2b – state same) 3a. Employer Representative - Name and Title 726 Exchnage Street Floor 2 NY Buffalo 14210-Robert Heftka Esq. 3f. E-Mail Address 3e. Fax No. 3c. Tel. No. 3d. Cell No. rheftka@kaleidahealth.org (716) 859-8670 (716) 859-8602 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Buffalo, NY Healthcare Healthcare 6a. No. of Employees in Unit: 5b. Description of Unit Involved 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 Excluded: See Attached Page 2 for additional details Petitioner? Yes [ No [ ] and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 02/17/2020 (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 8f. E-Mail Address 8e. Fax No. 8d Cell No. 8c. Tel No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any 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) 10c. Tel. No. 10d. Cell No. 10b Address 10a. Name 10f. E-Mail Address 10e. Fax No. 11a. Election Type: 🔽 Manual 🦳 Mail 🦳 Mixed Manual/Mail 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11c. Election Time(s): 11d Election Location(s): 11b. Election Date(s): 3/4/2020 Millard Fillmore Hospital Board Room / Conference Room 8:00am - 9:00am and 12:30pm - 1:30pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number)
Partrick M Weisansal II
Patrick Weisansal II - Communications Workers of America AFL-CIO 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 AFL-CIO 12g. E-Mail Address pweisansalii@cwa1168.org 12f. Fax No. 12e Cell No. 12d, Tel No. (716) 639-9100 (716) 725-4953 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Amy Young Esq. District 1 Counsel
Communications Workers of America AFL-CIO 80 Pine Street 37th floor NY New York 10005-13f. E-Mail Address 13e. Fax No. 13d. Cell No. ayoung@cwa-union.org (212) 425-2947 (917) 796-1158 (212) 530-4744 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Director of Mobilizing and Organizing Partrick M Weisansal II 02/19/2020 12:44:26

Partrick M Weisansal II Partrick M Weisansal II Director of Mobilizing and Organizing 1 02/19/2020 12:44:26

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 03-RC-256618

Date Filed 2/20/2020

### Employees Included

All full time and regular part time clinical dieticians employed by the employer at its Kaleida Health, Millard Fillmore Suburban site. NOTE: petition seeks an Armour-Globe election to include the petitioner for employees in the party's existing collective bargaining unit as described in the 2019-2021 master agreement with Kaleida Health per article 3, section 1.G., "Millard Fillmore Hospital Professional Bargaining Unit"

### **Employees Excluded**

All other employees, including casual, guards, an supervisors as defined by the act

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
03 DG 357044	2/27/2020							

	OR RELATIONS BOARD		Case No.		Date	Filed
	ETITION		03-RC	-257044	2/	27/2020
INSTRUCTIONS: Unless e-Filed	using the Agency's v	rebsite, www.	nlrb.gov. submit	an original of this	Petition to a	n NI RB office in the Region
In which the employer concerns	d is located. The pet	ition must be	accompanied by	both a showing o	f interest (se	e 6b below) and a certificate
of service showing service on ti	he employer and all o	ther parties n	amed in the petiti	on of: (1) the neti	tion: (2) State	ement of Position form
(Form NLRB-505); and (3) Descri	iption of Representat	ion Case Pro	cedures (Form NI	RR 4812) The el	howing of int	arast should only be filed
With the NLRB and should not b	a served on the empl	OVER OF ARV O	ther norty			
1. PURPOSE OF THIS PETITION: RC-	CERTIFICATION OF REP	RESENTATIVE	- A substantial number	r of employees wish to	be represented	for purposes of collective
requests that the National Labor R	r desires to be certified as	representative of nder its proper	the employees. The authority pursuant to	Petitioner alleges the Section 9 of the Na	at the following	g circumstances exist and elations Act.
First Student		2b. Addres	ss(es) of Establishmen ate Route 52 Yo	nt(s) involved (Street a	and number, city	, State, ZIP code)
3a. Employer Representative - Name Joe Petrozak - Area Genera	and Title II Manager	31	b. Address (If same a	s 2b – state same)		
3c. Tel. No. 845-454-3065	3d. Cell No. 845-240-6188	30	e. Fax No.		3f. E-Mail Addi	ress k@firstgroup.com
4a. Type of Establishment (Factory, min		Principal product	or service			and State where unit is located:
Transportation  5b. Description of Unit Involved	Sch	ool Bus Tra	insportation			sville, NY
Included: Full time and part time	e drivers; full time and	d part time m	onitors; full time a	and part time med	chanics and	6a. No. of Employees in Unit: 38
Tech-in-Charge (TIC) Excluded: All others as defined I						6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the
Check One: 7a. Request fo	recognition on Donatala	5				Petitioner? Yes V No
Ta. Request to	r recognition as Bargaining	eply received, so		WAand	d Employer deci	ned recognition on or about
7b. Petitioner i	s currently recognized as B			portification under the	A-4	
8a. Name of Recognized or Certified E	largaining Agent (If none	so state).	8b. Address	beruncation under the	ACI.	
8c. Tel No.	8d Cell No.	8e	e. Fax No.		8f. E-Mail Addr	226
71M					OI. E Was Add	000
8g. Affiliation, if any		8h.	Date of Recognition or	Certification		ate of Current or Most Recent (Month, Day, Year)
9. Is there now a strike or picketing at the	Employer's establishment	(e) involved?	NO If so approv	imataly how many an	mlavana ara na	Walantin - O
(Name of labor organization)					ipioyees are par	ucipaung?
네 [18. [18. ] 이 경기 시간 [18. ] [18. ] [18. ] [18. ] [18. ] [18. ] [18. ] [18. ] [18. ] [18. ] [18. ] [18. ]			the Employer since (#			
Organizations or individuals other that known to have a representative interest in the second control of	n Petitioner and those named in the uniting any employees in the uniting and the uniting and those named in the uniting and t	ned in items 8 an t described in ite	id 9, which have claims om 5b above. (If none,	ed recognition as repriso state)	esentatives and	other organizations and individuals
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.
				100. 10. 110.		Tou. Cell No.
				10e. Fax No.	777.77	10f. E-Mail Address
<ol> <li>Election Details: If the NLRB condu any such election.</li> </ol>			sition with respect to	11a. Election Type:		Mail Mixed Manual/Mail
11b. Election Date(s): Monday - Friday	11c. Election 6AM - 6PM			11d. Election Location 3883 State Route	on(s): e 52 Youngsv	ille, NY 12791
12a. Full Name of Petitioner (Including International Brotherhood of Team	isters Local 445			15 Stone Castle F	t and number, co Road Rock Ta	ty, state, and ZIP code) vem, NY 12575
12c. Full name of national or international International Brotherhood of Team	l labor organization of whic sters	h Petitioner is an	affiliate or constituent	(if none, so state)		
12d. Tel No. 845-564-5297 x 131	12e. Cell No. 845-857-7931	845	f. Fax No. 5-564-4120	li	12g. E-Mail Add polesel@tear	dress nstersunion445.org
13. Representative of the Petitioner wi	o will accept service of a	il papers for pu	rposes of the repres	entation proceeding	•	
13a. Name and Title Lori Poles	sel - VP		b. Address (street and Stone Castle Road Ro			ĵ.
13c. Tel No.	13d. Cell No.		e. Fax No.		13f. E-Mall Add	ress
I declare that I have read the above pe		ents are true to	the best of my know	ledge and bellef.		
Name (Print)	Sylphature VA VA VA	O TH	le		Date	

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

PRIVACY ACT STATEMENT

Solidation 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 Date Filed 2/28/2020 Case No. 03-RC-257153

INSTRUCTIONS: Unless e-Filed using the Agency's website, [WWW.nirti.tion/f.], submit an original of employer concerned is located. The petition must be accompanied by both a showing of interest (see the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and							below) and (Form NLR	a certificate B-505); and	of service showing se (3) Description of Rep	rvice on resentation	
PURPOSE OF THIS PETITION: For bargaining by Petitioner and Pe	ioner desires	to be certified a	s repres	entative	of the employees. The Po	etition	er alleges t	hat the folio	wing circumstances e		
2a. Name of Employer:			100000000000000000000000000000000000000		) of Establishment(s) invo	lved (	Street and n	umber, City,	State, ZIP code):		
Vassar Brothers Medical C	enter			eade F hkeep	Place osie, NY 12601						
3a. Employer Representative - Nan	ne and Title:		3b. Ad	dress (if	same as 2b - state same)	):					
Eileen Miller Director of Human Resou	urces		sam	e							
3c. Tel. No. (845) 454-8500	3d. Cell No			3e. Fa	x No.		3f. E-Mail Ad eileen.m	idress iller@nuv	ancehealth.org		
4a. Type of Establishment (Factory, in health care facility	mine, whole:	saler, etc.)			incipal Product or Service alth care	'		5a. City and Poughke	State where unit is local eepsie, NY	ited:	
5b. Description of Unit Involved:	- 0 1	lanagara ra	امنامان	to the	evieting unit of Por	nicto	rod	6a. Number	of Employees in Unit:		
Included: All Registered Nurs Nurses described in the Sco	one Claus	nanagers, res	ective	bargai	ining agreement be	etwe	en the	16			
Excluded: Union and Employe		00 01 110 0011	000,70	Dui gui	9 -9				bstantial number (30% o	or more)	
Social Worker Case Manag	ers and S	Statutory Sup	erviso	ors				of the e	mployees in the unit wis nted by the Petitioner?	n to be	
Check One: 7a. Request for recon on or about (Date)					nade on (Date) 2/28/2 , so state).	2020	and	Employer d	eclined recognition		
7b. Petitioner is cu	rrently recog	nized as Bargain	Ing Rep	resentati	ive and desires certification	on unc	fer the Act.				
8a. Name of Recognized or Certific	ed Bargaini	ng Agent (if non	e, so sta	(e) 8b	o. Address:						
None											
8c. Tel. No.	8d. Cell No	).		8e. Fa	x No.		8f. E-Mail Address				
8g. Affiliation, if any:					h. 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 a	t the Employ	yer's establishme	nt(s) inv	olved?	tf so, appro	oximat	ely how man	y employees	are participating?		
(Name of Labor Organization)	Sala net se mante and			-		,1	has picketed	the Employe	er since (Month, Day, Ye	er)	
Organizations or individuals other individuals known to have a representation.									s and other organization	es and	
10a. Name		10b. Address					10c. Tel. No	.	10d. Cell No.		
							10e. Fax No		10f. E-Mail Address		
11. Election Details: If the NLRB co	anducts and	election in this m	atter, st	ate your	position with respect to a	ny suc	ch election:	11a. Election	Туре:		
									Mail Mixed	Manual/Mail	
11b. Election Date(s): March 18, 2020		11c. Election Ti 12:00-2:00			y		Conferer	n Location(s	A (4th Floor)		
12a. Fuil Name of Petitioner (included New York State Nurses As			•		12b. Address (street 131 West 33rd New York, Ne Attn: Jessica	d Str	eet, 4th F	State and 2	CIP code):		
12c. Full name of national or international None	tional labor o	organization of w	hich Pet	tioner is	an affiliate or constituent	(If no	ne, so state):	13			
12d. Tel. No. (212) 785-0157				12f. Fax No. (212) 785-0242			12g. E-Mail Address Jessica. Oliva@NYSNA. ORG				
13. Representative of the Petition			fall pa								
13a. Name and Title: Joseph J. Vitale, Counsel Cohen, Weiss and Simon LLP				13b. Address (street and number 900 Third Avenue, Suite New York, NY 10022				ZIP code):			
13c. Tel. No. (212) 356-0238	13d. Cell N	ło.			13e. Fax No. (646) 473-8238			13f. E-Mail Address jvitale@cwsny.com			
I declare that I have read the above	re petition a	nd that the state	ments	are true	to the best of my know	ledge	and bellef.				
Name (Print) Joseph J. Vitale		Signatur			12/1	Tit	e Counsel			2/28/20	
Joseph J. Vitale											

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
03-RD-256936	2/26/2020					

FORM NLRB-502 (RD)	UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION		Case No.	MOT MULL IN THE	Date Filed
(2-18)			03-RD-2	56936	2/26/2020
the employer concerned is loc	Filed using the Agency's website, sted. The patition must be accome parties named in the petition of:(1) RB 4812). The abowing of interest	anied by both a showing of in the petition: (2) Statement of	terest (see 7 below) and a c Position form (Form NLRS-	sertificate of service 505): and (3) Descri	Region in which the showing service on ston of Representation
recognized bargaining repre	ION: RD- DECERTIFICATION (REM exentative is no longer their represent occed under its proper authority pu	stive. The Petitioner alleges th	at the following circumstan	nployees assert that the concess exist and reque	e certified or currently ste that the National
2e. Name of Employer		2b. Address(es) of Establishm	ent(a) involved (Sireel and nu	imber, city, state, ZIP	code)
3s, Employer Representative	- Name and Title	3b. Address (If same as 2b - s	MENSKI		FEBRIT Alle
Sean basi	Plantmensus		2000	1220	no My
35/2 7 1705	3d. Fax No.	30/Cell No.	31. E-Meil Address Se	an. Ga	005 Q
4s. Type of Establishment (Fac	clory, mine, wholezeler, etc.)	1111000	4b. Principal-product or s		en Imillo.co
5a. Description of Unit Involved	11111		PIDU	Sh City	and State where unit
Included: Prod	extion an	d mains	to nuncp		alla giata muala cult
3/460	Largory of	nployeer	, corplos	125 /11	Man I
Excluded:	Free and	ofcoroal	works	5 101	Sould of
JUDEN L	115015, Mai	fenance	tore man	5/1	ed Alba
8. No. of Employees in Unit	recognized bargaining r	r (30% or more) of the employed epresentative? Yes	Na .		ne cartified or currently
8a Name of Recognized or Ce	intified Bargaining Agent		8b. Affiliation	, if any	9
Bc. Address CC	10071 33	/ 16d. Tel. No.	o. 8a. Cell No.		
55 0	wient was	and anis	2752		
Hoor, Ro	shepforal	81. Fex No	8g. E-Mail Ad	idress	
9. Date of Recognition or Certif	07020	10. Expiration Date of Current	3955	ny (Month, Day, Year	
a. Data of Hadognition of Cartif	(Caupit	10. Expiration Date of Current	200	O (Monin, Day, Year)	
11s. is there now a strike or pic	ckeling at the Employer's establishme	nt(e) involved? Yes N	11b. If so, approximately	how many employee	s are participating?
	icketed by or on behalf of (Insert Nar				a labor organization, of
(Insert Address)				since (Month, Day,	Year)
	s other those named in Items 8 and 11 ave a representative interest in any er				
12a. Name	12b. Address		12c, Tel, No.	12d. Fax No.	
			12e. Cell No.	12f. E-Mall Ad	drese
13. Election Details: If the NL	RB conducts an election in this		13a. Election Type:	Manual Mall	Mixed Manual/Mail
13b. Election Date(s)	with respect to any such election.  13c. Election Tir	me(6)	13d. Election Location(a)		dest
March	7, 2020 7:000	n-8:30a.	MOINDONA	nansk.	Albany NJ
14. Full Name of Petitioner	110 52:157	2. m -4:00p	m (Ree	e Kana	12202
(b) (6), (b) (7)(C)	11) 0000		th Tel No	14c. Fax No.	^/
b) (b), (b) (1)(b)			(b) (6), (b) (7)(C)		
			4d. Cell No. (b) (6), (b) (7)(C)		
14f. Affillation, If any		THE SELECTION OF SELECTION			
15. Representative of the Peti	itioner who will accept service of a	I papers for purposes of the r	epresentation proceeding.	25-250	
15a. (b) (6), (b) (7)(C)			16b.Tide		
b) (6), (b) (7)(C)			15d. Tel. No.	15e. Fax No.	
			18f Coll No	16a E Mail A	dass
			b) (6), (b) (7)(C)	15g. E-Mail Ac	CITAL
	above patition and that the statement	nts are true to the best of my			15
(b) (6), (b) (7)(C)	9igi(b) (6), (b)	(1)(0)	(b)(6)(b)(7)(C)		Date Filed

PRIVACY ACT STATEMENT

Solicitation of the information on this form to authorized by the National Labor Relations Act (NLRA), 28 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRA) in processing representation and related proceedings or illigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74842-43 (Dec. 13, 2006). The NLRB with further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, felture to supply the information may cause the NLRB to decline to invoke its processes.