

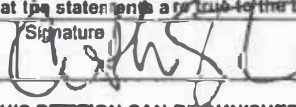
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
03-RC-256422Date Filed
2/18/2020

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: Safire Rehabilitation of the Northtowns | | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2799 Sheridan Drive, Tonawanda, NY 14150 | |
| 3a. Employer Representative - Name and Title: Heather Edwards | | 3b. Address (if same as 2b - state same): same | |
| 3c. Tel. No. 716-837-4466 | 3d. Cell No. | 3e. Fax No. 716-332-3520 | 3f. E-Mail Address HEdwards@northtownscarecenter.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) nursing home | | 4b. Principal Product or Service health care | 5a. City and State where unit is located: Tonawanda, NY |
| 5b. Description of Unit Involved: Included: All full-time, part-time, and per diem professional and technical employees. Excluded: All other employees, guards, and supervisors as defined by the Act. | | | 6a. Number of Employees in Unit: 7 |
| 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. | | | |
| 8a. Name of Recognized or Certified Bargaining Agent (if none, so state) 1199 SEIU United Healthcare Workers East | | 8b. Address: 2421 Main Street, Suite 100, Buffalo, NY 14214 | |
| 8c. Tel. No. 716-982-0540 | 8d. Cell No. | 8e. Fax No. 716-876-0930 | 8f. E-Mail Address kim.gibson@1100.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) |
| 9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>no</u> <input checked="" type="checkbox"/> 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: 2799 Sheridan Drive, Tonawanda, NY 14150 | | 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | |
| 11b. Election Date(s): March 4, 2020 | 11c. Election Time(s): 11:30 a.m. to 1:30 p.m. | 11d. Election Location(s): Conference Room | |
| 12a. Full Name of Petitioner (including local name and number): 1199 SEIU United Healthcare Workers East | | 12b. Address (street and number, city, State and ZIP code): 2421 Main Street, Suite 100, Buffalo, NY 14214 | |
| 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. 716-982-0540 | 12e. Cell No. | 12f. Fax No. 716-877-0930 | 12g. E-Mail Address kim.gibson@1199.org |
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 13a. Name and Title: Catherine Creighton, Esq. | | 13b. Address (street and number, city, State and ZIP code): 1103 Delaware Ave., Buffalo, NY 14209 | |
| 13c. Tel. No. 716-854-0007 | 13d. Cell No. 716-868-9026 | 13e. Fax No. 716-854-0004 | 13f. E-Mail Address ccreighton@cpjglaborlaw.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) Catherine Creighton | | Signature  | Title Attorney |
| | | | Date 2/14/20 |

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
03-RC-256434Date Filed
3/18/2020

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: Wainfleet Companies, d/b/a Perks | | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 448 Elmwood Ave., Buffalo, NY 14222 and 349 Connecticut St., Buffalo, NY | |
| 3a. Employer Representative - Name and Title: Robert Newman | | 3b. Address (if same as 2b - state same): same | |
| 3c. Tel. No. (716) 856-0709 | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address rlnewman@wainfleetcompanies.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail | | 4b. Principal Product or Service coffee shop cafe | |
| 5a. City and State where unit is located: Buffalo, NY | | 5b. Description of Unit Involved: Included: All fulltime and regular part-time employees at the Elmwood and Connecticut location: Excluded: All supervisors and guards as defined by the Act | |
| 6a. Number of Employees in Unit: 22 | | 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. | | | |
| 8a. Name of Recognized or Certified Bargaining Agent (if none, so state) none | | 8b. Address: | |
| 8c. Tel. No. | 8d. Cell No. | 8e. Fax No. | 8f. E-Mail Address |
| 8g. Affiliation, if any: | | 8h. Date of Recognition or Certification | |
| 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) | | | |
| 9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>no</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____, 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | | | |
| 11a. Election Type: | | | |
| 11b. Election Date(s): March 3, 2020 | | 11c. Election Time(s): 10a-11:30a & 2p - 5p | |
| 11d. Election Location(s): Region 3 Office, NLRB | | | |
| 12a. Full Name of Petitioner (including local name and number): Workers United | | 12b. Address (street and number, city, State and ZIP code): 750 East Avenue, Rochester, NY 14607 | |
| 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UNITE | | | |
| 12d. Tel. No. 585-473-3280 | 12e. Cell No. | 12f. Fax No. | 12g. E-Mail Address ccreighton@cpjglaborlaw.com |
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 13a. Name and Title: Catherine Creighton | | 13b. Address (street and number, city, State and ZIP code): 1103 Delaware Ave., Buffalo, NY 14209 | |
| 13c. Tel. No. 716-854-0007 | 13d. Cell No. 716-868-9026 | 13e. Fax No. 716-854-0004 | 13f. E-Mail Address ccreighton@cpjglaborlaw.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) Catherine Creighton | Signature  | Title attorney | Date 2/17/20 |

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.

Case No.
03-RC-256434Date Filed
2/19/2020

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: Wainfleet Companies, d/b/a Perks | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 447 Elmwood Ave, Buffalo NY 14222, 349 Connecticut St, Buffalo NY 14213 and 617 Main Street, Buffalo NY 14203 |
| 3a. Employer Representative - Name and Title: Robert Newman | 3b. Address (if same as 2b - state same): same |

| | | | |
|---|--------------|--|--|
| 3c. Tel. No. 716-856-0709 | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address rlnewman@wainfleetcompanies.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail | | 4b. Principal Product or Service Coffee shop cafe | 5a. City and State where unit is located: Buffalo NY |
| 5b. Description of Unit Involved: Included: All full-time and regular part-time employees at all 3 locations in Buffalo NY Excluded: All supervisors and guards as defined by the Act | | | 6a. Number of Employees in Unit: 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: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

| | | | |
|--|--------------|--|---|
| 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None | 8b. Address: | | |
| 8c. Tel. No. | 8d. Cell No. | 8e. Fax No. | 8f. E-Mail Address |
| 8g. Affiliation, if any: | | 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) |

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: _____
11a. Election Type:
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
March 3, 2020
11c. Election Time(s):
10 a.m. - 11:30 a.m. & 2 p.m. - 5 p.m.
11d. Election Location(s):
Region 3 Office, NLRB

12a. Full Name of Petitioner (including local name and number):
Workers United
12b. Address (street and number, city, State and ZIP code):
750 East Avenue Rochester NY 14607

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

| | | | |
|-------------------------------|---------------|--------------|---|
| 12d. Tel. No. 585-473-3280 | 12e. Cell No. | 12f. Fax No. | 12g. E-Mail Address ccreighton@cpjglaoblaw.com |
|-------------------------------|---------------|--------------|---|

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title:
Catherine Creighton, Attorney
13b. Address (street and number, city, State and ZIP code):
1103 Delaware Ave, Buffalo NY 14209

| | | | |
|-------------------------------|-------------------------------|------------------------------|--|
| 13c. Tel. No. 716-854-0007 | 13d. Cell No. 716-868-9026 | 13e. Fax No. 716-854-0004 | 13f. E-Mail Address ccreighton@cpjglaborlaw.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) Catherine Creighton | Signature  | Title Attorney | Date 2/18/2020 |
|-------------------------------------|--|-------------------|-------------------|

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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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.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 Kaleida Health | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 726 Exchange Street Floor 2 NY Buffalo 14210- | |
| 3a. Employer Representative - Name and Title Robert Heftka Esq. | | 3b. Address (If same as 2b - state same) 726 Exchange Street Floor 2 NY Buffalo 14210- | |
| 3c. Tel. No. (716) 859-8602 | 3d. Cell No. | 3e. Fax No. (716) 859-8670 | 3f. E-Mail Address rheftka@kaleidahealth.org |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare | | 4b. Principal product or service Healthcare | 5a. City and State where unit is located: Buffalo, NY |

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

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 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. | 8d. Cell No. | 8e. Fax No. | 8f. E-Mail Address |
| 8g. Affiliation, if any | | 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) |

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

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

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

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

| | | |
|---|--|--|
| 11b. Election Date(s): 3/4/2020 | 11c. Election Time(s): 11:30am-12:00pm and 2:00pm-2:30pm | 11d. Election Location(s): 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 | |

| | | | |
|---------------------------------------|----------------------|---------------------------------------|--|
| 12d. Tel No. (716) 725-4953 | 12e. Cell No. | 12f. Fax No. (716) 639-9100 | 12g. E-Mail Address pweisansalii@cwa1168.org |
|---------------------------------------|----------------------|---------------------------------------|--|

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

| | | | |
|--|--|---|--|
| 13a. Name and Title Amy Young Esq. District 1 Counsel Communications Workers of America AFL-CIO | | 13b. Address (street and number, city, state, and ZIP code) 80 pine street 37th Floor NY New York 10005- | |
| 13c. Tel No. (212) 530-4744 | 13d. Cell No. (917) 796-1158 | 13e. Fax No. (212) 425-2947 | 13f. E-Mail Address ayoung@cwa-union.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) Patrick M Weisansal II | Signature Patrick M. Weisansal II | Title Director of Mobilizing and Organizing | Date 02/19/2020 12:50:10 |
|---|---|---|------------------------------------|

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 03-RC-256608 | Date Filed 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
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

03-RC-256618

2/20/2020

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.

| | | | |
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| 2a. Name of Employer Kaleida Health | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 726 Exchange Street Floor 2 NY Buffalo 14210- | |
| 3a. Employer Representative - Name and Title Robert Heftka Esq. | | 3b. Address (If same as 2b - state same) 726 Exchange Street Floor 2 NY Buffalo 14210- | |
| 3c. Tel. No. (716) 859-8602 | 3d. Cell No. | 3e. Fax No. (716) 859-8670 | 3f. E-Mail Address rheftka@kaleidahealth.org |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare | | 4b. Principal product or service Healthcare | |
| 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: Buffalo, NY 6a. No. of Employees in Unit: 6 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) 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. | 8d Cell No. | 8e. Fax No. | 8f. E-Mail Address |
| 8g. Affiliation, if any | | 8h. Date of Recognition or Certification | |
| | | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) | |

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

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

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

| | | |
|------------------------------------|--|--|
| 11b. Election Date(s): 3/4/2020 | 11c. Election Time(s): 8:00am - 9:00am and 12:30pm - 1:30pm | 11d. Election Location(s): Millard Fillmore Hospital Board Room / 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 14226- |
|--|--|

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

| | | | |
|--------------------------------|---------------|--------------------------------|---|
| 12d. Tel No. (716) 725-4953 | 12e. Cell No. | 12f. Fax No. (716) 639-9100 | 12g. E-Mail Address pweisansalii@cwa1168.org |
|--------------------------------|---------------|--------------------------------|---|

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

| | |
|---|--|
| 13a. Name and Title Amy Young Esq. District 1 Counsel Communications Workers of America AFL-CIO | 13b. Address (street and number, city, state, and ZIP code) 80 Pine Street 37th floor NY New York 10005- |
| 13c. Tel No. (212) 530-4744 | 13d. Cell No. (917) 796-1158 |
| 13e. Fax No. (212) 425-2947 | 13f. E-Mail Address ayoung@cwa-union.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) Patrick M Weisansal II | Signature Patrick M Weisansal II | Title Director of Mobilizing and Organizing | Date 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
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 03-RC-257044 Date Filed 2/27/2020

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 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 First Student | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3883 State Route 52 Youngsville, NY 12791 | |
| 3a. Employer Representative - Name and Title Joe Petrozak - Area General Manager | | 3b. Address (If same as 2b - state same) | |
| 3c. Tel. No. 845-454-3065 | 3d. Cell No. 845-240-6188 | 3e. Fax No. | 3f. E-Mail Address joe.petrozak@firstgroup.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation | | 4b. Principal product or service School Bus Transportation | |
| | | 5a. City and State where unit is located: Youngsville, NY | |

| | | |
|---|--|--|
| 5b. Description of Unit Involved Included: Full time and part time drivers; full time and part time monitors; full time and part time mechanics and Tech-in-Charge (TIC) Excluded: All others as defined by the ACT | | 6a. No. of Employees in Unit: 38 |
| | | 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) N/A and Employer declined recognition on or about (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

| | | | |
|---|--------------|---|--------------------|
| 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). | | 8b. Address | |
| 8c. Tel No. | 8d. Cell No. | 8e. Fax No. | 8f. E-Mail Address |
| 8g. Affiliation, if any | | 8h. Date of Recognition or Certification | |
| | | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) | |

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

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

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

| | | |
|--|--|---|
| 11b. Election Date(s): Monday - Friday | 11c. Election Time(s): 6AM - 6PM | 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
|--|--|---|

| | |
|--|---|
| 11d. Election Location(s): 3883 State Route 52 Youngsville, NY 12791 | 12a. Full Name of Petitioner (including local name and number) International Brotherhood of Teamsters Local 445 |
|--|---|

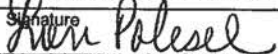
| | |
|--|--|
| 12b. Address (street and number, city, state, and ZIP code) 15 Stone Castle Road Rock Tavern, NY 12575 | 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters |
|--|--|

| | | | |
|---|--------------------------------------|-------------------------------------|--|
| 12d. Tel No. 845-564-5297 x 131 | 12e. Cell No. 845-857-7931 | 12f. Fax No. 845-564-4120 | 12g. E-Mail Address lpolesel@teamstersunion445.org |
|---|--------------------------------------|-------------------------------------|--|

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

| | | | |
|---|---------------|--|---------------------|
| 13a. Name and Title Lori Polesel - VP | | 13b. Address (street and number, city, state, and ZIP code) 15 Stone Castle Road Rock Tavern, NY 12575 | |
| 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) Lori Polesel | Signature  | Title Vice President | Date February 27, 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.

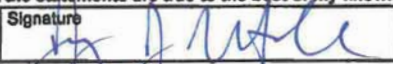
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

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

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: Vassar Brothers Medical Center | | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 45 Reade Place Poughkeepsie, NY 12601 | |
| 3a. Employer Representative - Name and Title: Eileen Miller Director of Human Resources | | 3b. Address (if same as 2b - state same): same | |
| 3c. Tel. No. (845) 454-8500 | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address eileen.miller@nuvancehealth.org |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) health care facility | | 4b. Principal Product or Service health care | 5a. City and State where unit is located: Poughkeepsie, NY |
| 5b. Description of Unit Involved: Included: All Registered Nurse Case Managers, residual to the existing unit of Registered Nurses described in the Scope Clause of the collective bargaining agreement between the Excluded: Union and Employer. Social Worker Case Managers and Statutory Supervisors | | | 6a. Number of Employees in Unit: 16 |
| | | | 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 2/28/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. | | | |
| 8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None | | 8b. Address: | |
| 8c. Tel. No. | 8d. Cell No. | 8e. Fax No. | 8f. E-Mail Address |
| 8g. Affiliation, if any: | | 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) |
| 9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ 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 type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
| 11b. Election Date(s): March 18, 2020 | 11c. Election Time(s): 12:00-2:00 p.m. | | 11d. Election Location(s): Conference Room A (4th Floor) |
| 12a. Full Name of Petitioner (including local name and number): New York State Nurses Association | | 12b. Address (street and number, city, State and ZIP code): 131 West 33rd Street, 4th Floor New York, New York 10001 Attn: Jessica Oliva | |
| 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): None | | | |
| 12d. Tel. No. (212) 785-0157 | 12e. Cell No. | 12f. Fax No. (212) 785-0242 | 12g. E-Mail Address Jessica.Oliva@NYSNA.ORG |
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 13a. Name and Title: Joseph J. Vitale, Counsel Cohen, Weiss and Simon LLP | | 13b. Address (street and number, city, State and ZIP code): 900 Third Avenue, Suite 2100 New York, NY 10022 | |
| 13c. Tel. No. (212) 356-0238 | 13d. Cell No. | 13e. Fax No. (646) 473-8238 | 13f. E-Mail Address jvitale@cwsny.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) Joseph J. Vitale | Signature  | | Title Counsel |
| | | | Date 2/28/20 |

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

DO NOT WRITE IN THIS SPACE

Case No.

03-RD-256936

Date Filed

2/26/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nrlb.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: Arden Mills 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): 121 Normanskill Street Albany
 3a. Employer Representative - Name and Title: Sean Gager Plant manager 3b. Address (if same as 2b - state same): 12202 NY
 3c. Tel. No.: 518 447 1702 3d. Fax No.: 518 447-1255 3e. Cell No.: 717/818-7940 3f. E-Mail Address: Sean.Gager@ArdenMills.com
 4a. Type of Establishment (Factory, mine, wholesaler, etc.): Flour Mill 4b. Principal product or service: Flour

5a. Description of Unit Involved
 Included: Production and maintenance
laboratory employee's
Office and clerical workers
Supervisors, maintenance foreman
 Excluded: None
 5b. City and State where unit is located: Arden Mills
121 Normanskill
Street Albany

6. No. of Employees in Unit: 46 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: ULTRA Local 53 8b. Affiliation, if any:

8c. Address: 85 Orient Way and
Aoor, Rutherford NJ
07070 8d. Tel. No.: 201 933 4835
 8e. Fax No.: 201 933 4833 8f. E-Mail Address:

9. Date of Recognition or Certification: May 3 2020 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year):

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 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 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): March 17, 2020 13c. Election Time(s): 7:00am - 8:30am 13d. Election Location(s): 121 Normanskill Street Albany NY

14. Full Name of Petitioner: Timothy NASE 14a. Tel. No.: 2:15p.m - 4:00p.m 14b. Fax No.: (Breakroom) 14c. E-Mail Address:

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

14f. Affiliation, if any

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

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

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

(b) (6), (b) (7)(C) 15e. 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) Sign (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Date Filed: 2/25/2020

WILLFUL FALSE STATEMENTS ON THIS FORM ARE A VIOLATION OF THE NATIONAL LABOR RELATIONS ACT AND MAY BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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