

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
03- RC- 245586

Date Filed
7/29/2019

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

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

2a. Name of Employer
Health Alliance Hospital

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
396 Broadway, Kingston, NY 12401 and 105 Mary's Ave, Kingston, NY 12401

3a. Employer Representative - Name and Title
Hedi Rosborough, Human Resource Manager

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

3c. Tel. No.
845-802-7422

3d. Cell No.

3e. Fax No.
845-802-7412

3f. E-Mail Address
Hedi.Rosborough@hahv.org

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

4b. Principal product or service
Health care

5a. City and State where unit is located:
Kingston, NY

5b. Description of Unit Involved
Included: All full time and regular part time, including per diem, skilled maintenance employees employed by Health Alliance Hospital at its Broadway and Mary's Avenue campuses.
Excluded: All other employees, including security guards and supervisors defined by the Act.

6a. No. of Employees in Unit:
18

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) _____ 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)
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):
August 14, 2019

11c. Election Time(s):
7 am - 8 am, 3 pm - 4 pm

11d. Election Location(s):
Conference Room A - main level (Broadway campus)

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)
155 Washington Avenue, Albany, NY 12210

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.
518-396-2300

12e. Cell No.
(914) 774-5756

12f. Fax No.

12g. E-Mail Address
anthony@1199.org

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

13a. Name and Title
Amelia K. Tuminaro, Attorney

13b. Address (street and number, city, state, and ZIP code)
Gladstein, Reif & Meginniss, LLP, 817 Broadway, 6th Floor, New York, NY 10003

13c. Tel No.
212-228-7727

13d. Cell No.

13e. Fax No.
212-228-7654

13f. E-Mail Address
atuminaro@grmny.com

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

Name (Print)
Amelia K. Tuminaro

Signature
Amelia K. Tuminaro

Title
Attorney

Date
July 29, 2019

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 03-RC-245733	Date Filed 7/31/2019

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

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

2a. Name of Employer: Vassar Brothers Medical Center	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 115 Delafield St., Poughkeepsie, NY 12601; 60 Merritt Blvd., Fishkill, NY 12524; 939 Little Britain Rd., New Windsor, NY 12553
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3a. Employer Representative - Name and Title: Marv Russell, Chief Human Resources Officer	3b. Address (if same as 2b - state same): 1351 Route 55 LaGrangeville, NY 22540
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3c. Tel. No. 312-315-7737	3d. Cell No.	3e. Fax No.	3f. E-Mail Address marvin.russell@health-quest.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) hospital/clinics	4b. Principal Product or Service healthcare	5a. City and State where unit is located: Poughkeepsie, Fishkill, New Windsor NY
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5b. Description of Unit Involved: Included: See Addendum A. Excluded: See Addendum A.	6a. Number of Employees in Unit: 9	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
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 07/22/19 and Employer declined recognition on or about (Date) 07/25/19 (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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): before August 19, 2019	11c. Election Time(s): See Addendum A.	11d. Election Location(s): See Addendum A.
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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
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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.	12g. E-Mail Address eliza.carboni@nysna.org
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13a. Name and Title: Kate M. Swearngen, attorney	13b. Address (street and number, city, State and ZIP code): Cohen, Weiss and Simon LLP 900 Third Avenue, Suite 2100 New York, New York 10022
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13c. Tel. No. 212-356-0272	13d. Cell No.	13e. Fax No. 646-473-8272	13f. E-Mail Address kswearngen@cwsny.com
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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) Kate M. Swearngen	Signature 	Title attorney	Date 7/30/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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.

Addendum A

5b. Description of Unit Involved:

Included: All Vassar Brothers Medical Center/Cardiac Stress Testing Registered Nurses employed at the following locations: 115 Delafield Street, Poughkeepsie, NY 12601; 60 Merritt Blvd., Fishkill, NY 12524; 939 Little Britain Road, New Windsor, NY 12553, residual to the unit of Registered Nurses described in Article 1 of the current collective bargaining agreement between the Union and the Employer.

Excluded: All statutory supervisors.

11c. Election Time(s):

Poughkeepsie: 11:30 a.m. - 12:30 p.m.
Fishkill: 1:30 p.m. - 2:30 p.m.
New Windsor: to be determined

11d. Election Location(s):

115 Delafield Street, Poughkeepsie, NY 12601
60 Merritt Blvd., Fishkill, NY 12524
939 Little Britain Road, New Windsor, NY 12553

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 03-RC-245787	Date Filed 7/31/2019

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: Rochester Regional Health	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 89 Genesee Street, Rochester, New York 14611
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3a. Employer Representative - Name and Title: Sundrina McLendon/H.R. Manager	3b. Address (if same as 2b - state same): SAME
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3c. Tel. No. 1-585-368-3671	3d. Cell No. 1-585-259-3371	3e. Fax No.	3f. E-Mail Address Sundrina.McLendon@rochesterregional.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.)	4b. Principal Product or Service	5a. City and State where unit is located:
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5b. Description of Unit Involved: Included: Facilities Engineering Skilled Trades at Parkridge Hospital, Rochester, New York Excluded:	6a. Number of Employees in Unit: 13
	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: 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. **Petition serves as request**

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) NONE	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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): August 22, 2019	11c. Election Time(s): 4:00 P.M.	11d. Election Location(s): To be determined
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12a. Full Name of Petitioner (including local name and number): Upstate New York Operating Engineers Local 158, Dist. 832	12b. Address (street and number, city, State and ZIP code): P.O.Box 93310, Rochester, New York 14692
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union Of Operating Engineers

12d. Tel. No. 585-272-9890	12e. Cell No.	12f. Fax No. 585-272-4651	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Andrew K. Springer Business Representative Dist. 832	13b. Address (street and number, city, State and ZIP code): P.O.Box 93310, Rochester, New York 14692

13c. Tel. No. 585-272-4640	13d. Cell No. 585-738-4830	13e. Fax No. 585-272-4651	13f. E-Mail Address aspringer@iuoe158.org
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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) Andrew K. Springer	Signature Andrew K. Springer	Title Business Representative	Date 7-30-19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT