

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 3-RC-242683	Date Filed 6/4/19

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

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

<b>2a. Name of Employer:</b> Elderwood at Amherst	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4459 Bailey Ave., Buffalo, NY 14226
<b>3a. Employer Representative - Name and Title:</b> Angela Hauser	<b>3b. Address (if same as 2b - state same):</b> same

<b>3c. Tel. No.</b> 716-835-2543	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 716-835-7633	<b>3f. E-Mail Address</b> ahauser@elderwood.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Nursing Home		<b>4b. Principal Product or Service</b> health care	<b>5a. City and State where unit is located:</b> Amherst, NY

<b>5b. Description of Unit Involved:</b> <b>Includes:</b> All full-time and regular part-time service and maintenance employees. <b>Excluded:</b> All other employees, guards and supervisors as defined by the Act.	<b>6a. Number of Employees in Unit:</b> 71	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (if no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?**  No  Yes. 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)**  
none

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

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

<b>11b. Election Date(s):</b> June 21, 2019	<b>11c. Election Time(s):</b> 5:30 a.m.-8 a.m. and 1:30 p.m. to 4 p.m.	<b>11d. Election Location(s):</b> in-service room (basement)
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<b>12a. Full Name of Petitioner (including local name and number):</b> 1199SEIU United Health Care Workers East	<b>12b. Address (street and number, city, State and ZIP code):</b> 2421 Main St #100, Buffalo, NY 14214
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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):**  
SEIU

<b>12d. Tel. No.</b> 716-982-0540	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> ken.franklin1199.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title:</b> Catherine Creighton, Esq.	<b>13b. Address (street and number, city, State and ZIP code):</b> 1103 Delaware Avenue, Buffalo, NY 14209

<b>13c. Tel. No.</b> 716-854-0007	<b>13d. Cell No.</b> 716-868-9026	<b>13e. Fax No.</b> 716-854-0004	<b>13f. E-Mail Address</b> cceighton@cpjglaborlaw.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) Catherine Creighton, Esq.	Signature 	Title attorney	Date 6/3/19
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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

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-242674	Date Filed 6/4/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nrlrb.gov](http://www.nrlrb.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 8b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

<b>2a. Name of Employer:</b> Fiddlers Green Manor	<b>2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):</b> 168 W. Main Street, Springville, NY 14141
<b>3a. Employer Representative - Name and Title:</b> Michelle Hardy	<b>3b. Address (if same as 2b - state same):</b> same

<b>3c. Tel. No.</b> 716-592-4781	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 7165922249	<b>3f. E-Mail Address</b> mhardy@fgmanor.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Nursing Home	<b>4b. Principal Product or Service</b> health care	<b>5a. City and State where unit is located:</b> Springville, NY
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time receptionists (requesting Armour-Globe election) <b>Excluded:</b> All other employees, guards and supervisors as defined by the Act.	<b>6a. Number of Employees in Unit:</b> 3	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) May 2019 and Employer declined recognition on or about (Date) May 2019 (if no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> none	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?**  No  Yes. 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)**  
none

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

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

<b>11b. Election Date(s):</b> June 20, 2019	<b>11c. Election Time(s):</b> 3:30 p.m. to 4:30 p.m.	<b>11d. Election Location(s):</b> conference room
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<b>12a. Full Name of Petitioner (including local name and number):</b> 1199SEIU United Health Care Workers East	<b>12b. Address (street and number, city, State and ZIP code):</b> 2421 Main St #100, Buffalo, NY 14214
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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):**  
SEIU

<b>12d. Tel. No.</b> 716-982-0540	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> ken.franklin1199.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title:</b> Catherine Creighton, Esq.	<b>13b. Address (street and number, city, State and ZIP code):</b> 1103 Delaware Avenue, Buffalo, NY 14209

<b>13c. Tel. No.</b> 716-854-0007	<b>13d. Cell No.</b> 716-868-9026	<b>13e. Fax No.</b> 716-854-0004	<b>13f. E-Mail Address</b> ccreighton@cpjglaborlaw.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) Catherine Creighton, Esq.	Signature 	Title attorney	Date 6/3/19
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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

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. 03-RC-242880	Date Filed 6/7/2019
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**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

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

<b>2a. Name of Employer</b> The Center at St. Camillus	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 813 Fay Road NY Syracuse 13219-
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<b>3a. Employer Representative - Name and Title</b> Aileen Balitz	<b>3b. Address (If same as 2b - state same)</b> 813 Fay Road NY Syracuse 13219-
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<b>3c. Tel. No.</b> (315) 488-2951	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (315) 488-3804	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare Facilities	<b>4b. Principal product or service</b> Long Term Health Care	<b>5a. City and State where unit is located:</b> Syracuse, NY
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 38	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
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**Check One:**  **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
 **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_**  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

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

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> 6/25/19	<b>11c. Election Time(s):</b> 6:30-8:00 am and 2:30-4:00pm	<b>11d. Election Location(s):</b> Gathering Place (Conference Room)
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<b>12a. Full Name of Petitioner (including local name and number)</b> Brenda Judge 1199SEIU Healthcare Workers East	<b>12b. Address (street and number, city, state, and ZIP code)</b> 250 S. Clinton Street NY Syracuse 13202-
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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)**  
Service Employees International Union

<b>12d. Tel No.</b> (315) 729-8764	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (315) 479-6717	<b>12g. E-Mail Address</b> brenda.judge@1199.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Sarah E Ruhlen Esq. Attorney Satter Law Firm, PLLC	<b>13b. Address (street and number, city, state, and ZIP code)</b> 217 S. Salina Street, 6th Floor NY Syracuse 13202-		
<b>13c. Tel No.</b> (315) 471-0405	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (315) 471-7849	<b>13f. E-Mail Address</b> sruhlen@satterlaw.com

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

<b>Name (Print)</b> Sarah E Ruhlen Esq.	<b>Signature</b> Sarah E. Ruhlen, Esq.	<b>Title</b> Attorney	<b>Date</b> 06/7/2019 12:09:42
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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 will cause the NLRB to decline to invoke its processes.

Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed
03-RC-242880	6/7/2019

Employees Included  
All Full Time, Part Time, and Per Diem LPNs

Employees Excluded  
All other employees and supervisors

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

DO NOT WRITE IN THIS SPACE

Case No. <b>03-RD-243112</b>	Date Filed <b>6/12/2019</b>
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) -** A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> First Student	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)</b> 455Wheatfield, North Tonawanda, New York
<b>3a. Employer Representative - Name and Title</b> Robert Strauss	<b>3b. Address (if same as 2b - state same)</b> Same

<b>3c. Tel. No.</b> (716)694-7281	<b>3d. Fax No.</b>	<b>3e. Cell No.</b>	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> School Bus Transportation	<b>4b. Principal product or service</b> School Bus Transportation
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<b>5a. Description of Unit Involved</b> <b>Included:</b> Bus Drivers, Bus Monitors and Mechanics  <b>Excluded:</b>	<b>5b. City and State where unit is located:</b> North Tonawanda, NY
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<b>6. No. of Employees in Unit</b> 375	<b>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?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>8a. Name of Recognized or Certified Bargaining Agent</b> Teamsters Local 449	<b>8b. Affiliation, if any</b> Teamsters
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<b>8c. Address</b> 2175 William Buffalo NY 14206	<b>8d. Tel. No.</b> (716)874-2200	<b>8e. Cell No.</b>
	<b>8f. Fax No.</b> (716)874-8322	<b>8g. E-Mail Address</b>

<b>9. Date of Recognition or Certification</b> 01/01/01 2001	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> Expires August 31, 2019
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<b>11a. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>11b. If so, approximately how many employees are participating?</b>
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<b>11c. The Employer has been picketed by or on behalf of (Insert Name)</b> (Insert Address)	<b>a labor organization, of</b> since (Month, Day, Year)
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**12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)**

<b>12a. Name</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Fax No.</b>
		<b>12e. Cell No.</b>	<b>12f. E-Mail Address</b>

<b>13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.</b>	<b>13a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>13b. Election Date(s)</b> Wednesday	<b>13c. Election Time(s)</b> 9:30-11:30	<b>13d. Election Location(s)</b> All 3 Terminals
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**14. Full Name of Petitioner**  
(b) (6), (b) (7)(C)

<b>14a. Address (Street and number, city, state, ZIP code)</b> (b) (6), (b) (7)(C)	<b>14b. Tel. No.</b>	<b>14c. Fax No.</b>
	<b>14d. Cell No.</b> (b) (6), (b) (7)(C)	<b>14e. E-Mail Address</b> (b) (6), (b) (7)(C)

**14f. Affiliation, if any**

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

<b>15a. Name</b>	<b>15b. Title</b>	
<b>15c. Address (Street and number, city, state, ZIP code)</b>	<b>15d. Tel. No.</b>	<b>15e. Fax No.</b>
	<b>15f. Cell No.</b>	<b>15g. E-Mail Address</b>

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

<b>Name (Print)</b> (b) (6), (b) (7)(C)	<b>Signature</b> (b) (6), (b) (7)(C)	<b>Title</b> (b) (6), (b) (7)(C)	<b>Date Filed</b> 6-6-2019
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**WILLFUL FALSE STATEMENTS AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 3-RD-242782	Date Filed 6/5/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Tompkins Community Action		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 701 Spencer Rd Ithaca NY 14850	
3a. Employer Representative - Name and Title Lee Dillon Executive Director		3b. Address (if same as 2b - state same) 701 Spencer Rd Ithaca NY 14850	
3c. Tel. No. 607-273-8816	3d. Fax No. 607-273-3293	3e. Cell No. 607-279-1324	3f. E-Mail Address lee.dillon@taction.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Community Support		4b. Principal product or service Social Services	
5a. Description of Unit Involved Included: Hourly - Non Professionals. Excluded: Professionals + Management			5b. City and State where unit is located: Ithaca / NY

6. No. of Employees in Unit 42  
7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?  Yes  No

8a. Name of Recognized or Certified Bargaining Agent Tompkins Community Reaction Local No. 11 affiliated with Printers DC #4		8b. Affiliation, if any AFL-CIO	
8c. Address c/o Dan Jackson 701 West State Street Ithaca NY 14850		8d. Tel. No.	8e. Cell No. 315-744-5280
		8f. Fax No.	8g. E-Mail Address djackson@dc4.org

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

11a. Is there now a strike or picketing at the Employer's establishment(s) involved?  Yes  No  
11b. If so, approximately how many employees are participating?  
11c. The Employer has been picketed by or on behalf of (Insert Name) N/A a labor organization, of (Insert Address) 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) NONE			
12a. Name N/A	12b. Address N/A	12c. Tel. No. N/A	12d. Fax No. N/A
		12e. Cell No. N/A	12f. E-Mail Address N/A

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
13a. Election Type:  Manual  Mail  Mixed Manual/Mail

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

14. Full Name of Petitioner (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) 701 Spencer Rd Ithaca NY 14850		14b. Tel. No. 607-273-8816	14c. Fax No. (b) (6), (b) (7)(C)
		14d. Cell No.	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any: unit members  
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name See Above		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address

I declare that I have read the above petition and that the statements made therein are true to the best of my knowledge and belief.  
Name (Print): (b) (6), (b) (7)(C) Title: (b) (6), (b) (7)(C) Date Filed: 6/1/19

FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND PRISON (1001)  
PRIVACY ACT STATEMENT