

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

| | |
|-------------------------|----------------------------------|
| Case No. 3-RC-265905 | Date Filed September 11, 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 Medaille College | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 18 Agassiz Circle NY Buffalo 14214- |
|---|--|

| | |
|--|---|
| 3a. Employer Representative - Name and Title Kenneth Macur | 3b. Address (if same as 2b - state same) 18 Agassiz Circle NY Buffalo 14214- |
|--|---|

| | | | |
|---------------------|---------------------|--------------------|---|
| 3c. Tel. No. | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address Kenneth.M.Macur@medaille.edu |
|---------------------|---------------------|--------------------|---|

| | | |
|---|---|---|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Schools | 4b. Principal product or service High Education | 5a. City and State where unit is located: Buffalo, NY |
|---|---|---|

| | |
|--|--|
| 5b. Description of Unit Involved Included: See Attached Page 2 for additional details | 6a. No. of Employees in Unit: 72 |
|--|--|

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

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 09/09/2020 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). Yes

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 type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail |
|--|--|

| | | |
|--|--|---|
| 11b. Election Date(s): September 29 & 30 | 11c. Election Time(s): 7am-7pm | 11d. Election Location(s): Medaille College Buffalo Campus, Medaille College Rochester Campus |
|--|--|---|

| | |
|---|--|
| 12a. Full Name of Petitioner (including local name and number) John M. Lichtenhal Medaille College Faculty Association/NYSUT/AFT/NEA/AFL-CIO | 12b. Address (street and number, city, state, and ZIP code) 1 West Oak Hill Rd. NY Jamestown 14701- |
|---|--|

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
NYSUT/AFT/NEA/AFL-CIO

| | | | |
|---------------------------------------|--|---------------------|---|
| 12d. Tel No. (716) 664-7425 | 12e. Cell No. (716) 704-8803 | 12f. Fax No. | 12g. E-Mail Address John.Lichtenhal@nysut.org |
|---------------------------------------|--|---------------------|---|

| | | | |
|--|---|--|--|
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 13a. Name and Title Claire T. Sellers NYSUT Associate Counsel NYSUT | 13b. Address (street and number, city, state, and ZIP code) 271 Porter Ave NY Buffalo 14201- | | |

| | | | |
|---------------------------------------|--|---------------------|--|
| 13c. Tel No. (716) 304-0550 | 13d. Cell No. (716) 609-9988 | 13e. Fax No. | 13f. E-Mail Address claire.sellers@nysut.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) John M. Lichtenhal | Signature John Lichtenhal | Title Labor Relations Specialist | Date 09/10/2020 09:52:21 |
|---|-------------------------------------|--|------------------------------------|

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

PRIVACY ACT STATEMENT

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

Attachment

| DO NOT WRITE IN THIS SPACE | |
|-----------------------------------|--------------------|
| Case | Date Filed |
| 3-RC-265905 | September 11, 2020 |

Employees Included

Assistant professor, Associate professor, Clinical Associate professor, Clinical Assistant Professor, Librarian, Assistant Professor of the Practice, Associate Professor of the Practice, all academic Directors (e.g., Program Director, Co-Director, Clinical Program Director, Honors Program director etc.), Professor, Professor of Practice, Clinical Instructor.

Employees Excluded

All employees not specified

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|---|
| Case No. 3-RC-265951 | Date Filed September 11, 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 Rochester Regional Health Reach | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 89 Genesee St. NY Rochester 14611- |
|--|---|

| | |
|---|--|
| 3a. Employer Representative - Name and Title Gennel Viera | 3b. Address (If same as 2b - state same) 89 Genesee St. NY Rochester 14611- |
|---|--|

| | | | |
|---------------------------------------|---------------------|--------------------|---|
| 3c. Tel. No. (585) 368-3720 | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address gennel.viera@regionalhealthreach.org |
|---------------------------------------|---------------------|--------------------|---|

| | | |
|--|---|---|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare | 4b. Principal product or service Healthcare | 5a. City and State where unit is located: Rochester, 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: 8 | 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) _____ 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? _____ 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): September 29 | 11c. Election Time(s): Mail | 11d. Election Location(s): Mail |
|---|---------------------------------------|---|

| | |
|---|---|
| 12a. Full Name of Petitioner (including local name and number) Robert Francis Holt IUE-CWA | 12b. Address (street and number, city, state, and ZIP code) 2701 Dryden Rd. OH Dayton 45439- |
|---|---|

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

| | | | |
|---------------------------------------|----------------------|---------------------------------------|--|
| 12d. Tel No. (937) 298-9985 | 12e. Cell No. | 12f. Fax No. (937) 298-2636 | 12g. E-Mail Address rfholt@iue-cwa.org |
|---------------------------------------|----------------------|---------------------------------------|--|

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

| | |
|--|--|
| 13a. Name and Title Robert Francis Holt General Counsel IUE-CWA | 13b. Address (street and number, city, state, and ZIP code) (937) 298-2636 OH Dayton 45439- |
|--|--|

| | | | |
|---------------------------------------|----------------------|---------------------------------------|--|
| 13c. Tel No. (937) 298-9985 | 13d. Cell No. | 13e. Fax No. (937) 298-2636 | 13f. E-Mail Address rfholt@iue-cwa.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) Robert Francis Holt | Signature Robert F. Holt | Title General Counsel | Date 09/4/2020 16:48:42 |
|--|------------------------------------|---------------------------------|-----------------------------------|

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

Employees Included
All full-time and part-time staff

Employees Excluded
all Supervisors as defined in the Act

| DO NOT WRITE IN THIS SPACE | |
|-----------------------------------|--------------------|
| Case | Date Filed |
| 3-RC-265951 | September 11, 2020 |

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

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|----------------------------------|--------------------------------|
| Case No. 03-R C-266795 | Date Filed 9/29/2020 |
|----------------------------------|--------------------------------|

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 Health Alliance | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) See Attachment |
|--|--|

| | |
|---|---|
| 3a. Employer Representative - Name and Title Heidi Rosborough / Human Resources Manager | 3b. Address (If same as 2b - state same) 396 Broadway, Kingston, NY 12401 |
|---|---|

| | | | |
|-------------------------------------|---------------------|------------------------------------|--|
| 3c. Tel. No. 845-802-7411 | 3d. Cell No. | 3e. Fax No. 845-802-7414 | 3f. E Mail Address heidi.rosborough@hahv.org |
|-------------------------------------|---------------------|------------------------------------|--|

| | | |
|--|---|--|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital | 4b. Principal product or service Security | 5a. City and State where unit is located: Kingston, NY |
|--|---|--|

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| 5b. Description of Unit Involved Included: ALL FULL-TIME AND PART-TIME UNARMED AND ARMED SECURITY OFFICERS, SECURITY SPECIALISTS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY HEALTH ALLIANCE @ See Attachment Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. | 6a. No. of Employees in Unit: 28 | 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) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **NO**
 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.

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|--|
| 11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
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| | | |
|--------------------------------------|--------------------------------------|--|
| 11b. Election Date(s): TBD | 11c. Election Time(s): N/A | 11d. Election Location(s): N/A |
|--------------------------------------|--------------------------------------|--|

| | |
|--|---|
| 12a. Full Name of Petitioner (including local name and number) International Union, Security, Police and Fire Professionals of America (SPFPA) | 12b. Address (street and number, city, state, and ZIP code) 25510 Kelly Road, Roseville, MI 48066 |
|--|---|

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union, Security, Police and Fire Professionals of America (SPFPA)


| | | | |
|--|--------------------------------------|-------------------------------------|--|
| 12d. Tel No. 586 772 7250 X111 | 12e. Cell No. 586 872-5634 | 12f. Fax No. 586 772 9644 | 12g. E Mail Address organize@spfpa.org |
|--|--------------------------------------|-------------------------------------|--|

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

| | |
|---|---|
| 13a. Name and Title Gordon Gregory, General Counsel | 13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226 |
|---|---|

| | | | |
|-------------------------------------|----------------------|-------------------------------------|---|
| 13c. Tel No. 313 964 5600 | 13d. Cell No. | 13e. Fax No. 313 964 2125 | 13f. E-Mail Address Gordon@UnionLaw.net |
|-------------------------------------|----------------------|-------------------------------------|---|

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) Dwayne Phillips | Signature  | Title Organizing Director | Date 9/9/2020 |
|--|---|-------------------------------------|-------------------------|

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.

2b. Address(es) of Establishment(s) involved (Street and Number, City, State, ZIP Code)

1. 396 Broadway, Kingston, NY 12401
2. 105 Mary's Ave, Kingston, NY 12401

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

3-RD-266491

9/23/20

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 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-503); 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 Highland Park Rehab + Nursing Center | | 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 160 Seneca St. Wellsville, NY 14895 | |
| 3a. Employer Representative - Name and Title Blake ApsoKardu - Administrator | | 3b. Address (if same as 2b - state same) Same | |
| 3c. Tel. No. 585-593-3750 | 3d. Fax No. 585-593-5860 | 3e. Cell No. 484-269-6329 | 3f. E-Mail Address bapsoKardu@highlandparkrehab.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare/Nursing Home | | 4b. Principal product or service Healthcare | |

| | | |
|---|--|--|
| 5a. Description of Unit Involved Included: All Full time Part time PD LPN's, CNR's, Housekeeping, Maintenance RN's, NM's Excluded: Dietary, supervisors, guards, and all others not included in bargaining unit | | 5b. City and State where unit is located: Wellsville, NY |
|---|--|--|

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| 6. No. of Employees in Unit 55 | 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | | | |
|--|--|--|---|
| 8a. Name of Recognized or Certified Bargaining Agent 1199SEIU United healthcare workers East | | 8b. Affiliation, if any Service Employees Intl union | |
| 8c. Address 259 Monroe Ave Suite 220 Rochester, NY 14607 | | 8d. Tel. No. 585-244-0830 | 8e. Cell No. N/A |
| | | 8f. Fax No. 585-244-0956 | 8g. E-Mail Address tracey.harrison@1199.org |

| | |
|---|---|
| 9. Date of Recognition or Certification | 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) No contract |
|---|---|

| | |
|--|---|
| 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 11b. If so, approximately how many employees are participating? |
|--|---|

| | |
|---|--|
| 11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) | 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 N/A | 12b. Address N/A | 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: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | |
|---|--|--|--|

| | | | |
|-----------------------|-----------------------|---------------------------|--|
| 13b. Election Date(s) | 13c. Election Time(s) | 13d. Election Location(s) | |
|-----------------------|-----------------------|---------------------------|--|

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

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

14b. Tel. No.
(b) (6), (b) (7)(C)

14c. Fax No.
(b) (6), (b) (7)(C)

14d. Cell No.
(b) (6), (b) (7)(C)

| |
|--|
| 14f. Affiliation, if any (b) (6) |
|--|

| | | | |
|---|--|---------------|---------------------|
| 16. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 16a. Name | | 16b. Title | |
| 16c. Address (Street and number, city, state, ZIP code) | | 16d. Tel. No. | 16e. Fax No. |
| | | 16f. Cell No. | 16g. 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) | (b) (6), (b) (7)(C) | (b) (6), (b) (7)(C) | Date Filed 9/16/20 |

(b) (6), (b) (7)(C) 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)
(2-12)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

| DO NOT WRITE IN THIS SPACE | |
|----------------------------|-----------------------|
| Case No. 3-RD-266851 | Date Filed 9/30/20 |

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 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-606); 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.

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|---|------------------------------------|---|---|
| 2a. Name of Employer Highland Park Rehab + Nursing Center | | 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 160 Seneca St. Wellsville, NY 14895 | |
| 3a. Employer Representative - Name and Title Blake ApsoKardu - Administrator | | 3b. Address (if same as 2b - state same) Same | |
| 3c. Tel. No. 585-593-3750 | 3d. Fax No. 585-593-5860 | 3e. Cell No. 484-269-6329 | 3f. E-Mail Address bapsoKardu@highlandparkrehab.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare/Nursing Home | | 4b. Principal product or service Healthcare | |

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| 5a. Description of Unit Involved Included: All Fulltime Part time PD LPN's, CNA's, Housekeeping, Maintenance RN's, NA's Excluded: Dietary, supervisors, guards, and all others not included in bargaining unit | | | 5b. City and State where unit is located: Wellsville, NY |
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| 6. No. of Employees in Unit 55 | 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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|--|--|--|---|
| 8a. Name of Recognized or Certified Bargaining Agent 1199SEIU United healthcare workers East | | 8b. Affiliation, if any Service Employees Intl union | |
| 8c. Address 259 Monroe Ave Suite 220 Rochester, NY 14607 | | 8d. Tel. No. 585-244-0830 | 8e. Cell No. N/A |
| | | 8f. Fax No. 585-244-0956 | 8g. E-Mail Address tracey.harrison@1199.org |

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| 9. Date of Recognition or Certification | 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) No contract |
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| 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 11b. If so, approximately how many employees are participating? |
| 11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year) _____ | |

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| 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 N/A | 12b. Address N/A | 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: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | |
| 13b. Election Date(s) | 13c. Election Time(s) | 13d. Election Location(s) | |

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

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

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

| | | |
|---|---------------|---------------------|
| 14. Affiliation, if any | 14b. Tel. No. | 14c. Fax No. |
| 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | |
| 15a. Name | 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 are true to the best of my knowledge and belief.
(b) (6), (b) (7)(C) **(b) (6), (b) (7)(C)** Date Filed **9/30/20**

(b) (6), (b) (7)(C) WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) **(b) (6), (b) (7)(C)**

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.