

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-259023	Date Filed APRIL 10, 2020

**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> Paragon Systems, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 13900 Lincoln Park Drive., Suite 300 VA Herndon 20171-
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<b>3a. Employer Representative - Name and Title</b> Jean Dober	<b>3b. Address (If same as 2b - state same)</b> 13900 Lincoln Park Drive., Suite 300 VA Herndon 20171-
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<b>3c. Tel. No.</b> (571) 321-0908	<b>3d. Cell No.</b> (202) 680-4230	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jdober@parasys.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Systems & Services	<b>4b. Principal product or service</b> Guards	<b>5a. City and State where unit is located:</b> Charleston, WV
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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> 43	<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? 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)**

<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.

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> May 1	<b>11c. Election Time(s):</b> Any	<b>11d. Election Location(s):</b> Charleston, Huntington, Beckley, Bluefield
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<b>12a. Full Name of Petitioner (including local name and number)</b> John A Tucker United Security Forces of America, International Union and its Local 88	<b>12b. Address (street and number, city, state, and ZIP code)</b> 11367 Lair Road, NE OH Alliance 44601-8848
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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)**  
United Security Forces of America, International Union

<b>12d. Tel No.</b> (330) 603-3274	<b>12e. Cell No.</b> (330) 603-3274	<b>12f. Fax No.</b> (330) 935-2540	<b>12g. E-Mail Address</b> jatucker@jatuckerlaw.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> John A Tucker Attorney John A. Tucker Co., L.P.A.	<b>13b. Address (street and number, city, state, and ZIP code)</b> 11367 Lair Road, NE OH Alliance 44601-8848
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<b>13c. Tel No.</b> (330) 603-3274	<b>13d. Cell No.</b> (330) 603-3274	<b>13e. Fax No.</b> (330) 935-2540	<b>13f. E-Mail Address</b> jatucker@jatuckerlaw.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.**

<b>Name (Print)</b> John A Tucker	<b>Signature</b> John A. Tucker, Esq.	<b>Title</b> Attorney	<b>Date</b> 04/10/2020 14:58:40
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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
<b>09-RC-259023</b>	APRIL 10, 2020

**Employees Included**

All full and part time court security officers and lead court security officers

**Employees Excluded**

All Captains, Lts, Managers, Project and Asst. Mgrs., Supervisors, and non-guard employees



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-259376	Date Filed APRIL 21, 2020

**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> New Lebanon SNF, LLC d/b/a SKLD New Lebanon		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 101 Mils Place OH New Lebanon 45345-	
<b>3a. Employer Representative - Name and Title</b> Janice Ferris		<b>3b. Address (If same as 2b - state same)</b> 101 Mils Place OH New Lebanon 45345-	
<b>3c. Tel. No.</b> (937) 687-1311	<b>3d. Cell No.</b> (937) 389-9358	<b>3e. Fax No.</b> (937) 687-3991	<b>3f. E-Mail Address</b> jferris@illuminate-hc.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare		<b>4b. Principal product or service</b> Nursing home/Long term care	
<b>5a. City and State where unit is located:</b> New Lebanon, OH			

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 53
<b>Included:</b> See Attached Page 2 for additional details		<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>
<b>Excluded:</b> See Attached Page 2 for additional details		

**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> SEIU DISTRICT 1199 CAROL K WALTERS		<b>8b. Address</b> 1395 Dublin Rd OH Columbus 43215-	
<b>8c. Tel No.</b> (614) 461-1199	<b>8d Cell No.</b> (740) 709-9004	<b>8e. Fax No.</b> (614) 461-1549	<b>8f. E-Mail Address</b> cwalters@seiu1199.org
<b>8g. Affiliation, if any</b> SAME		<b>8h. Date of Recognition or Certification</b> 11/30/2004	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 06/30/2020

**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)**

<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.

<b>11b. Election Date(s):</b> May 11, 2020	<b>11c. Election Time(s):</b> 1pm-2:30pm and 6:30pm-8:00pm	<b>11d. Election Location(s):</b> Employee Breakroom
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<b>12a. Full Name of Petitioner (including local name and number)</b> Carol K Walters Carol Walters, SEIU DISTRICT 1199 WV/KY/OH THE HEALTH CARE AND SOCIAL SERVICE UNION CTW CLC	<b>12b. Address (street and number, city, state, and ZIP code)</b> 1395 Dublin Rd OH Columbus 43215-
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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 DISTRICT 1199 WV/KY/OH THE HEALTH CARE AND SOCIAL SERVICE UNION CTW CLC

<b>12d. Tel No.</b> (614) 461-1199	<b>12e. Cell No.</b> (740) 709-9004	<b>12f. Fax No.</b> (614) 461-1549	<b>12g. E-Mail Address</b> cwalters@seiu1199.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. 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> Carol K Walters	<b>Signature</b> Carol K Walters	<b>Title</b> Deputy Director	<b>Date</b> 04/17/2020 14:38:23
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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**

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Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed
09-RC-259376	APRIL 21, 2020

**Employees Included**

STNAS , Nursing assistants, Rehabilitation aides, restorative aides, Central supply clerks, Dietary aides, Cooks, Housekeeping, Floor care, Laundry, Activity assistants, Maintenance assistance and Specified named Receptionist

**Employees Excluded**

RNs, LPN's, Confidential employees, Business and office clerical, Receptionist, Beauticians, Schedulers , Guards, and Supervisors