

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

DO NOT WRITE IN THIS SPACE

Case No.

15-RC-254346

Date Filed

January 8, 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.

2a. Name of Employer  
CHI St. Vincent Morrilton

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
4 Hospital Drive  
AR Morrilton 72110-

3a. Employer Representative - Name and Title  
Qualenta Forrest

3b. Address (If same as 2b - state same)  
#2 St Vincent Circle  
AR Little Rock 72205-

3c. Tel. No.  
(501) 552-6000

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
QForrest@stvincenthealth.com

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

4b. Principal product or service  
Healthcare

5a. City and State where unit is located:  
Morrilton, AR

5b. Description of Unit Involved  
Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:  
47

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 ☒ 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).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
February 4, 2019

11c. Election Time(s):  
0630-0900, 1100-1300, 1700-1930

11d. Election Location(s):  
CHI St Vincent Morrilton

12a. Full Name of Petitioner (including local name and number)  
Paige Elizabeth Yates  
United Healthcare OPEIU Local 22

12b. Address (street and number, city, state, and ZIP code)  
1405 North Pierce Street Suite 305  
AR Little Rock 72207-5377

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Office of Professional Employees International Union

12d. Tel No.  
(501) 425-8598

12e. Cell No.

12f. Fax No.

12g. E-Mail Address  
nurseslocal22@aol.com

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

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

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

Name (Print)  
Paige Elizabeth Yates

Signature  
Paige Yates

Title  
President

Date  
01/8/2020 09:19:55

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

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Case	Date Filed
15-RC-254346	January 8, 2020

Employees Included

Register Nurses, Advanced Practice Nurses, Advance Practice Registered Nurses

Employees Excluded

Any employee that is not an RN, APN or APRN

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