

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

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-246472

Date Filed

8-13-19

**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.

2a. Name of Employer  
Warren General Hospital d/b/a Warren Medical Group

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
2 W Crescent Park, Warren, PA 16365

3a. Employer Representative - Name and Title  
Rick Allen, CEO

3b. Address (If same as 2b - state same)  
Same

3c. Tel. No.  
814-723-4973, ext. 1380

3d. Cell No.

3e. Fax No.  
814-723-2248

3f. E-Mail Address  
rallen@wgh.org

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

4b. Principal product or service  
Medical Care

5a. City and State where unit is located:  
Warren, PA

5b. Description of Unit Involved  
Included: See Attachment A  
Excluded: See Attachment A

6a. No. of Employees in Unit:  
55

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) n/a and Employer declined recognition on or about n/a (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? 0.  
(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):  
08/19

11c. Election Time(s):  
5:00 p.m. - 7:00 p.m.

11d. Election Location(s):  
Conference Room A, Warren General Hospital

12a. Full Name of Petitioner (including local name and number)  
American Federation of State, County and Municipal Employees, District Council 85, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)  
1276 Liberty Street, Franklin, PA 16323

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
American Federation of State, County and Municipal Employees, AFL-CIO

12d. Tel. No.  
412-437-7654

12e. Cell No.

12f. Fax No.  
814-432-8393

12g. E-Mail Address  
afscme13.org

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

13a. Name and Title  
Alidz Oshagan, Esq.

13b. Address (street and number, city, state, and ZIP code)  
Willig, Williams & Davidson, 1845 Walnut Street, 24th Floor, Philadelphia, PA 19103

13c. Tel. No.  
215-656-3658

13d. Cell No.

13e. Fax No.  
215-561-5135

13f. E-Mail Address  
aoshagan@wwdlaw.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)  
Alidz Oshagan

Signature  
*Alidz Oshagan*

Title  
Counsel for Petitioner

Date  
8/13/2019

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.

## ATTACHMENT A

INCLUDED: All full-time and regular part-time administrative support staff and clericals, certified medical assistants, and licensed practical nurses.

EXCLUDED: All supervisors, managers, confidential employees, and guards as defined by the Act.

NOTE: Petitioner seeks an Armour/Globe election to include the petitioned-for employees in the parties' existing collective bargaining unit covering Warren General Hospital, which was certified at Case No. 6-RM-541.

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

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-246844

Date Filed

8-19-19

**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.

**2a. Name of Employer**  
Fairmont Regional Medical Center

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
1325 Locust Drive  
WV Fairmont 26554-

**3a. Employer Representative - Name and Title**  
Vanessa DeFazio

**3b. Address (If same as 2b - state same)**  
1325 Locust Drive  
WV Fairmont 26554-

**3c. Tel. No.**  
(304) 367-7400

**3d. Cell No.**  
(304) 838-2208

**3e. Fax No.**

**3f. E-Mail Address**  
VDeFazio@frmcwv.com

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

**4b. Principal product or service**  
Hospital

**5a. City and State where unit is located:**  
Fairmont, WV

**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**  
5

**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).**  
SEIU/District 1199 Don Barnett

**8b. Address**  
1217 Adams Ave  
WV Huntington 25704-

**8c. Tel. No.**  
(304) 654-9631

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**  
dbarnett@seiu1199.org

**8g. Affiliation, if any**  
SEIU

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
10/31/2020

**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)**

**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):**  
8/20/2019

**11c. Election Time(s):**  
12noon to 1:00pm

**11d. Election Location(s):**  
conference room on site at the hospital

**12a. Full Name of Petitioner (including local name and number)**  
Don Barnett  
service employees international Union SEIU/District 1199 WV/KY/OH

**12b. Address (street and number, city, state, and ZIP code)**  
1217 Adams Ave  
WV Huntington 25704-

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

**12d. Tel. No.**  
(304) 654-9631

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
dbarnett@seiu1199.org

**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)**  
Don Barnett

**Signature**  
Don Barnett

**Title**  
Administrative Organizer

**Date**  
07/19/2019 15:03:21

**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.

DO NOT WRITE IN THIS SPACE

Attachment

Case

06-RC-246844

Date Filed

8-19/19

Employees Included  
Pharmacy Technicians

Employees Excluded

0

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

DO NOT WRITE IN THIS SPACE

Case No. <b>06-RC-246887</b>	Date Filed <b>8-20-19</b>
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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> Bering Straits Native Corporation		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 3301 C Street, Suite 400 AK Anchorage 99503-	
<b>3a. Employer Representative - Name and Title</b> Krystal Nelson		<b>3b. Address (If same as 2b - state same)</b> 3301 C Street, Suite 400 AK Anchorage 99503-	
<b>3c. Tel. No.</b> (907) 334-8375	<b>3d. Cell No.</b> (907) 229-6407	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> knelson@bsnc.net
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Systems & Services		<b>4b. Principal product or service</b> Security	
<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>5a. City and State where unit is located:</b> Pittsburgh, PA	
		<b>6a. No. of Employees in Unit:</b> 17	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<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?** \_\_\_\_\_ 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> 9/6/19	<b>11c. Election Time(s):</b> 4:45 am to 5:45 am 12:45 pm to 1:45 pm	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11d. Election Location(s):</b> CDC/NIOSH 626 Cochran's Mill Road Pittsburgh PA 15236		<b>12a. Full Name of Petitioner (Including local name and number)</b> Steve Maritas Law Enforcement Officers Security Unions LEOSU, LEOS-PBA	
<b>12b. Address (street and number, city, state, and ZIP code)</b> 1155 F STREET NW #1050 DC Washington DC 20004-		<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA	

<b>12d. Tel No.</b> (202) 595-3510	<b>12e. Cell No.</b> (202) 486-8558	<b>12f. Fax No.</b> (202) 595-3510	<b>12g. E-Mail Address</b> LEOSUNIONS@GMAIL.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>		<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> Steve Maritas	<b>Signature</b> Steve Maritas	<b>Title</b> LEOSU Organizing Director	<b>Date</b> 08/20/2019 11:20:26
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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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
06-RC-246887	8-20-19

**Employees Included**

All full-time and regular part-time armed security officers performing guard duties as defined in Section 9(b)(3) of the Act for the Employer @ its location noted in 11(d)

**Employees Excluded**

All other employees, professional employees, managers, and supervisors as defined in the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-247240

Date Filed

8-27-19

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.

2a. Name of Employer: <b>HOLT LOGISTICS</b>		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): <b>10 FEDERAL ST. NATRONA HEIGHTS PA 15065</b>	
3a. Employer Representative - Name and Title: <b>PETE OAKLAND, SUPERVISOR</b>		3b. Address (if same as 2b - state same): <b>SAME</b>	
3c. Tel. No. <b>215-409-8713</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>poakland@holtlogistics.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>DISTRIBUTION</b>		4b. Principal Product or Service <b>DELIVER SLABS</b>	
4c. City and State where unit is located: <b>NATRONA HEIGHTS PA</b>		5a. Number of Employees in Unit: <b>7</b>	
5b. Description of Unit Involved: Included: <b>ALL FULL-TIME + REGULAR PART-TIME DISTRIBUTION WORKERS</b> Excluded: <b>ALL OFFICE, CLERICAL, SUPERVISORS AND GUARDS AS DEFINED BY THE ACT</b>		5c. 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	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>PETITION SERVED</b> and Employer declined recognition on or about (Date) (If no reply received, so state). <b>AS DEMAND</b> <input type="checkbox"/> 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) <b>NONE</b>		8b. Address: <b>N/A</b>	
8c. Tel. No. <b>N/A</b>	8d. Cell No. <b>N/A</b>	8e. Fax No. <b>N/A</b>	8f. E-Mail Address <b>N/A</b>
8g. Affiliation, if any: <b>N/A</b>		8h. Date of Recognition or Certification <b>N/A</b>	
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? <b>N/A</b> 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 <b>NONE</b>		10b. Address <b>N/A</b>	
10c. Tel. No. <b>N/A</b>		10d. Cell No. <b>N/A</b>	
10e. Fax No. <b>N/A</b>		10f. E-Mail Address <b>N/A</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: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): <b>SEPTEMBER 10, 2019</b>		11c. Election Time(s): <b>4:15pm - 4:30pm</b>	
11d. Election Location(s): <b>UNION HALL 1000 BRACKENRIDGE AVE - BRACKENRIDGE 15001</b>			
12a. Full Name of Petitioner (including local name and number): <b>UNITED STEEL, PAPER AND FORESTRY, RUBBER MANUFACTURING ENERGY, ALLIED INDUSTRIAL AND SERVICE WORKERS</b>		12b. Address (street and number, city, State and ZIP code): <b>1445 LINCOLN HIGHWAY, N. VERSAILLES PA 15137</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): <b>UNITED STEEL, PAPER AND FORESTRY RUBBER, MANUFACTURING, ENERGY, ALLIED INDUSTRIAL AND SERVICE WORKERS</b>			
12d. Tel. No. <b>412 824 8140</b>	12e. Cell No. <b>724 448 5267</b>	12f. Fax No. <b>412 829 2861</b>	12g. E-Mail Address <b>dgalo@USW.org</b>
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: <b>DAVE GALO, USW Staff Representative</b>		13b. Address (street and number, city, State and ZIP code): <b>1945 LINCOLN AVE N. VERSAILLES PA 15137</b>	
13c. Tel. No. <b>412 824 8140</b>	13d. Cell No. <b>724 448 5267</b>	13e. Fax No. <b>412 829 2861</b>	13f. E-Mail Address <b>dgalo@USW.org</b>
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) <b>DAVE GALO</b>		Signature <b>Dave Galo</b>	
Title <b>Staff Representative</b>		Date <b>8-27-19</b>	

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>06-RC-247257</b>	Date Filed <b>8-28-19</b>

**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> Bair Foundation		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 3755 Library Road Rm 310 PA Pittsburgh 15234	
<b>3a. Employer Representative - Name and Title</b> Kelly Jenkins		<b>3b. Address</b> (If same as 2b - state same) 3755 Library Road Rm 310 PA Pittsburgh 15234	
<b>3c. Tel. No.</b> (412) 341-6850	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (412) 341-8622	<b>3f. E-Mail Address</b> kejenkins@bair.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Services		<b>4b. Principal product or service</b> Social Services	<b>5a. City and State where unit is located:</b> Pittsburgh, PA

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit</b> 25
<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?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<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</b> (If none, so state).		<b>8b. Address</b>	
<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</b> (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)

<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> 9/20/2019	<b>11c. Election Time(s):</b> 8 am to 10 am	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11d. Election Location(s):</b> Conference Room, 3755 Library Road, Pittsburgh PA 15234		<b>12b. Address</b> (street and number, city, state, and ZIP code) 11951 Freedom Dr., Rm. 310 VA Reston 20190

**12a. Full Name of Petitioner (including local name and number)**  
Brian J Petruska  
Laborers' Local Union 202R

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
Laborers' International Union of North America

<b>12d. Tel No.</b> (703) 860-4194	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (703) 860-1865	<b>12g. E-Mail Address</b> bpetruska@maliuna.org
<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> Brian J Petruska General Counsel LIUNA Mid-Atlantic Regional Organizing Coalition		<b>13b. Address</b> (street and number, city, state, and ZIP code) 11951 Freedom Dr., Rm. 310 VA Reston 20190	
<b>13c. Tel No.</b> (703) 860-4194	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (703) 860-1865	<b>13f. E-Mail Address</b> bpetruska@maliuna.org

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> Brian J Petruska	<b>Signature</b> Brian J. Petruska	<b>Title</b> General Counsel	<b>Date</b> 08/28/2019 10:00:32
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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

DO NOT WRITE IN THIS SPACE	
Case 06-RC-247257	Date Filed 8-28-19

**Employees Included**

All full-time and regular part-time Permanency Specialists, Foster Care Specialists, Intake Coordinators, Transportation Coordinators, Clerical staff and Drivers employed at the The Bair Foundation's Pittsburgh office

**Employees Excluded**

Managerial and Confidential employees, guards, and supervisors

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-247269

Date Filed

8-28-19

**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.

2a. Name of Employer: Program for offenders inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 564 Forbes Ave. #930 Pittsburgh, PA 15219	
3a. Employer Representative - Name and Title: Carol A. Hertz Executive Director		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 412-281-7360	3d. Cell No.	3e. Fax No. 412-535-4344	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Offender Community Treatment		4b. Principal Product or Service Offender reintegration	5a. City and State where unit is located: Pittsburgh, PA
5b. Description of Unit Involved: Included: Direct care monitors Excluded: "statutory Managers" & all confidential employees as defined by the Act		6a. Number of Employees in Unit: 13	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 8/28/19 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.		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	
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? <input checked="" type="checkbox"/> If so, approximately how many employees are participating? N/A (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) N/A			
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 N/A		10b. Address N/A	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 09/18/19 7:30AM - 8:30AM and 3:30PM @ both locations <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 9/18/19		11c. Election Time(s): 7:30-8:30AM & 3:30PM-4:30PM	
11d. Election Location(s): Male facility Oakland Female facility Homestead			
12a. Full Name of Petitioner (including local name and number): Randall E. Bacon II		12b. Address (street and number, city, State and ZIP code): 2589 Interstate Drive Harrisburg, PA 17110	
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 Local 668			
12d. Tel. No. 800-932-0368	12e. Cell No. 412-708-8566	12f. Fax No. 717-657-7662	12g. E-Mail Address randall.bacon@seiu668.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Randall Bacon II organizing Director		13b. Address (street and number, city, State and ZIP code): 2589 Interstate Drive, Harrisburg, PA 17110	
13c. Tel. No. 800-932-0368	13d. Cell No. 412-708-8566	13e. Fax No. 717-657-7662	13f. E-Mail Address randall.bacon@seiu668.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) Randall E. Bacon II	Signature Randall E. Bacon II	Title Organizing Director	Date 8/28/19

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. <b>06-RC-247332</b>	Date Filed <b>8-29-19</b>

**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 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> HCL Technologies	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 6425 Penn Ave, Pittsburgh, PA 15206
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<b>3a. Employer Representative - Name and Title</b> Jeremy Carlson	<b>3b. Address (If same as 2b - state same)</b> 11000 Regency Pkwy, Suite 10 Cary North Carolina 27518
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<b>3c. Tel. No.</b> 218-260-1860	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jcarlson@hcl.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> office	<b>4b. Principal product or service</b> technological support services	<b>5a. City and State where unit is located:</b> Pittsburgh, PA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time and regular part-time analysts and trainers employed by the employer at its Pittsburgh facility  <b>Excluded:</b> All other employees including project managers, operations managers, lead trainers, mystere trust project managers, team leads, supervisory lead analysts, supervisory trainers, non-professional employees, confidential employees, guards and supervisors as defined in the Act	<b>6a. No. of Employees in Unit:</b> Approximately 95  <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) by petition and Employer declined recognition on or about no reply (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>
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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)**  
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>

<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> 9/13/19	<b>11c. Election Time(s):</b> 7-9 a.m. and 5-7 p.m.	<b>11d. Election Location(s):</b> break room
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<b>12a. Full Name of Petitioner (including local name and number)</b> United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC	<b>12b. Address (street and number, city, state, and ZIP code)</b> 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222
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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 Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC

<b>12d. Tel No.</b> (412) 562-2529	<b>12e. Cell No.</b> (412) 418-4333	<b>12f. Fax No.</b> (412) 562-2555	<b>12g. E-Mail Address</b> bmanzolino@usw.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> Brad Manzolino, USW Organizing Counsel	<b>13b. Address (street and number, city, state, and ZIP code)</b> 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222
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<b>13c. Tel No.</b> (412) 562-2529	<b>13d. Cell No.</b> (412) 418-4333	<b>13e. Fax No.</b> (412) 562-2555	<b>13f. E-Mail Address</b> bmanzolino@usw.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.**

<b>Name (Print)</b> Brad Manzolino	<b>Signature</b> <i>Brad Manzolino</i>	<b>Title</b> Organizing Counsel	<b>Date</b> 8/29/19
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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**

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