

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

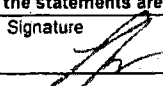
06-RC-241153

Date Filed

5-9-19

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 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: Bloomsburg Care & Rehabilitation Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 211 East First Street, Bloomsburg, PA 17815	
3a. Employer Representative - Name and Title: William Kammerer - Administrator		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 570-784-5930	3d. Cell No.	3e. Fax No. 570-387-6606	3f. E-Mail Address bkammerer@bloomsburghc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home		4b. Principal Product or Service Health Care	5a. City and State where unit is located: Bloomsburg, PA
5b. Description of Unit Involved: Included: All Regular Full time and Regular Part time Certified Nursing Assistants (CNA's), All Flex Time Certified Nursing Assistants, All Super Flex Time CNAs, All Per Diem CNAs and All PRN CNAs. Excluded: All other employees, Supervisors and Guards as defined by the act			6a. Number of Employees in Unit: 65
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 05/09/19 and Employer declined recognition on or about (Date) No reply (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? 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			
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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 5/24/19		11c. Election Time(s): 6:00am to 8:00am and 2:00pm to 4:00pm	
11d. Election Location(s): Employee break room, ground floor			
12a. Full Name of Petitioner (including local name and number): Retail, Wholesale, and Department Store Union (RWDSU)		12b. Address (street and number, city, State and ZIP code): 370 Seventh Ave Suite 501 New York, New York 10001	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Retail, Wholesale, and Department Store Union, United Food and Commercial Workers (RWDSU/UFCW)			
12d. Tel. No. 212-684-5300	12e. Cell No.	12f. Fax No. 212-779-2809	12g. E-Mail Address LLOPEZ@RWDSU.ORG
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Luis Lopez, Organizer		13b. Address (street and number, city, State and ZIP code): 370 Seventh Ave Suite 501 New York, New York 10001	
13c. Tel. No. 212-684-5300	13d. Cell No. 516-554-5400	13e. Fax No. 212-779-2809	13f. E-Mail Address LLOPEZ@RWDSU.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) Luis Lopez		Signature 	Title Organizer
		Date 5/9/19	

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RD-242236

Date Filed

5-28-19

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Aramark Healthcare Support Services, LLC Lock H		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 700 High Street, Williamsport PA 17701. (Attention Ellen Keegan)	
3a. Employer Representative - Name and Title Ellen Keegan, Aramark HR Director		3b. Address (If same as 2b - state same) Same	
3c. Tel. No.	3d. Fax No.	3e. Cell No.	3f. E-Mail Address keegane2@upmc.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services Industry Group		4b. Principal product or service Healthcare Support Services	
5a. Description of Unit Involved Included: Hospitality Associates/Food Service Workers Excluded: Food Service Leads and Cooks			5b. City and State where unit is located: Lock Haven, PA
6. No. of Employees in Unit 18	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 SEIU		8b. Affiliation, if any	
8c. Address 1500 North Street Harrisburg, PA 17102		8d. Tel. No. 717-238-3030	8e. Cell No. 412-779-9789
		8f. Fax No. 717-238-8354	8g. E-Mail Address amanda.lapina@seiuhcpa.org
9. Date of Recognition or Certification April 2014		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9/30/2017 (due to sale of hospital)	
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)		11d. If so, approximately how many employees are participating? 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 None	12b. Address NA	12c. Tel. No. NA	12d. Fax No. NA
		12e. Cell No. NA	12f. E-Mail Address NA
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 checked="" type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) ASAP	13c. Election Time(s) ASAP	13d. Election Location(s) Lock Haven	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No. none
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
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.			
Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 5-28-19

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

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RD-242346

Date Filed

5-29-19

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-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.

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
Parkersburg Care Center2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
1716 Gihon Road, Parkersburg, WV 261013a. Employer Representative - Name and Title
Ashley Ince - Administrator3b. Address (If same as 2b - state same)
same3c. Tel. No.
304-485-5511

3d. Fax No.

3e. Cell No.
304-222-3940 6940

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Senior care and Rehabilitation Facility4b. Principal product or service
Health care

5a. Description of Unit Involved

Included:
Sec attachment

Excluded:

All office clerical employees and guards, supervisors and professional employees as defined by the Act.

5b. City and State where unit is located:
Parkersburg, WV

6. No. of Employees in Unit 41

7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No8a. Name of Recognized or Certified Bargaining Agent
United Food and Commercial Workers International Union, Local 400

8b. Affiliation, if any

8c. Address
405 Capitol Street, Suite 808
Charleston, WV 253018d. Tel. No.
800-638-0800

8e. Cell No.

8f. Fax No.

8g. E-Mail Address

9. Date of Recognition or Certification

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

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No

11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name)

a labor organization, of

(Insert Address)

since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) None

12a. Name

12b. Address

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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail13b. Election Date(s)
June 12, 201913c. Election Time(s)
2:00 p.m.-4:00 p.m.13d. Election Location(s)
team member break room

14. Full Name of Petitioner

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

14a. Address (Street and number, city, state, ZIP code)

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

14b. Tel. No.

14c. Fax No.

14d. Cell No.

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

14e. E-Mail Address

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

14f. Affiliation, if any

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

15a. Name

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

15b. Title
An Individual

15c. Address (Street and number, city, state, ZIP code)

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

15d. Tel. No.

15e. Fax No.

15f. Cell No.

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

15g. E-Mail Address

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

I declare that I have read the above petition

of my knowledge and belief.

Name (Print)

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

Title
An Individual

Date Filed

28 May 2019

WILLFUL FALSE STATEMENT

FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Board (NLRB) in processing representation and related proceedings. The information is to be used solely for the purposes stated and will not be further explained 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.

ATTACHMENT

Included: All full-time and regular part-time dietary aides, laundry assistants, non-certified nursing assistants, cooks, certified nursing assistants, maintenance, and activity assistants;