

**UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
FIRST REGION**

In the Matter of

THE DANBURY HOSPITAL

Employer

and

AFT CONNECTICUT, AFT, AFL-CIO

Petitioner

Case 01-RC-136052

DECISION AND DIRECTION OF ELECTION

AFT Connecticut, AFT, AFL-CIO (AFT) seeks to represent a bargaining unit of approximately 230 to 250 technical employees who are employed by The Danbury Hospital (the Employer) at Danbury Hospital in Danbury, Connecticut and at several other locations in Danbury and Ridgefield, Connecticut that provide various types of outpatient medical services.¹ The Employer contends that the smallest appropriate unit must also include about 42 technical employees at New Milford Hospital (NMH), an acute care hospital in New Milford, Connecticut. For the reasons set forth below, I find that the smallest appropriate unit must include the technical employees at NMH, and I shall direct an election in a broader unit that includes that location.

¹ The other petitioned-for locations in Danbury are the Danbury Hospital Medical Arts Center, Western Connecticut Imaging of Danbury, Danbury Hospital Vascular Lab, an Anticoagulation Center, Seifert and Ford Community Health Center, Western Connecticut Breast Imaging Center, the Sleep Disorder Center at Ethan Allen Hotel, and a Pulmonary Function Lab. The two locations in Ridgefield are Western Connecticut Imaging of Ridgefield and Ridgefield Surgical Center.

The petition in this case was filed under Section 9(c) of the Act. The parties were provided an opportunity to present evidence on the issues raised by the petition at a hearing held before a hearing officer of the National Labor Relations Board (the Board). I have the authority to hear and decide this matter on behalf of the Board under Section 3(b) of the Act. I find that the hearing officer's rulings are free from prejudicial error and are affirmed; that the Employer is engaged in commerce within the meaning of the Act and it will effectuate the purposes of the Act to assert jurisdiction; that the Petitioner is a labor organization within the meaning of the Act; and that a question affecting commerce exists concerning the representation of certain employees of the Employer.

I. FACTS

A. The Employer's Operations and Background

The Employer is engaged in the operation of an acute care hospital called Danbury Hospital at 24 Hospital Avenue in Danbury, Connecticut. The Employer also provides various types of medical services on an outpatient basis at several other locations in Danbury and Ridgefield, Connecticut, which are approximately seven miles apart. The locations in Danbury are the Danbury Hospital Medical Arts Center (DHMAC) at 111 Osborne Street; Seifert and Ford Community Health Center at 70 Main Street; the Western Connecticut Breast Imaging Center and the Western Connecticut Imaging of Danbury, both at 20 Germantown Road; the Sleep Disorder Center at Ethan Allen Hotel at 21 Lake Avenue Extension and 33 Germantown Road, as well as a Pulmonary Function Lab, which is also located at 33 Germantown Road; the Danbury Hospital Vascular Lab and an Anticoagulation Center, both at 41 Germantown Road. The locations in Ridgefield are Western Connecticut Imaging of Ridgefield and Ridgefield Surgical Center, both at 901 Ethan Allen Highway.²

In 2010, Danbury Hospital and NMH, an acute care hospital in New Milford, Connecticut, became wholly owned subsidiaries of a new entity called Western Connecticut Health Network (WCHN or the Network).³ Although owned by the same parent, the two hospitals, which are about 15 miles apart, were

² Although a few technical employees perform some work at another Employer facility in Southbury, Connecticut, the parties have agreed, and I find, that those employees will be included in the unit by virtue of their work in the petitioned-for locations and that the Southbury location will not be included in the unit as an additional location.

³ A third hospital, Norwalk Hospital in Norwalk, Connecticut, became a subsidiary of WCHN in January 2014, but no party asserts that the unit should include Norwalk Hospital employees.

separate corporations and were separately licensed by the State of Connecticut's Office of Healthcare Access for 371 beds in Danbury and 85 beds in New Milford. The two hospitals and outpatient locations began to share common policies and procedures, including operational and human resources, in 2013.

In August 2013, WCHN applied to the Office of Healthcare Access to combine the licenses of the two hospitals and operate under one license. The Office of Healthcare Access approved WCHN's application on June 10, 2014, with implementation effective October 1, 2014.⁴ As a result, NMH's license was terminated and its beds were added to the Danbury Hospital license. NMH no longer exists as a separate corporation. The signage at NMH has been changed to reflect that it is a campus of Danbury Hospital, rather than an affiliate of Danbury Hospital. As of October 1, the two hospitals use a common electronic medical records system, billing system, and intranet.

There is no history of collective bargaining among the technical employees at either hospital or at the outpatient locations.⁵ The registered nurses at Danbury Hospital and at NMH have been separately represented by different AFT locals for many years.

As of October 1, 2014, technical employees at the petitioned-for locations and at NMH share a common pay scale and receive the same shift differentials. There is a common payroll department for all locations. The employees at issue are all eligible for the same benefits. For some period of time, employees at NMH and the petitioned-for locations have been eligible for the same 401(k) plan. NMH employees have a different pension plan from the pension plan offered at the other petitioned-for locations. Those pension plans have now been frozen, but any employee vested under one of those plans would receive different pension benefits depending on whether they worked at NMH or one of the Danbury Hospital locations.

NMH employees and employees at the petitioned-for locations share a common human resources department, which is located at Danbury Hospital. Director of Labor Relations Kenneth Sommerer represents management in negotiations for the nurses' collective bargaining agreements at both hospitals. In addition, he is responsible for employee relations at NMH and at Ridgefield Surgical Center, while other human resources "partners" are assigned to the other entities at the petitioned-for locations. One compensation analyst

⁴ The hearing in this matter took place in September 2014, just prior to the scheduled implementation date.

⁵ The parties have stipulated, and I find, that the NMH employees whom the Employer seeks to include in the unit are technical employees who would appropriately be included in a technical unit. No party disputes the technical status of any of the positions in the petitioned-for unit.

determines salary offers for all new hires across the Network, including NMH. One benefits manager assists employees at all locations, including NMH. Trainers provide new employee training for all employees in the Network. The Network employs a common application process for external job applicants and a common process for internal candidates at all of the locations at issue. Job applicants are interviewed both by the relevant human resources partner and by the hiring manager, who decides whom to hire, with input from the human resources partner. Managers at each location complete annual evaluations of their employees, which are linked to pay increases. Human resources partners advise managers and supervisors about disciplinary issues. NMH and employees at the petitioned-for locations may use a common four-step complaint procedure, with the final decision being made by the administrative director of human resources.

B. Duties and supervisory structure for the positions at issue

It appears that WCHN is organized administratively by “service lines,” such as medicine, nursing, behavioral health, and cardiovascular services. These service lines span all of the WCHN locations, including Danbury Hospital, the various outpatient locations in Danbury and Ridgefield, NMH, and Norwalk Hospital. Lower level managers report to a director for their service line.

Where the same technical position exists both at NMH and at one of the petitioned-for locations, the duties and qualifications for the position at each site are the same. As of October 1, 2014, employees who hold the same position will work under the same job description, regardless of their location. The job descriptions, which were previously entitled “WCHN, Danbury Hospital and New Milford Hospital,” will be entitled “WCHN Danbury Hospital.”

1. Perioperative Services

Danbury Hospital has 16 operating room suites and an endoscopy suite. NMH has five operating suites and two endoscopy suites. Ridgefield Surgical Center, which handles only outpatient cases, has four operating room suites and an endoscopy suite. The two acute care hospitals, which offer both inpatient and outpatient surgeries, handle more complex cases than Ridgefield Surgical Center, with the most complex surgeries being performed at Danbury Hospital.

Theresa Champagne is the director of patient care services for perioperative services, with responsibility for operating room services at Danbury Hospital, NMH, and Ridgefield Surgical Center. Champagne has an office at Danbury Hospital and a desk at NMH, which she visits once a week. Champagne reports to Maureen Donovan, the chief nurse officer for WCHN. Champagne testified that she has a service line director who oversees perioperative services at the above three locations as well as at Norwalk

Hospital, but it is unclear where that service line director fits into the reporting chain.

It appears that there are separate operating room supervisors at each of the three sites that offer surgery.⁶ Operating room supervisors at Danbury Hospital go to NMH to train others, but they do not supervise the NMH employees. Champagne has served as an acting supervisor at NMH three times this year, once for three days, to cover for supervisors on vacation. The OR managers have joint meetings, sometimes at NMH and sometimes at Danbury Hospital.

The petitioned-for unit includes numerous certified surgical technologists, who perform scrub duties and assist in the nursing care of surgical patients before, during and after surgery;⁷ two OR/inventory/instrument coordinators, one at Danbury Hospital and one at Ridgefield Surgical Center, who are responsible for purchasing and maintaining adequate inventory of surgical supplies and who fill in as surgical technologists when needed; two certified surgical technologists for cardiothoracic surgery, who care for open heart surgery patients; and one cardiovascular/interventional technologist who cares for patients undergoing procedures that require advanced technology imaging.

At NMH, the Employer seeks to include four certified surgical technologists, one OR/inventory/instrument coordinator, and one endoscopy technician. NMH is the only one of the three sites that employs an endoscopy technician. This technician assists physicians with endoscopic procedures, prepares rooms for the procedures, and cleans and disinfects endoscopes and related equipment. At Danbury Hospital, this function is performed by a registered nurse. The record does not reveal what classification performs this function at Ridgefield Surgical Center.⁸

Danbury Hospital and NMH have different rules for surgical technicians who are on call. NMH technicians who are on call may wait at home to be called in to work for an emergency, while Danbury Hospital technicians who are on call are required to wait at the hospital.

⁶ The parties have stipulated, and I find, that two Surgical Tech/Technical Leaders (Sherry Zehring at NMH and Mary McKenna at Danbury Hospital) are statutory supervisors who should be excluded from any unit found appropriate.

⁷ Danbury Hospital employs 29-30 certified surgical technologists. The record does not reveal how many surgical technologists are employed at Ridgefield Surgical Center.

⁸ The parties have stipulated that, if the NMH location is added to the unit, the endoscopy technician at NMH should be included in the unit.

2. Radiation Oncology

Manager of Radiation Oncology Suzanne McLean directly supervises five petitioned-for full-time radiation therapists at Danbury Hospital, two full-time radiation therapists at NMH, and two per diem radiation therapists who have no primary workplace and are sent wherever they are needed. There is no other supervisor for this group at NMH. McLean reports to Jane Huntington, her “service line” executive at Danbury Hospital. McLean has offices at both hospitals and meets with NMH employees anywhere from once a week to twice a month, as needed.

Radiation therapists administer radiation treatments to patients as prescribed by a radiation oncologist, using a simulator/CT scan to determine tumor volume and area and a linear accelerator to deliver the treatment.

3. Radiology

Renee Segarra is the manager of operations for the Radiology Departments at Danbury Hospital, NMH, and DHMAC. Separate supervisors for the Radiology Departments at NMH and DHMAC report to Segarra. At Danbury Hospital, separate supervisors for each of the radiology modalities - CT scan, MRI, diagnostic radiology, ultrasound, and special procedures – also report to Segarra.⁹ Joleen Dennison is the manager of operations for radiology at Western Connecticut Imaging of Danbury, Western Connecticut Imaging of Ridgefield, and Western Connecticut Breast Imaging Center in Danbury.¹⁰ A

⁹ The parties have stipulated, and I find, that the following are statutory supervisors who should be excluded from any unit found appropriate: at NMH, the Supervisor of Radiology (Scott Dandeneau); at DHMAC, the Supervisor of Radiology ODC Diagnostic (Lore White). It appears that the following stipulated supervisors work at Danbury Hospital: the Supervisor of Radiology (Frank Scalesi), the Supervisor of Radiology (Anthony Coschignano), the Supervisor of Radiology for CT Scan (Nicole Sora), the Supervisor of Radiology for MRI (Elizabeth Flach), the Supervisor of Radiology for Ultrasound (Donna Tirrito), and the Supervisor of Radiology for Special Procedures (Lori Mazzucco). The parties have also stipulated, and I find, that the Supervisor of Radiology Tech (Maryellen Trohalis) in the Perinatology Department is a statutory supervisor who shall be excluded from any unit found appropriate.

¹⁰ Both Segarra and Dennison report to ToniAnn Marchione, the Network’s administrative director for ancillary services.

supervisor at each of those facilities reports to Dennison.¹¹ It appears that the supervisors at all of these locations are the immediate supervisors of the Radiology employees at issue. None of these supervisors oversees employees at other locations.

The petitioned-for unit includes the following radiology positions: MRI technologists who perform magnetic resonance imaging tests, CT technologists who perform computerized tomography scans, and radiologic technologists 1 and 3 who perform diagnostic x-rays. These technologists work at Danbury Hospital, DHMAC, Western Connecticut Imaging in Danbury and Western Connecticut Imaging in Ridgefield.

Diagnostic medical sonographers, also referred to as ultrasound technologists, perform diagnostic ultrasounds. The petitioned-for ultrasound technologists work at Danbury Hospital, DHMAC, Western Connecticut Breast Imaging Center, Western Connecticut Imaging of Danbury, and Western Connecticut Imaging of Ridgefield.

Petitioned-for mammography technologists perform mammography procedures at Western Connecticut Breast Imaging, Western Connecticut Imaging of Ridgefield, and Danbury Hospital.

The petitioned-for unit includes some positions in the Radiology Department that exist only at the petitioned-for locations. These include team leaders for diagnostic radiology, team leaders for MRI, special procedures/interventional technologists, and a clinical instructor for radiology.

In the Radiology Department at NMH, the Employer seeks to include three MRI technologists, four CT scan technologists, one radiologic technologist 1, nine radiologic technologists 3, and two ultrasound technologists.¹² The record is unclear as to whether any mammography technologists work at NMH. Marchione testified that there are three or four mammography technologists employed at NMH, but that title does not appear on the list of NMH positions that the Employer seeks to include.

4. Noninvasive Cardiology, Vascular Lab, and Nuclear

¹¹ The parties have stipulated, and I find, that the Supervisor of Radiology for Mammography at the Breast Imaging Center (Cynthia Burns), the Supervisor of Radiology at the Ridgefield Imaging Center (Michelle Carvalho), and the Supervisor of Radiology for Diagnostic at the Danbury Imaging Center (Jodi Brennan) are statutory supervisors who should be excluded from any unit found appropriate.

¹² According to the Employer's list of disputed positions as NMH, one ultrasound technologist works in the Radiology Department and one works in the "ECG," Department, presumably the Echocardiogram Department.

Medicine

Rick Rigling is the administrative director for noninvasive cardiology, vascular services, nuclear medicine, and positron emission tomography (PET) services for both Danbury Hospital and NMH. Rigling reports to Kelly Stock, the service line director for cardiovascular services for WCHN.

Rigling is the immediate supervisor of about 30 technical employees, including vascular technologists, echocardiographer technologists, echocardiography team leader, cardiology technicians 3, and nuclear medicine technologists. They work at five different locations: Danbury Hospital, NMH, the Danbury Hospital Vascular Lab, the Danbury Hospital Medical Arts Center (DHMAC), and a Southbury, Connecticut location. Rigling's primary office is at Danbury Hospital, but he also has office space at the Vascular Lab and at NMH.

Vascular technologists I and II perform diagnostic vascular ultrasounds and peripheral vascular resistance plethysmography, which measures venous pressure.¹³ The record does not reveal the precise number of vascular technologists in the petitioned-for unit, although exhibits submitted into evidence indicate that there are at least five to seven vascular technologists who work at the petitioned-for locations, including Danbury Hospital and the Vascular Lab at 41 Germantown Road. There is one per diem whose home base is NMH but who works at both hospitals. The Employer seeks to include one vascular technologist 1 at NMH.

Echocardiographer technologists perform ultrasounds of the heart and stress tests using ultrasound, and assist physicians with ultrasound procedures. Rigling supervises eight petitioned-for echocardiographer technologists and a team leader who move among Danbury Hospital, DHMAC, and Southbury; two echocardiographer technologists and a per diem who work primarily at NMH; and two to three per diems who work at all of those sites, including NMH.¹⁴

¹³ The difference between a vascular technologist 1 and 2 is a certification. Rigling testified that there are currently no vascular technologist 1's, as they have all become certified, although the Employer listed a vascular technologist 1 at NMH.

¹⁴ The Employer's list of NMH positions it seeks to include in the unit indicates only one echocardiographer technologist there, although Rigling testified that two echocardiographer technologists, Claudette Neptune and "Kayum," work primarily at NMH, and cover both vascular and echo work.

Four petitioned-for cardiology technicians 3's perform cardiac stress tests, EKG tests, and arrhythmia monitoring. They work at Danbury Hospital, NMH, and DHMAC.¹⁵

Nine nuclear medicine technologists report to Rigling. Nuclear medicine technologists inject radioactive isotopes into patients for purposes of imaging certain disorders. Nuclear medicine technologists also perform positron emission tomography (PET), a service that is performed only at DHMAC. All of the nuclear medicine technologists work various 8-hour shifts including weekends and holidays, and are on call during the night. Most of the nuclear medicine technologists are based at Danbury Hospital and DHMAC, and some also work at the Southbury Cardiovascular Center. The Employer seeks to include one nuclear medicine technologist based at NMH and who is among the nine who report to Rigling.

5. Respiratory Services

Susan Albino is the manager of respiratory services and neurophysiology. She oversees, in relevant part, the respiratory care department at the two hospitals, a Pulmonary Function Lab, a Pulmonary Rehabilitation Program, and two Sleep Disorder Centers. Albino has an office at Danbury Hospital, but is also responsible for these services at all locations, including NMH.

Respiratory Clinical Supervisor Leann Losee oversees respiratory services, apparently for inpatients, and reports to Albino.¹⁶ The petitioned-for unit includes numerous respiratory therapists 2 and respiratory therapists 3 who work at Danbury Hospital. Respiratory therapists administer oxygen therapy, pharmacological agents, bronchial hygiene, and airway and ventilator care to inpatients. The Employer seeks to include seven or eight respiratory therapists 2 and 3 who perform the same function at NMH. The record does not reveal

¹⁵ Although Rigling testified that the sites at which these technicians work include NMH, the Employer's list of the NMH positions it seeks to include does not include any cardiology technicians 3. It appears that all four technicians may already be included in the petitioned-for unit by virtue of their work at the Danbury sites.

¹⁶ The parties have stipulated, and I find, that the Respiratory Clinical Supervisor (Leeann Losee) is a statutory supervisor who should be excluded from any unit found appropriate.

whether the immediate supervisor of the respiratory therapists at NMH is Albino, Losee, or an NMH supervisor.¹⁷

The four full-time respiratory therapists who work at Danbury Hospital work 12-hour shifts. Respiratory therapists at NMH currently work a mixture of 12-hour and 8-hour shifts. Albino testified that, once the respiratory services at both hospitals are integrated, NMH respiratory therapists will also be required to work 12-hour shifts.

Newly hired Outpatient Services Supervisor David Bunting, who will report to Albino, will oversee employees in the Pulmonary Function Lab at 33 Germantown Road in Danbury and at two Sleep Disorder Centers located at the Ethan Allen Hotel in Danbury and NMH.¹⁸ Petitioned-for employees who will report to Bunting include registered pulmonary technologists 2, polysomnographers, and respiratory specialists. The two registered pulmonary technologists 2, who work at the Pulmonary Function Lab, do pulmonary function testing and metabolic stress testing. They also assist physicians during bronchoscopy and thorocentesis procedures.

Five polysomnographers diagnose and treat sleep disorders through the use of sleep studies. Two of them work the day shift primarily at the 33 Germantown Road location. Three polysomnographers work the night shift primarily at the Sleep Disorder Center at the Ethan Allen Hotel in Danbury, but also work two shifts per month each at the NMH Sleep Disorder Center, which is open only two nights per week. Finally, the petitioned-for unit includes respiratory specialists, who have dual credentials in polysomnography and respiratory therapy. They work at both Sleep Disorder Centers, each covering the NMH Sleep Disorder Center for two shifts per month. When things are slow in the Sleep Disorder Centers, they work in the Pulmonary Function Lab or in the Pulmonary Rehabilitation Program.¹⁹

NMH employs no pulmonary technologists or polysomnographers; the NMH Sleep Disorder Center is staffed only by Danbury employees.

¹⁷ The Employer asserts in its post-hearing brief that “respiratory techs” are directly supervised by Albino, referring to testimony in which Albino stated that she goes to NMH maybe once a month concerning issues involving the polysomnographers or respiratory specialists, but those are different classifications from that of respiratory therapist. The record includes no reference to a separate supervisor for respiratory therapists at NMH, nor does it reveal at which hospitals Losee oversees Respiratory Services.

¹⁸ Outpatient Supervisor Bunting had been hired but had not yet begun to work at the time of the hearing.

¹⁹ The record does not reveal the location of the Pulmonary Rehabilitation Program.

In this outpatient group, the Employer seeks to include one respiratory specialist who works at NMH. The record is unclear as to the supervisor of this employee, beyond Albino's testimony that she goes to NMH regarding issues involving the respiratory specialists maybe once a month. There is no evidence that NMH has its own supervisor for respiratory specialists.

6. Cardiovascular and Interventional Services

Administrative Director of Cardiovascular and Interventional Services Marybeth Martell is responsible for services including a Wound Care Center, an Anticoagulation Center, an Arrhythmia Center, Cardiac Rehabilitation, and an Invasive Cardiology/Catheterization Lab. Martell reports to Kelly Stock, Executive Director for the cardiovascular service line, which has departments at all three acute care hospitals. Clinical managers in the Anticoagulation Center, Cardiac Rehabilitation, and Arrhythmia Center report to Martell, and there are currently vacancies for clinical managers at the Wound Care Center and Invasive Cardiology/Catheterization Lab. Martell has an office at Danbury Hospital.

The Wound Care Center at Danbury Hospital is an outpatient service that provides care for patients with chronic and acute wounds, including hyperbaric chambers. It is open from 8 a.m. to 4:30 p.m. weekdays. It employs two petitioned-for LPNs who dress wounds, assist physicians with debridements, and give discharge instructions to patients. One of them is a hyperbaric wound care LPN who operates and maintains the hyperbaric chamber. NMH has a Wound Care Center that is open only half a day per week and is staffed by registered nurses.

The Anticoagulation Center at 41 Germantown Road in Danbury monitors patients taking Coumadin for anti-coagulation, on an outpatient basis, from 8 a.m. to 4:30 p.m. weekdays. This service is offered only at the Danbury location. The Anticoagulation Center employs two petitioned-for LPNs who perform blood tests and adjust medication levels with the approval of a nurse practitioner, as well as a petitioned-for Coordinator of the Anticoagulation Center, who manages day-to-day operations, oversees the schedule of the medical assistants and clerical staff who work there, and sees patients.

An Invasive Cardiology/Catheterization Lab is located at Danbury Hospital. Patients who go to the Lab undergo diagnostic cardiac catheterizations, coronary angioplasty, implantation of pacemakers and defibrillators, and electrophysiology procedures. The Lab is open weekdays from 7 a.m. to 6:30 p.m., and its staff rotate being on call for emergencies. This Lab employs petitioned-for cardiac technologists/invasive, who prepare the cath lab, scrub in to assist physicians with the above procedures, do hemodynamic monitoring, and assist in post-procedure patient care. It also employs petitioned-

for radiologic technologists-special procedures, who operate X-ray equipment during interventional cardiac procedures, in addition to performing the work of the cardiac technologists. There is no evidence in the record that a similar service is offered at NMH, and the Employer does not seek to include these titles at NMH.

An Arrhythmia Clinic located at DHMAC provides follow-up care on an outpatient basis for patients with pacemakers, defibrillators, and implanted records. This service is offered only at DHMAC. The clinic is open from 8 a.m. to 4 p.m. weekdays. The petitioned-for arrhythmia coordinator, LouAnn Rigling, reports to a nurse practitioner who is the manager of the clinic. She schedules pacemaker and defibrillator testing and reprogramming, coordinates all pacemaker trans-telephonic follow-up with an outside vendor, and performs routine device trouble-shooting, and provides device-related information to cardiologists.

7. Laboratory Operations

Manager of Laboratory Operations Laura Ovitore is responsible for laboratory operations at both Danbury Hospital and NMH. She has an office at Danbury Hospital and a workspace at NMH, which she visits one to two days per week. Ovitore reports to WCHN's Administrative Director for Ancillary Services ToniAnn Marchione. The lab at NMH is a "rapid response" lab that performs testing that is essential to the immediate care of patients. More complex testing is sent to the lab at Danbury Hospital, which has various areas, including a core lab, microbiology, flow cytometry, and cytology, each of which has a supervisor called a technical or administrative specialist.

The petitioned-for technical employees who work in the Danbury Hospital lab include medical technicians. Medical technicians in Danbury perform moderately complex testing in chemistry, hematology, microbiology, and urinalysis. They never work at NMH or any other Danbury Hospital locations.

The NMH lab has a supervisor with the title of technical specialist and is staffed only by medical technologists and phlebotomists. The Employer does not seek to include any employees employed at the NMH lab.²⁰

²⁰ The labs at both hospitals employ medical technologists, but neither party seeks to include them or various other types of technologists who are employed at the Danbury Hospital lab. The function of the medical technicians at Danbury Hospital is performed by medical technologists at NMH. The labs at both hospitals also employ phlebotomists, but neither party seeks to include them in the unit.

8. Physical Medicine and Rehabilitation

Manager of Physical Medicine and Rehabilitation Chris Ziegler oversees a rehabilitation unit at Danbury Hospital that offers physical, occupational, and speech therapy. She also oversees the provision of these services on other inpatient units at Danbury Hospital. Ziegler reports to Executive Director Robert Bepko, who is responsible for physical medicine and rehabilitation at Danbury Hospital, NMH, and Norwalk Hospital and for occupational medicine at Danbury Hospital and Norwalk Hospital. Until recently, a supervisor for this department at NMH, Mary Ellen Sciarretta, reported to a nursing director at NMH. About a year ago, Ziegler was asked to work with her counterparts at NMH to develop policies and procedures and to evaluate staffing at the NMH department. Ziegler testified that just prior to the hearing, she was informed that the NMH supervisor would report to her effective October 1, although that had not yet been confirmed.

The petitioned-for unit includes two physical therapy assistants and two certified occupational therapy assistants. Physical therapy assistants teach patients how to ambulate, get in and out of bed, and use walkers, wheelchairs, and the like on both the rehabilitation and acute care units. Certified occupational therapy assistants teach patients on the rehabilitation and acute care units how to perform activities of daily living, such as dressing and showering, using adaptive equipment. Both types of employees generally work from 8 a.m. to 4:30 p.m. These job titles do not exist at NMH, where the duties of a physical therapy assistant are performed by physical therapists.

The petitioned-for unit also includes massage therapists who work within the Complimentary/Alternative Medicine Department at Danbury Hospital, performing massage therapy techniques on patients. The record does not reveal where they work. It appears that there is no equivalent position at NMH.

9. Siefert and Ford Community Health Center

The Siefert and Ford Community Health Center in Danbury provides outpatient services at a Pediatric Health Center, Adult Health Center, and a Women's Health Center. Nurse Manager Deborah Henriques supervises three petitioned-for licensed practical nurses (LPNs) at the Community Health Center. Two LPNs work in the Pediatric Center, where they escort patients to an exam room, take height, weight, temperature, and blood pressure readings, and administer vaccines and antibiotics. One works in the Adult Health Center, where she works in the capacity of an LPN, x-ray technologist and phlebotomist. These LPNs work from 8 a.m. to 5 p.m. They never work in any other location.

The Community Health Center also employs petitioned-for dental hygienists who clean teeth, and lead dental assistants who assist dentists with certain procedures and purchase department supplies.

It appears that NMH does not employ any LPNs, x-ray technologist/phlebotomists, dental hygienists, or lead dental assistants, as none of those classifications are included on the list of NMH employees that the Employer seeks to include.

C. Interchange, contact, and functional integration

1. Perioperative Services

With respect to permanent transfers, two NMH surgical technologists, Bambi Bahr and Denean Brunner, transferred to Danbury Hospital in 2013, and Danbury Hospital surgical technologist Jeanette St. Amand changed her home base to NMH about six months ago.

With respect to temporary interchange, about October 2013, the Employer promulgated a policy, which was posted on the WCHN intranet and presented at Perioperative staff meetings at all three locations, that all network surgical services employees will be based at one facility, i.e., Danbury Hospital or Ridgefield Surgical Center, with the understanding that they may be required to work at another WCHN facility based on staffing needs and that they will be required to be cross-trained to work at all three locations.

The OR inventory/instrument coordinator and the three surgical technologists at Ridgefield Surgical Center were hired with the understanding that they would not be multi-site employees and would work exclusively at their own sites. Danbury Hospital surgical technologists are sent to work in Ridgefield on a weekly basis.

The OR inventory/instrument coordinators at Danbury Hospital and NMH work only at their respective hospitals. Of the approximately 34 surgical technologists employed at Danbury Hospital and at NMH, five move between the two hospitals.²¹ Payroll records submitted into evidence reflect that, during a six-month period between March and September 2014, three NMH-based surgical technologists, David Racowski, Amanda Saviano, and St. Amand, worked at Danbury Hospital for 6, 6, and 11 days respectively, while two Danbury Hospital-based surgical technologists, Bahr and Brunner, worked at NMH for 55 and 14 days respectively. Bahr and Brunner are part of the on-call rotation at NMH.

2. Radiation Oncology

There is no evidence of any permanent or temporary interchange between the seven full-time radiation therapists at both sites. Radiation therapists at NMH

²¹ Danbury Hospital surgical technologists are also sent to the Ridgefield Surgical Center on a weekly basis.

were sent to Danbury Hospital and vice versa for orientation with respect to the other hospital's procedures and equipment, once in January 2013 for four half days and once in January 2014 for four to five full days, but there is no evidence that any radiation therapists have been sent to another site to perform actual patient care.

One of the two per diem radiation therapists in this department works both at Danbury Hospital and NMH. In a three and half month period in the summer of 2014, this per diem worked approximately 88 hours at Danbury Hospital and 181 hours at NMH.

3. Radiology

The Employer seeks to include 19 technologists employed at the NMH Radiology Department. The petitioned-for unit includes about 35 to 40 radiologic technologists in the Radiology Department. The record does not reveal the number of the other types of Radiology Department technologists in the petitioned-for unit. It appears that there has been one permanent transfer between NMH and the petitioned-for locations in this department by NMH CT technologist James Reynolds, who transferred to Danbury Hospital about two years ago.²²

No Radiology Department employees at the petitioned-for locations are ever scheduled to work at NMH. Marchione testified that two CT technologists have been scheduled to work at Danbury Hospital at least three days a week for the last six months due to higher volume in Danbury and lower volume at NMH and that this situation is expected to continue. The two CT technologists report to the CT scan supervisor at Danbury Hospital when they work there and to the NMH Radiology Department supervisor when they work at NMH. Payroll records submitted into evidence reflect that, over a six-month period from March through September 2014, NMH technologist Robert Krokovich worked 64 days at Danbury Hospital and NMH technologist Angelica May worked 72 days at Danbury Hospital.²³

²² Danbury Hospital radiologic technologist Renee Stefanko testified that Reynolds began to work at Danbury Hospital about two years ago and never goes back to NMH, although he is still treated as an NMH employee for payroll purposes. Six months' of payroll records submitted by NMH for purposes of showing temporary interchange by Reynolds to Danbury Hospital corroborate Stefanko's assertion that Reynolds always works at Danbury Hospital and never at NMH.

²³ It appears from the testimony of Marchione and Stefanko that these are the two NMH CT technologists described by Marchione who fill in at Danbury Hospital, although Director of Labor Relations Kenneth Sommerer, who testified about the payroll records, referred to Krokovich and May as "radiology" technologists.

4. Noninvasive Cardiology, Vascular Lab, and Nuclear Medicine

There is no evidence of any permanent transfers between NMH employees and employees who work at the petitioned-for locations in non-invasive cardiology, vascular work, or nuclear medicine.

With respect to temporary interchange within this group, Administrative Director Rigling, who does the hiring for this group, testified that he tells all applicants for vascular technologist positions that they will be expected to work at Danbury Hospital, NMH, the Danbury Hospital Vascular Lab, and Southbury. These technologists have a “home base” if they work more time in one of those locations but may be assigned to work one day at one location and the next day at another.

With respect to temporary interchange by vascular technologists, the Employer submitted into evidence a schedule for weekend vascular and echo call coverage at NMH over a three-month period in 2014. The exhibit reflects that five Danbury-based employees each covered one or two four-hour vascular call shifts at NMH over that period, and three Danbury-based employees each covered two four-hour echo call shifts at NMH over that period.

Payroll records submitted into evidence reflect that, over a six-month period in 2014, three vascular technologists who work in petitioned-for locations, Angelique Hernandez, Maria Reyes, and Katylynn Huff, worked at NMH one day, three days, and five days respectively. There is no evidence that the one full-time NMH-based vascular technologist has ever worked at the petitioned-for locations. One NMH based per diem vascular technologist, Kimberly Williams, worked 15 days at Danbury Hospital and 21 days at NMH during that period.

With respect to temporary interchange and contact by the approximately 14 to 15 echocardiographer technologists at all locations, the two full-time echocardiographer technologists who are based at NMH have gone to Danbury Hospital for training for a day or two at a time, but have never performed actual patient care there. One per diem at NMH covers for vacationing Danbury echocardiographers on rare occasions. Payroll records for a six-month period in 2014 reflect that five echocardiographer technologists who are based either at the DHMAC Echo Lab or at Danbury Hospital filled in at NMH during that period, two for one day, two for two days, and one for three days. This was due in part to the departure of a per diem at NMH, a position which has now been filled, and which will, to some degree, lessen the need for Danbury-based echocardiographers to cover at NMH.

With respect to temporary interchange by the nine nuclear medicine technologists, the Employer submitted payroll records over the last six months. The records reflect that the nuclear medicine technologist who works primarily at

NMH, John Seidenburg, worked at Danbury Hospital on seven days over that period of time. If Seidenburg is not available at NMH, one of the Danbury-based technologists covers NMH. The payroll records reflect that five nuclear medicine technologists who are based either at Danbury Hospital or at DHMAC have worked at NMH for 3, 3, 4, 5, and 9 days, respectively, over that six-month period.

5. Respiratory Services

There is no evidence of any permanent transfers between Respiratory Services staff at NMH and the petitioned-for Danbury locations.

Albino testified that when Danbury Hospital announced its plan to move to a single license for the two hospitals, she began to plan for the integration of the respiratory departments at the two hospitals. At a February 2013 staff meeting, she told the NMH respiratory staff that they would eventually be required to work at both locations. As she hired new employees, especially per diems, she told them that they would be trained and expected to work at both locations. In August 2014, all of the job descriptions for employees who work in Respiratory Services were revised to reflect that the employees must be available to work across the WCHN Network. In 2013 and 2014, she began sending NMH staff to Danbury Hospital for a day of training with respect to certain technology and clinical practices. Currently, no NMH respiratory therapists work at Danbury Hospital, and there is no evidence that any Danbury Hospital respiratory therapists work at NMH. Now that the single license is in effect, the department will begin cross training employees from both sites for about two to three months, with the goal of implementing the integration by January 2015.

As noted above, the NMH Sleep Disorder Center is open only two nights per week and is staffed only by Danbury employees, who work primarily at the other Sleep Disorder Center in Danbury. Schedules submitted into evidence reflect that, over a six-month period in 2014, four of these polysomnographers and/or respiratory specialists and a per diem covered 67 shifts at the NMH Sleep Disorder Center.

6. Other departments

There is no evidence of any temporary or permanent interchange between NMH technical employees and technical employees at the petitioned-for locations who work in Cardiovascular and Interventional Services, Laboratory Operations, Physical Medicine and Rehabilitation, or the Siefert and Ford Community Health Center.

II. ANALYSIS AND CONCLUSION

A. The applicable standard

The Employer contends that the appropriate legal framework is the traditional standard applied by the Board in cases where a union petitions for a multi-location unit that is less than employer-wide in scope, citing *Sleepy's, Inc.*, 355 NLRB 132, 134 (2010)(two member Board decision).

AFT asserts that *Specialty Healthcare & Rehabilitation of Mobile*, 357 NLRB No. 83 (2011) provides the appropriate legal test to be applied in this case. Under that test, when a union petitions for an election in a unit of employees who are readily identifiable as a group (based on job classifications, departments, functions, work locations, skills or similar factors), and the Board finds that the employees in the group share a community of interest after considering the traditional criteria, the Board will find the petitioned-for unit to be an appropriate unit, despite a contention that employees in the group could be placed in a larger unit which would also be appropriate or even more appropriate, unless the party so contending demonstrates that employees in the larger unit share an *overwhelming* community of interest with those in the petitioned-for unit. *Id.*, slip op. at 12-13 (emphasis supplied). However, the Board specifically stated that its holding in *Specialty Healthcare* was not intended to disturb various presumptions, special industry rules and occupational rules that it has developed in the course of adjudication. *Specialty Healthcare*, slip op. at 7, fn. 17 and at 13, fn. 29.

The *Specialty Healthcare* Board did not expressly address whether the standard enunciated in that case applies when considering the appropriateness of including or excluding locations from a petitioned-for multi-location unit, and there are no reported cases in which the Board has addressed this question. I find that the appropriateness of including or excluding locations from a petitioned-for multi-location unit is analogous to those determinations involving the types of longstanding presumptions and rules that the Board declined to disturb in *Specialty Healthcare*. Therefore, I find that the standard for unit determination in *Specialty Healthcare* is not applicable here.

Accordingly, I shall apply the Board's traditional standard for unit determinations in cases involving petitioned-for multi-location units. When a union petitions for a multi-location bargaining unit, as opposed to a single-facility unit, there is no presumption of appropriateness. *Macy's West, Inc.*, 327 NLRB 1222, 1223 fn. 5 (1999). Instead, the Board applies its traditional community-of-interest analysis and considers a variety of factors to determine whether the employees in the petitioned-for unit share a community of interest distinct from the employees at the excluded facilities. The Board considers similarity of employee skills, duties and working conditions; functional integration of business operations, including employee interchange; centralized control of management, supervision and labor relations; whether the petitioned-for unit conforms to an administrative segment or organizational grouping of the employer's operations; geographic cohesiveness and proximity; and collective-bargaining history. See

Laboratory Corp. of America Holdings, 341 NLRB 1079 (2004); *Bashas' Inc.*, 337 NLRB 710, 711 (2002); *Alamo Rent-A-Car*, 330 NLRB 897, 897 (2000).

B. Conclusion

Applying the factors set forth in the above cases, I find that the petitioned-for unit, excluding NMH, is an arbitrary grouping of employees, as the evidence fails to establish that the employees at the Danbury and Ridgefield facilities share a community of interest that is distinct from that of the NMH employees. Accordingly, I find that the smallest appropriate unit must include the technical employees at NMH.

1. Functional integration of business operations

NMH is functionally integrated with the petitioned-for facilities. As of October 1, 2014, NMH no longer exists as a separate corporation and is merely a separate campus of Danbury Hospital, with both hospitals operating under one license. The two hospitals now share a common electronic medical records system, billing system, operational procedures, and intranet. See, *Clarion Health Partners*, 344 NLRB 332, 334 (2005), in which the Board found a petitioned-for unit of two hospitals, excluding a third hospital, inappropriate where, *inter alia*, the employer's entire health care system was incorporated, accredited, and licensed as one system, and there were numerous single departments covering all three facilities, such as human resources, patient records, and billing.

2. Conformance of the petitioned-for unit to an administrative segment or organizational grouping of the Employer's operations

The petitioned-for unit is composed of locations that do not comport with any administrative grouping within the Employer's operations, and accordingly this factor does not favor the Petitioner. Thus, directors of the various service lines oversee their service at multiple facilities, including NMH. See *Clarion Health Partners*, supra (petitioned for two-hospital unit inappropriate where all three acute care hospitals were overseen by a single board of directors and chief administrative officers who oversaw operations at all three hospitals and to whom local management was responsible); *Stormont-Vail Healthcare, Inc.*, 340 NLRB 1205, 1208 (2003) (petitioned-for unit does not comport with the employer's administrative/supervisory grouping, where some clinics within the medical services division are included and others within that same division are excluded).

3. Common Supervision

At the lower levels of the organizational hierarchy, NMH employees in at least two departments, Radiation Oncology and Noninvasive Cardiology, Vascular Lab, and Nuclear Medicine, share common first-level supervision with

employees at the petitioned-for locations. While some NMH departments are separately supervised at the first level, such as the NMH operating room and the NMH Radiology Department, that is also true of some other locations within in the petitioned-for unit, such as the Ridgefield Surgical Center and the DHMAC Radiology Department. Thus, it cannot be argued that this factor supports the inclusion of Ridgefield Surgical Center and DHMAC, but not NMH, in a unit with Danbury Hospital. Further, several other NMH departments share common second-level supervision with their counterparts at Danbury Hospital, and Danbury Hospital supervisors have provided training at NMH.

4. Centralized control of management, supervision and labor relations

Employees at both NMH and the petitioned-for locations perform the exact same duties and are required to have the same skills and training. Their pay, benefits, and working conditions are identical. Labor relations, including hiring, training, and a complaint procedure, is centralized. A single human resources department covers all locations, and the same individual handles employee relations for both NMH and Ridgefield Surgical Center. All employees, regardless of location, are subject to the same human resources policies.

5. Employee interchange

The degree of employee interchange among the petitioned-for locations is not distinguishable from that between the petitioned-for locations and NMH. See *Alamo Rent-A-Car*, supra at 898 (2000) (no substantial interchange between two petitioned-for facilities that is distinguishable from that which exists among all four area facilities). Thus, the number of permanent transfers between NMH and the petitioned-for locations, three to four, is small, but there is no evidence of any permanent transfers among the petitioned-for locations. Similarly, there is evidence of some temporary interchange between NMH and the petitioned-for locations. Within the last six months, about 28 employees, or ten percent of an overall unit of 272-282 employees, have floated between NMH and the petitioned-for locations for varying numbers of days. Most of these employees floated for periods ranging from one to fifteen days in a six month period, and two floated for periods as long as 64 and 72 days in a six-month period. Similarly, there is some evidence of interchange among the petitioned-for locations. For example, surgical technologists at Danbury Hospital are assigned on a weekly basis to go to Ridgefield Surgical Center.

Thus, the record does not support a finding that the degree of interchange among the petitioned-for locations is any greater than that between NMH and the petitioned-for locations. In fact, the petitioned-for unit includes some sites that that have absolutely no interchange with any of the other petitioned-for locations, such as the Community Health Center, the Wound Care Center, the Anticoagulation Center, and the Arrhythmia Clinic. Therefore, this factor does not

support a finding that the petitioned-for unit is appropriate, and indeed supports the Employer's position.

6. Geographic cohesiveness and proximity, and collective-bargaining history

Consideration of the factors of geographic proximity and history of collective bargaining does not warrant a different result. While the petitioned-for locations in Danbury are clustered geographically, AFT also seeks to include two facilities in Ridgefield that are seven miles away from Danbury. This undercuts any geographic cohesiveness that would warrant exclusion of NMH, just fifteen miles away. And while the RNs at NMH and Danbury Hospital are separately represented, there is no history of collective bargaining among the technical employees at issue.

Accordingly, I shall order an election in a unit that encompasses the petitioned-for locations in Danbury, Ridgefield, and NMH.²⁴

I find that the following employees of the Employer constitute a unit appropriate for the purpose of collective bargaining within the meaning of Section 9(b) of the Act:

All full-time, regular part-time, and per diem²⁵ technical employees employed by the Employer at its facilities located in Danbury, Ridgefield, and New Milford Connecticut, including employees in the following positions:

MRI technologists
Team leaders – MRI

²⁴ As AFT has indicated its desire to represent employees in the unit I have determined to be appropriate, which is broader than the petitioned-for unit. Pursuant to the Board's usual practice, I shall provide AFT a reasonable period of time, not to exceed ten days, from the date of this Decision and Direction of Election in which to demonstrate the requisite showing of interest among employees in the unit found appropriate. In the event that AFT does not submit such additional evidence within ten days, the Direction of Election shall be vacated. Alternatively, AFT will be permitted to withdraw its petition without prejudice upon written notice to me within 10 days from the date of the Direction of Election. In such event, the Direction of Election shall be vacated.

²⁵ Pursuant to the Board's standard formula for determining the regularity of employment of part-time and per-diem employees, those employees who regularly averaged four hours or more of work per week during the quarter preceding the eligibility date shall be included in the unit. *Sister of Mercy Health Corp.*, 298 NLRB 483 (1990).

CT scan technologists
Radiologic technologists 1 and 3,
Radiological technologists – special procedures
Diagnostic medical sonographers
Special procedures/interventional technologists
Team leaders – diagnostic radiology
Clinical instructors – radiology
Mammography technologists
Licensed practical nurses
Hyperbaric wound care LPNs
Anticoagulation Center coordinator
Invasive cardiovascular technologists
Arrhythmia Clinic coordinator
Certified surgical technologists
Certified surgical technologists – cardiothoracic surgery
OR inventory/instrument coordinators
OR cardiovascular/interventional technologists
Endoscopy technicians
Respiratory therapists 2 and 3
Registered pulmonary technologists 2
Respiratory specialists
Polysomnographers
Radiation therapists,
Medical technicians
Dental hygienists
Lead dental assistants
X-ray technologists 3/phlebotomists
Certified occupational therapy assistants
Physical therapy assistants
Massage therapists
Vascular technologists 1 and 2
Echocardiography technologists,
Echocardiography team leaders,
Nuclear medicine technologists
Cardiology technicians 3

But excluding all other employees, confidential employees, temporary employees, casual employees, professional employees,²⁶ managerial employees, registered nurses, business office clerical employees, skilled maintenance employees, all other non-professional employees including service, maintenance and IT employees, and guards and supervisors as defined in the Act.

²⁶ The parties have stipulated, and I find, that dosimetrists are professional employees who should be excluded from the unit.

DIRECTION OF ELECTION

The National Labor Relations Board will conduct a secret ballot election among the employees in the unit found appropriate above. The employees will vote whether or not they wish to be represented for purposes of collective bargaining by **AFT CONNECTICUT, AFT, AFL-CIO**. The date, time and place of the election will be specified in the notice of election that the Board's Regional Office will issue subsequent to this Decision.

Voting Eligibility

Eligible to vote in the election are those in the unit who were employed during the payroll period ending immediately before the date of this Decision, including employees who did not work during that period because they were ill, on vacation, or temporarily laid off. Employees engaged in any economic strike, who have retained their status as strikers and who have not been permanently replaced are also eligible to vote. In addition, in an economic strike which commenced less than 12 months before the election date, employees engaged in such strike who have retained their status as strikers but who have been permanently replaced, as well as their replacements are eligible to vote. Unit employees in the military services of the United States may vote if they appear in person at the polls.

Ineligible to vote are (1) employees who have quit or been discharged for cause since the designated payroll period; (2) striking employees who have been discharged for cause since the strike began and who have not been rehired or reinstated before the election date; and (3) employees who are engaged in an economic strike that began more than 12 months before the election date and who have been permanently replaced.

Employer to Submit List of Eligible Voters

To ensure that all eligible voters may have the opportunity to be informed of the issues in the exercise of their statutory right to vote, all parties to the election should have access to a list of voters and their addresses, which may be used to communicate with them. *Excelsior Underwear, Inc.*, 156 NLRB 1236 (1966); *NLRB v. Wyman-Gordon Company*, 394 U.S. 759 (1969).

Accordingly, it is hereby directed that within 7 days of the date of this Decision, the Employer must submit to the Regional Office an election eligibility list, containing the full names and addresses of all the eligible voters. *North Macon Health Care Facility*, 315 NLRB 359, 361 (1994). The list must be of sufficiently large type to be clearly legible. To speed both preliminary checking and the voting process, the names on the list should be alphabetized (overall or by department, etc.). This list may initially be used by me to assist in determining

whether there is an adequate showing of interest. I shall, in turn, make the list available to all parties to the election.

To be timely filed, the list must be received in the Regional Office on or before **November 4, 2014**. No extension of time to file this list will be granted except in extraordinary circumstances, nor will the filing of a request for review affect the requirement to file this list. Failure to comply with this requirement will be grounds for setting aside the election whenever proper objections are filed. The list may be submitted to the Regional Office by electronic filing through the Agency's website, www.nlr.gov,²⁷ by mail, or by facsimile transmission at 617-565-6725. To file the eligibility list electronically, go to the Agency's website at www.nlr.gov, select **File Case Documents**, enter the NLRB Case Number, and follow the detailed instructions. The burden of establishing the timely filing and receipt of the list will continue to be placed on the sending party.

Since the list will be made available to all parties to the election, please furnish a total of **two** copies of the list, unless the list is submitted by facsimile or e-mail, in which case no copies need be submitted. If you have any questions, please contact the Regional Office.

Notice of Posting Obligations

According to Section 103.20 of the Board's Rules and Regulations, the Employer must post the Notices to Election provided by the Board in areas conspicuous to potential voters for at least 3 working days prior to 12:01 a.m. of the day of the election. Failure to follow the posting requirement may result in additional litigation if proper objections to the election are filed. Section 103.20(c) requires an employer to notify the Board at least 5 full working days prior to 12:01 a.m. of the day of the election if it has not received copies of the election notice. *Club Demonstration Services*, 317 NLRB 349 (1995). Failure to do so estops employers from filing objections based on nonposting of the election notice.

RIGHT TO REQUEST REVIEW

Under the provisions of Section 102.67 of the Board's Rules and Regulations, a request for review of this Decision may be filed with the National Labor Relations Board, addressed to the Executive Secretary, 1099 14th Street, N.W., Washington, DC 20570-0001. This request must be received by the Board in Washington by **November 11, 2014**. The request may be filed electronically through the Agency's website, www.nlr.gov, but may not be filed by facsimile.

²⁷ To file the eligibility list electronically, go to www.nlr.gov and select the **E-Gov** tab. Then click on the **E-Filing** link on the menu, and follow the detailed instructions.

DATED: October 28, 2014

Kreisberg / s / Jonathan B.

Jonathan B. Kreisberg, Regional Director
First Region
National Labor Relations Board
Thomas P. O'Neill, Jr. Federal Building
10 Causeway Street, Sixth Floor
Boston, MA 02222-1072