



STATE OF RHODE ISLAND
RI STATE LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE	
Case No. 3739	Date Filed
EE-	LABOR RELATIONS BOARD

IN THE MATTER OF
Providence Housing Authority

EMPLOYER

-AND-

RI Laborers' District Council on behalf of Local 1217
EMPLOYEE REPRESENTATIVE

AMENDED JUN 29 A 10:48
PETITION FOR INVESTIGATION OF
CONTROVERSIES AS TO
REPRESENTATION
PURSUANT TO R.I.G.L. 28-7-16
RI STATE LABOR RELATIONS ACT

FILE AN ORIGINAL, SIGNED IN BLUE INK, WITH THE BOARD. THIS FORM MUST BE TYPED

- Type of Petition (Check one)
 - Petition by or on behalf of employees seeking **certification** of any Employee Organization.
 - Petition by Employer seeking to resolve **claim of representation** by one or more Employee Organizations.
- Name of Employer: Providence Housing Authority
 Address: 100 Broad Street, Providence, RI 02903
 Representative (if known): Paul Tavares, Executive Director Telephone Number: (401)751-6400
- Name of Employee Organization: RI Laborers' District Council on behalf of Local 1217
 Address: 410 South Main Street, Providence, RI 02903
 Telephone Number: (401)751-6565 Facsimile: (401)751-1591 Email: Gina@rildc.org
- Unit Involved – **List the specific titles of the positions to be included in proposed unit and attach a copy of job descriptions, if available. (Attach additional sheets if necessary)**
Included: All full time Security Officers employed by the Providence Housing Authority.
Excluded: All Managers & Supervisors as defined by the Act.
- Number of employees in unit sought: 10
 A. If the Petitioner seeks to represent a unit of employees who are **currently represented** for the purpose of collective bargaining, is the petition filed within the thirty (30) day "window period" as outlined in R.I.G.L. 28-7-9?
 YES NO N/A
 B. Recognized or certified bargaining agent (Incumbent Labor Organization):
 Name: N/A
 Address: _____
 If certified, give Certification Number: _____ Date Certified: _____
 Current Certification of Representatives: Attached:
 Expiration Date of most recent Collective Bargaining Agreement: _____
 Month/Day/Year
- List other Employee Organizations known to have an interest in the employees previously described.
 Name(s): N/A
 Address(es): _____

Note: Upon submission of this Petition for either Representation or Decertification, Cards of Interest with a showing of at least thirty percent (30%), must accompany this Petition. Only Cards of Interest with original signatures shall be accepted.

Pursuant to R.I.G.L. 28-7-16, the undersigned requests that the Rhode Island State Labor Relations Board investigate the question or controversy of representation of employees, and certify to all persons concerned the name(s) of the representatives who have been designated or selected by said employees.

PETITIONER: *Darren F. Corrente* DATE: June 29, 2016
 SIGNATURE
 Name: Darren F. Corrente, Esq. Title: Regional Attorney, RI2DC
 Address: 226 South Main Street, Providence, RI 02903
 Telephone: (401) 331-7720 Cellular No. _____
 Facsimile: (401) 453-2549 Email: darren@correntelawri.com