



STATE OF RHODE ISLAND
RI STATE LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Case No.

EE- 3761

IN THE MATTER OF

Central Falls Detention Facility Corporation

EMPLOYER

-AND-

RI Council 94 AFSCME, AFL-CIO

EMPLOYEE REPRESENTATIVE

AMENDED checkbox

AMENDED

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

1. Type of Petition (Check one)

Checkboxes for petition types

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.

2. Name of Employer: Central Falls Detention Facility Corporation
Address: 950 High Street Central Falls RI 02863
Representative: Micheal Nessinger Telephone Number: 401-721-0323 Email: mnessinger@wyattdetention.com

3. Name of Employee Organization: RI Council 94, AFSCME, AFL-CIO
Address: 1179 Charles Street North Providence, RI 02904
Representative: John Burns Telephone Number: 401-486-1995 Email: JBurns@ricouncil94.org

4. Composition of Unit to Organize - 1) List the specific titles of the positions to be included in proposed unit; and 2) List the specific titles of the positions to be excluded in proposed unit, if applicable. (Attach additional sheets if necessary)

Included:

Please see Attached List

Excluded:

Please see Attached List

5. Number of employees in unit sought: 35

6. List other Employee Organizations known to have an interest in the employees previously described.

Name(s):
Address(es):
Representative: Telephone Number: Email:

Note: Upon submission of this Petition for Representation, Cards of Interest, with a showing of at least thirty percent (30%), must be submitted by the close of business (3:00 p.m.) on the date in which the petition is filed. 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'S SIGNATURE: John Burns

DATE: 11/9/22

Name: John Burns

Title: Senior staff Representative

Address: 1179 Charles Street

Business Telephone: 401-724-5900

Cellular No.: 401-486-1995

Facsimile: 401-724-2060

Email: JBurns@ricouncil94.org

The RI State Labor Relations Board is an equal opportunity employer. Auxiliary aids and services are available upon request to individuals with disabilities. TTY VIA RI RELAY: 711

Included

Administrative Assistant (Programs)

Counselor

Education Supervisor

Education Specialist

Electrician

General Maintenance Worker

Evidence/Grievance Coordinator

HVAC Mechanic

Ice Unit Counselor

Ice Unit Manager

IT Coordinator

IT Network Administrator

IT Specialist

Key & Tool Coordinator

Legal Liaison

Lead Unit Manager

Locksmith

Maintenance Foreman Supervisor

Network Specialist

Records Clerk

Records Supervisor

Safety Manager

Unit Manager

Unit Counselor

Visitation Supervisor

Excluded

All other employees, professional, managerial, supervisors, confidential as defined by the act.