

Exhibit 1

NOT WRITE IN THIS SPACE	
Case 22-CA-086823	Date Filed 8/7/2012

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer Meadowlands Hospital Medical Center	b. Tel. No. (201) 392-3221
	c. Cell No.
	f. Fax No.
d. Address (Street, city, state, and ZIP code) 55 Meadowlands Parkway, Secaucus, NJ 07096	e. Employer Representative Lynn McVey
	g. e-Mail
	h. Number of workers employed Approx 400
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital	j. Identify principal product or service Health Care
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (1st subsections) (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Employer has violated Sections 8(a)(5) and (1) of the Act by repudiating the collective bargaining agreement, by failing to recognize the Union as the bargaining representative of a certain classification of registered nurses (nurse interns) and by failing to apply the terms of the collective bargaining agreement to these nurses within the meaning of Section 8(d).	
3. Full name of party filing charge (if labor organization, give full name, including local name and number) Health Professionals and Allied Employees, AFT/AFL-CIO	
4a. Address (Street and number, city, state, and ZIP code) 208 White Horse Pike Haddon Heights, NJ 08035	4b. Tel. No. (856) 663-0300
	4c. Cell No. (856) 952-8007
	4d. Fax No. (856) 663-0440
	4e. e-Mail lleshinski@hpae.org
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) American Federation of Teachers	
6. DECLARATION	
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	
By <u><i>Lisa Leshinski</i></u> <small>(signature of representative or person making charge)</small>	Lisa Leshinski, Esq. (In-house Counsel) <small>(Print type name and title or office, if any)</small>
	Tel. No. (856) 663-0300
	Office, if any, Cell No. (856) 952-8007
	Fax No. (856) 663-0440
	e-Mail lleshinski@hpae.org
Address 208 White Horse Pike, Haddon Heights, NJ 08035	August 7, 2012 <small>(date)</small>

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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. § 161 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice 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.

Exhibit 2

INTERNET
FORM NLRB-501
(2-08)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case
22-CA-089716Date Filed
9/20/2012

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer Meadowlands Hospital Medical Center	b. Tel. No. (201) 392-3221
	c. Cell No.
	f. Fax No.
d. Address (Street, city, state, and ZIP code) 55 Meadowlands Parkway, Secaucus, NJ 07096	e. Employer Representative Mario Pavasic
	g. e-Mail
	h. Number of workers employed Approx 400
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital	j. Identify principal product or service Health Care
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (f) (subsections) (5), (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Since on or about March 21, 2012, the Employer has violated Sections 8(a)(5) and (1) of the Act by failing to notify and bargain with the Union over the installation of hidden surveillance cameras in the Hospital, and by refusing to provide the Union with information about the cameras. Also since that date, the Employer has threatened a local Union officer, stating that cameras are utilized to surveil employees. The Union requests 10(j) relief.	
3. Full name of party filing charge (if labor organization, give full name, including local name and number) Health Professionals and Allied Employees, AFT/AFL-CIO	
4a. Address (Street and number, city, state, and ZIP code) 208 White Horse Pike Haddon Heights, NJ 08035	4b. Tel. No. (856) 663-0300
	4c. Cell No. (856) 952-8007
	4d. Fax No. (856) 663-0440
	4e. e-Mail lleshinski@hpae.org
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) American Federation of Teachers	
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	
By <u>Lisa Leshinski</u> (Signature of representative or person making charge)	Lisa Leshinski, Esq. (In-house Counsel) (Print/type name and title or office, if any)
	Tel. No. (856) 663-0300
	Office, if any, Cell No. (856) 952-8007
	Fax No. (856) 663-0440
	e-Mail lleshinski@hpae.org
Address 208 White Horse Pike, Haddon Heights, NJ 08035	9/20/12 (date)

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

PRIVACY ACT STATEMENT

Solicitation of this 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 unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74842-43 (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.

Exhibit 3

FORM EXEMPT UNDER 44 U.S.C. 2612

INTERNET
FORM NLRB-601
(2-00)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case

22-CA-090437

Date Filed

10/1/2012

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Meadowlands Hospital Medical Center		b. Tel. No. (201) 392-3221
d. Address (Street, city, state, and ZIP code) 55 Meadowlands Parkway, Secaucus, NJ 07088		c. Cell No.
e. Employer Representative Lynn McVey		f. Fax No.
		g. e-Mail
		h. Number of workers employed Approx 400
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital	j. Identify principal product or service Health Care	

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (1st subsections) (3) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices).
See attached

3. Full name of party filing charge (if labor organization, give full name, including local name and number)
Health Professionals and Allied Employees, AFT/AFL-CIO

4a. Address (Street and number, city, state, and ZIP code) 208 White Horse Pike Haddon Heights, NJ 08035		4b. Tel. No. (856) 663-0300
		4c. Cell No. (856) 952-8007
		4d. Fax No. (856) 663-0440
		4e. e-Mail leshinski@hpae.org
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) American Federation of Teachers		

6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No. (856) 663-0300
By <i>Lisa Leshinski</i> (signature of representative or person making charge)	Lisa Leshinski, Esq. (In-house Counsel) (Print type name and title or office, if any)	Office, if any, Cell No. (856) 952-8007
		Fax No. (856) 663-0440
Address 208 White Horse Pike, Haddon Heights, NJ 08035		e-Mail leshinski@hpae.org
		10/1/2012 (date)

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

PRIVACY ACT STATEMENT

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Meadowlands Hospital, HPAE
(Filed October 1, 2012)

2. Basis of the Charge

- A. Since on or about April 1, 2012, the Employer has discriminated against union officers and members as a result of their Union activity.
 - 1. The Employer has repeatedly threatened the Union president Joanne Dudsak.
 - 2. The Employer has retaliated against a union officer for her union activity, including reporting her to her professional licensing Board because she utilized the Union's grievance process.
 - 3. The Employer has retaliated against a former Union officer for her union activity by terminating her employment, claiming layoff. The termination is retaliation for union activity. Any claim of layoff is pretext.
 - 4. The Employer has retaliated against a Union grievant by reducing his hours of work from full time to part time, claiming layoff. This reduction in hours is retaliation for union activity. Any claim of layoff is pretext.
 - 5. The Employer has retaliated against a Union officer for her union activity by eliminating her job title.

- B. Since on or about August 2012, the Employer has failed to provide the union with information necessary for the representation of members, including
 - 1. Information regarding the layoff of employees.
 - 2. Information regarding the termination of union employees.

- C. Since on or about August 2012, the Employer has refused to bargain with the Union regarding the implementation and effect of layoffs.

- D. Since on or about August 1, 2012, the Employer has unilaterally ceased offering a prescription drug plan to employees. Payroll deductions for the prescription drug plan have continued to be withdrawn from employees' checks. This is a repudiation of the CBA.

- E. Since on or about September 21, 2012, the Employer has announced that it is unilaterally eliminating all 12 hour shifts and instituting 8 hour shifts for all employees.

The Union requests 10(j) relief.

Exhibit 4

FORM EXEMPT UNDER 44 U.S.C. 3512

INTERNET
FORM NLRB-501
(2-09)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case 22-CA-091025

Date Filed 10/10/2012

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Meadowlands Hospital Medical Center		b. Tel. No. (201) 392-3221
d. Address (Street, city, state, and ZIP code) 55 Meadowlands Parkway, Secaucus, NJ 07096		c. Cell No.
e. Employer Representative Lynn McVey		f. Fax No.
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital		g. e-Mail
j. Identify principal product or service Health Care		h. Number of workers employed Approx 400

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)
Since on or about April 10, 2012, and thereafter, the Employer has violated the Act by failing to provide information regarding the April 2012 layoff, and by unilaterally implementing a system of layoff without bargaining with the Union.

3. Full name of party filing charge (if labor organization, give full name, including local name and number) Health Professionals and Allied Employees, AFT/AFL-CIO	
4a. Address (Street and number, city, state, and ZIP code) 208 White Horse Pike Haddon Heights, NJ 08035	4b. Tel. No. (856) 663-0300 4c. Cell No. (856) 952-8007 4d. Fax No. (856) 663-0440 4e. e-Mail lleshinski@hpaa.org

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)
American Federation of Teachers

6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No. (856) 663-0300
By Lisa Leshinski (signature of representative or person making charge)	Lisa Leshinski, Esq. (In-house Counsel) (Print/type name and title or office, if any)	Office, if any, Cell No. (856) 952-8007 Fax No. (856) 663-0440
Address 208 White Horse Pike, Haddon Heights, NJ 08035		e-Mail lleshinski@hpaa.org
		Date 10/10/2012

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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.

Meadowlands Hospital, HPAE
(Charge filed October 16, 2012)

2. Basis of the Charge

- A. Since on or about October 10, 2012, and thereafter, the Employer has unilaterally changed the hours in the Hospital cafeteria used by employees without notice to the Union and without affording the Union an opportunity to bargain.
- B. Since on or about October 8, 2012, and thereafter, the Employer has refused to provide information to the Union regarding the pension held by bargaining unit employees.
- C. Since on or about October 8, 2012, and thereafter, the Employer has officially stated that it will not make pension contributions for bargaining unit employees as required by the collective bargaining agreement. This conduct amounts to a repudiation of the collective bargaining agreement.
- D. Since on or about May 18, 2012, and thereafter, the Employer has failed and refused to provide information pursuant to a Union information request. Specifically, the Union requested a list of all job titles held by registered nurses at the Hospital, and a job description for each title.
- E. Since on or about July 19, 2012, and thereafter, the Employer has failed and refused to provide a bargaining unit list to the Union which contains basic information including employee name, title, unit, status and shift.
- F. Since on or about July 26, 2012, and thereafter, the Employer has failed and refused to provide information to the Union regarding the IT specialist position.

The Union requests 10(j) relief.

Exhibit 5

FORM EXEMPT UNDER 44 U.S.C 3012

INTERNET
FORM NLRB-501
(2-8)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case 22-CA-091521	Date Filed 10/16/2012

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT.

a. Name of Employer Meadowlands Hospital Medical Center		b. Tel. No. (201) 382-3221
d. Address (Street, city, state, and ZIP code) 55 Meadowlands Parkway, Secaucus, NJ 07096		c. Cell No.
e. Employer Representative Lynn McVey		f. Fax No.
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital		g. e-Mail
j. Identify principal product or service Health Care		h. Number of workers employed Approx 400
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (2) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)
See attached

3. Full name of party filing charge (if labor organization, give full name, including local name and number)
Health Professionals and Allied Employees, AFT/AFL-CIO

4a. Address (Street and number, city, state, and ZIP code) 208 White Horse Pike Haddon Heights, NJ 08035	4b. Tel. No. (856) 883-0300
	4c. Cell No. (856) 952-8007
	4d. Fax No. (856) 883-0440
	4e. e-Mail lleshinski@hpea.org

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)
American Federation of Teachers

6. DECLARATION
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

by <u>Lisa Leshinski</u> (signature of representative or person making charge)	Lisa Leshinski, Esq. (In-house Counsel) (Print type name and title or office, if any)	Tel. No. (856) 883-0300
208 White Horse Pike, Haddon Heights, NJ 08035		Office, if any, Cell No. (856) 952-8007
		Fax No. (856) 883-0440
		e-Mail lleshinski@hpea.org

10/16/2012 (date)

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

PRIVACY ACT STATEMENT

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Exhibit 6

INTERNET
FORM NLRB-401
(2-08)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER**DO NOT WRITE IN THIS SPACE**Case
22-CA-0920 62Date Filed
10/24/2012**INSTRUCTIONS:**

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Meadowlands Hospital Medical Center		b. Tel. No. (201) 392-3221
d. Address (Street, city, state, and ZIP code) 55 Meadowlands Parkway, Secaucus, NJ 07096		c. Cell No.
e. Employer Representative Lynn McVey		f. Fax No.
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital		g. e-Mail
j. Identify principal product or service Health Care		h. Number of workers employed Approx 400
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (1st subsections) (3) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

See attached

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

Health Professionals and Allied Employees, AFT/AFL-CIO

4a. Address (Street and number, city, state, and ZIP code) 208 White Horse Pike Haddon Heights, NJ 08035		4b. Tel. No. (856) 663-0300
		4c. Cell No. (856) 952-8007
		4d. Fax No. (856) 663-0440
		4e. e-Mail lleshinski@hpaee.org
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) American Federation of Teachers		

6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By Lisa Leshinski
(Signature of representative or person making charge)Lisa Leshinski, Esq. (In-house Counsel)
(Print type name and title or office, if any)

Tel. No. (856) 663-0300

Office, if any, Cell No.
(856) 952-8007

Fax No. (856) 663-0440

e-Mail
lleshinski@hpaee.org

Address 208 White Horse Pike, Haddon Heights, NJ 08035

10/24/2012.
(Date)**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)****PRIVACY ACT STATEMENT**

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**Meadowlands Hospital, HPAB
(charge filed October 24, 2012)**

2. Basis of the Charge

- A. Since approximately May 2012, and all times thereafter, the Employer has discriminated against employees because of their Union membership by terminating the employment of Union employees and replacing them with non-union workers.**

- B. On or about September 28, 2012, the Employer threatened to close the Rehab Unit if workers exercised Section 7 rights and reached out to the public about labor violations in the Hospital. On or about October 19, 2012, the Employer notified the Union that it is closing the Rehab Unit.**

- C. Since on or about September 2012, and thereafter, the Employer has unlawfully engaged in direct dealing by polling employees regarding changing scheduled shift hours hospital-wide.**

The Union requests 10(j) relief.

Exhibit 7

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INTERNET
FORM NLRB 601
(2-09)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 2012

DO NOT WRITE IN THIS SPACE	
Case 22-CA-096650	Date Filed 1/17/2013

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

b. Name of Employer Meadowlands Hospital Medical Center		b. Tel. No. (201) 392-3221
d. Address (Street, city, state, and ZIP code) 55 Meadowlands Parkway, Secaucus, NJ 07098		e. Employer Representative Lynn McVey
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital		j. Identify principal product or service Health Care
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (3) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) See attached		
3. Full name of party filing charge (if labor organization, give full name, including local name and number) Health Professionals and Allied Employees, AFT/AFL-CIO		

4a. Address (Street and number, city, state, and ZIP code) 208 White Horse Pike Haddon Heights, NJ 08035		4b. Tel. No. (856) 663-0300
		4c. Cell No. (856) 952-8007
		4d. Fax No. (856) 663-0440
		4e. e-Mail lleshinski@hpae.org

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) **American Federation of Teachers**

6. DECLARATION		Tel. No. (856) 663-0300
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Office, if any, Cell No. (856) 952-8007
by Lisa Leshinski <i>(signature of representative or person making charge)</i>	Lisa Leshinski, Esq. (In-house Counsel) <i>(Print type name and title or office, if any)</i>	Fax No. (858) 663-0440
208 White Horse Pike, Haddon Heights, NJ 08035 Address		e-Mail lleshinski@hpae.org
		1/17/2013 (date)

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

PRIVACY ACT STATEMENT

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**Meadowlands Hospital, HPAE
(Charge filed January 17, 2013)**

2. Basis of the Charge

- A. Since on or about January 11, 2013, and thereafter, the Employer has refused to deal with one of the Union's agents, a laid off former employee.
- B. Since on or about January 11, 2013, and thereafter, the Employer has unilaterally refused Union access to the facility.
- C. On or about August 26, 2012, September 20, 2012, October 23, 2012, and thereafter, the Union requested information on employee layoffs, and demanded to bargain about the implementation and effect of layoffs. The Employer has refused to provide information and refused to bargain.
- D. Over the Union's objections, on or about November 21, 2012, the Employer unilaterally changed the hours in the Employer's cafeteria, which is utilized by members, and unilaterally started charging for food, which had previously been free.
- E. On or about October 23, 2012, the Union requested a list of all job titles employed by the Employer. The Employer failed to provide the information.
- F. On or about October 23, 2012, the Union requested a list of all employees performing service unit work, and a list of their weekly hours worked. This information was only partially provided.
- G. On October 23, 2012, the Union requested information regarding the Employer's "nurse intern" program, including but not limited to a complete up-to-date list of nurse interns, their rates of pay, and copies of their schedules. No information was provided.
- H. Since on or about November 27, 2012, the Union became aware that the Employer was unilaterally deducting monies from employee paychecks for an "underpayment of fees." The Union requested information and demanded to bargain. This information was only partially provided. The Employer did not respond to the demand.
- I. Since on or about August 1, 2012, and all times thereafter, the Employer, which operates a self-insured health insurance plan, has failed and refused to release money for many employee claims. This amounts to a repudiation of the CBA.
- J. Since on or about January 7, 2013, the Union requested basic information regarding the health insurance, including the plan documents and premium amounts. The Union also demanded to

bargain about unilateral changes the Employer was making to the plans. No information was provided. The Employer never responded to the demand to bargain.

- K. On September 28, 2012, the Union requested information regarding a new prescription drug plan, which the Employer intended to offer to employees at some future date. No information was provided.
- L. Since on or about November 2012, and thereafter, the Employer unilaterally implemented a new prescription drug plan, which provides lesser benefits to employees.

The Union requests 10() relief.



Exhibit 8

FORM EXEMPT UNDER 44 U.S.C. 3612

INTERNET
FORM NLRB-801
(2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case 22-ca-097214	Date Filed 1/28/2013

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Meadowlands Hospital Medical Center		b. Tel. No. (201) 392-3221
d. Address (Street, city, state, and ZIP code) 55 Meadowlands Parkway, Secaucus, NJ 07098		c. Cell No.
e. Employer Representative Lynn McVey		f. Fax No.
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital		g. e-Mail
j. Identify principal product or service Health Care		h. Number of workers employed Approx 400

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (1st subsections) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)
On or about January 22, 2013, the Employer unlawfully conducted surveillance of union members and representatives in the hospital cafeteria. Specifically, the Employer attempted to intimidate workers in the exercise of their Section 7 rights by monitoring interactions between union representatives and workers and by giving the appearance that they were monitoring communications. Department managers, the head of Human Resources, attorneys, and security personnel participated in this unlawful conduct including Robert Mulligan, Esq., of the law firm of Hartmann, Doherty, Rosa, Berman and Bulbulla; HR Director Elizabeth Garrity; Gloria Kunish; Donna Ortiz, Assistant Director of Nursing; Felicia Karsos, Chief Nursing Officer; Debbie Turowski, Clinical Manager of Education; Nancy Brobeck, Employee Health Manager; Debbie Macdonald, Clinical Manager of Education; two in-house attorneys; and security officers Ellen L and Jesus Zayala.
The Union requests 10(j) relief.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)
Health Professionals and Allied Employees, APTIAFL-CIO

4a. Address (Street and number, city, state, and ZIP code) 208 White Horse Pike Haddon Heights, NJ 08035		4b. Tel. No. (856) 863-0300
		4c. Cell No. (856) 952-8007
		4d. Fax No. (856) 863-0440
		4e. e-Mail lleshinski@hpae.org

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)
American Federation of Teachers

6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No. (856) 863-0300
By <u>Lisa Leshinski</u> (signature of representative or person making charge)	Lisa Leshinski, Esq. (in-house Counsel) (Print type name and title or office, if any)	Office, if any, Cell No. (856) 952-8007
		Fax No. (856) 863-0440
208 White Horse Pike, Haddon Heights, NJ 08035 Address		e-Mail lleshinski@hpae.org
		1/28/2013 (date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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.

Exhibit 9

INTERNET
FORM NLRB-601
(2-00)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C. 3512

DO NOT WRITE IN THIS SPACE	
Case 22-CA-099492	Date Filed 3/1/2013

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer Meadowlands Hospital Medical Center	b. Tel. No. (201) 392-3221
	c. Cell No.
	f. Fax No.
d. Address (Street, city, state, and ZIP code) 55 Meadowlands Parkway, Secaucus, NJ 07098	e. Employer Representative Lynn McVey
	g. e-Mail
	h. Number of workers employed Approx 400
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital	j. Identify principal product or service Health Care
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (first subsections) (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Since on or about September 1, 2012, and all times thereafter, the Employer has unilaterally changed the grievance procedure in the CBA. Specifically, the Employer has failed and refused to process grievances, which includes failing and refusing to meet with the Union for grievance meetings and failing and refusing to issue grievance answers, as required by the CBA. This amounts to a repudiation of the grievance procedure. The Employer has also failed and refused to provide information on the aforementioned grievances. The Union requests 10(j) relief.	
3. Full name of party filing charge (if labor organization, give full name, including local name and number) Health Professionals and Allied Employees, AFT/AFL-CIO	
4a. Address (Street and number, city, state, and ZIP code) 208 White Horse Pike Haddon Heights, NJ 08035	4b. Tel. No. (856) 663-0300 4c. Cell No. (856) 952-8007 4d. Fax No. (856) 663-0440 4e. e-Mail leshinski@hpae.org
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) American Federation of Teachers	
6. DECLARATION	
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	
By <u>Lisa Leshinski</u> (signature of representative or person making charge)	Lisa Leshinski, Esq. (In-house Counsel) (Print/type name and title or office, if any)
208 White Horse Pike, Haddon Heights, NJ 08035 Address	
3/1/2013 (Date)	
Tel. No. (856) 663-0300 Office, if any, Cell No. (856) 952-8007 Fax No. (856) 663-0440 e-Mail leshinski@hpae.org	

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74842-43 (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.

Exhibit 10

FORM EXEMPT UNDER 44 U.S.C. 3012

INTERNET
FORM NLRB-201
(2-05)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case
22-CA-0100324Date Filed
3/13/2013

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Meadowlands Hospital Medical Center		b. Tel. No. (201) 392-3221
d. Address (Street, city, state, and ZIP code) 55 Meadowlands Parkway, Secaucus, NJ 07096		c. Cell No.
e. Employer Representative Lynn McVey		f. Fax No.
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital		g. e-Mail
j. Identify principal product or service Health Care		h. Number of workers employed Approx 400
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (1st subsection) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Since on or about November 8, 2012, and all times thereafter, the Employer has discriminated against Juan Sequinot for his union activity by laying him off and failing to recall him.

Since on or about September 14, 2012, and all times thereafter, the Employer has unilaterally changed the CBA, has failed and refused to recall laid off employees and has refused to allow employees to exercise bumping rights. This amounts to a partial repudiation of the CBA.

The Union requests 10(j) relief.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)
Health Professionals and Allied Employees, AFT/AFL-CIO

4a. Address (Street and number, city, state, and ZIP code) 208 White Horse Pike Haddon Heights, NJ 08035		4b. Tel. No. (856) 663-0300
		4c. Cell No. (856) 952-8007
		4d. Fax No. (856) 663-0440
		4e. e-Mail lleshinski@hpae.org

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)
American Federation of Teachers

6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No. (856) 663-0300
By <u>Lisa Leshinski</u> (signature of representative or person making charge)	Lisa Leshinski, Esq. (In-house Counsel) (Print type name and title or office, if any)	Office, if any, Cell No. (856) 952-8007
		Fax No. (856) 663-0440
Address: 208 White Horse Pike, Haddon Heights, NJ 08035		e-Mail lleshinski@hpae.org
		3/13/2013 (date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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.

Exhibit 11

FORM EXEMPT UNDER 45 C.F.R. 101.11

INTERNET
NLRB FORM 701
(2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case

Date Filed

22-CA-106694

6/6/2013

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer:

Meadowlands Hospital Medical Center

d. Tel. No. (201) 392-3221

c. Cell No.

f. Fax No.

d. Address (Street, city, state, and ZIP code)

55 Meadowlands Parkway, Secaucus, NJ 07096

e. Employer Representative

Lynn McVey

g. e-Mail

h. Number of workers employed
Approx 400

i. Type of Establishment (factory, mine, wholesaler, etc.)

Acute Care Hospital

j. Identify principal product or service

Health Care

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (2) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

See attached

3. Full name of party filing charge (if labor organization, give full name, including local name and number)
Health Professionals and Allied Employees, AFT/AFL-CIO

4a. Address (Street and number, city, state, and ZIP code)

208 White Horse Pike
Haddon Heights, NJ 08035

4b. Tel. No. (856) 663-0300

4c. Cell No. (856) 952-8007

4d. Fax No. (856) 663-0440

4e. e-Mail
leshinski@hpae.org

5. Full name of national or international labor organization of which it is an affiliate or constituent organization (to be filled in when charge is filed by a labor organization)
American Federation of Teachers

6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

Tel. No. (856) 663-0300

By *Lisa Leshinski*
(signature of representative or person making charge)

Lisa Leshinski, Esq. (In-house Counsel)
(Print name and title or office, if any)

Office, if any, Cell No.
(856) 952-8007

Fax No. (856) 663-0440

e-Mail
leshinski@hpae.org

Address 208 White Horse Pike, Haddon Heights, NJ 08035

6/6/2013
(Date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 (j)(6). The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice 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.

Meadowlands Hospital, HPAE
(Charge filed June 6, 2013)

2. Basis of the Charge

- A. Since on or about April 22, 2013, and thereafter, the employer has refused to provide any information to the union pursuant to a union information request about Veritas. The union has reason to believe that Veritas is an alter ego of the employer at Meadowlands Hospital.
- B. Since on or about March 8, 2013, the employer has failed and refused to provide information on the 401k plan.
- C. The employer has failed to recognize the union as the representative of all the service, technical and RN employees at Meadowlands Hospital, including the service unit per diems
- D. The employer has laid off RN unit employees in order to avoid paying the contractual wage rates required by the CBA.
- E. Since on or about January 2013, the employer has failed and refused to reinstate Cyndi Brizzi to her previous position with the Employer.
- F. On or about April 3, 2013, employer representative Dr. Lipsky threatened the union that there would be no resolution of issues until the union stops concerted activities.
- G. Since on or about February 7, 2013, and thereafter, the employer failed to provide information pursuant to an information request concerning inclement weather related policies.
- H. On or about February 4, 2013, the union requested additional information regarding the health insurance plan. The employer has failed and refused to provide the information.
- I. The employer has failed and refused to notify the union of the creation of new bargaining unit positions, and has unilaterally set wages and other terms and conditions of employment for these employees.
- J. Since on or about March 20, 2013, and thereafter, the employer has failed and refused to provide information responsive to an information request, including a copy of the hospital's DNV report for 2013 and staff schedules.

The Union requests 10(j) relief.

FIRST Amended

INTERNET
FORM NLRB-301
(2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE
Case: 22-CA-106694
Date Filed:

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Meadowlands Hospital Medical Center and Veritas, operating as a single employer and/or alter egos		b. Tel. No. (201) 392-3221
d. Address (Street, city, state, and ZIP code) 55 Meadowlands Parkway, Secaucus, NJ 07096		c. Cell No.
e. Employer Representative Lynn McVey		f. Fax No.
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital		g. e-Mail
j. Identify principal product or service Health Care		h. Number of workers employed Approx 400

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (3) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)
See attached

3. Full name of party filing charge (if labor organization, give full name, including local name and number)
Health Professionals and Allied Employees, AFT/AFL-CIO

4a. Address (Street and number, city, state, and ZIP code) 208 White Horse Pike Haddon Heights, NJ 08035		4b. Tel. No. (856) 663-0300
		4c. Cell No. (856) 952-8007
		4d. Fax No. (856) 663-0440
		4e. e-Mail lleshinski@hpae.org

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)
American Federation of Teachers

6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No. (856) 663-0300
By <u>Lisa Leshinski</u> (signature of representative of person making charge)	Lisa Leshinski, Esq. (In-house Counsel) (Print/type name and title or office, if any)	Office, if any, Cell No. (856) 952-8007
Address 208 White Horse Pike, Haddon Heights, NJ 08035		Fax No. (856) 663-0440
7/29/2013 (date)		e-Mail lleshinski@hpae.org

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74842-43 (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.

**Meadowlands Hospital, HPAE
(Amended Charge filed August 26, 2013)**

2. Basis of the Charge

- A. Meadowlands Hospital, Veritas and Meadowlands Physicians Professional Association, operating as a single employer and/or alter egos, have since on or about April 22, 2013, and thereafter, refused to provide information to the union pursuant to a union information request. Meadowlands Hospital and/or Veritas and/or Meadowlands Physicians Professional Association has failed to recognize the Union as the bargaining representative of employees and has failed to apply the contract to Veritas employees.**
- B. Since on or about July 15, 2013, the employer has failed and refused to provide information on the 401k plan.**
- C. The employer has failed to recognize the union as the representative of all the service, technical and RN employees at Meadowlands Hospital, including the service unit per diems, and has failed to apply the contract to all employees, including the service unit per diem employees.**
- D. On or about April 3, 2013, employer representative Dr. Lipsky threatened the union that there would be no resolution of issues until the union stops concerted activities.**
- E. Since on or about February 4, 2013, the union has requested information regarding the health insurance plan. The employer has failed and refused to provide the information.**
- F. The employer has failed and refused to notify the union of the creation of new bargaining unit positions, including Registered Nurse Intern, Nursing Assistant Intern and Hospital Assistants and has unilaterally set wages and other terms and conditions of employment for these employees.**
- G. Since on or about March 20, 2013, and thereafter, the employer has failed and refused to provide information responsive to an information request, including a copy of the hospital's DNV report for 2013 and staff schedules.**
- H. Since on or about June 14, 2013, the Employer has failed to provide information about nursing assistant interns. The Employer has failed and refused to recognize HPAE as the bargaining representative of these workers.**

The Union requests 10(j) relief.

Second Amended

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET
FORM NLRB-501
(2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case 22-CA-106694	Date Filed 8 26 2013

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT	
b. Name of Employer Meadowlands Hospital Medical center, Veritas and Meadowlands Physicians Professional Associations, operating as a single employer and/or alter egos.	b. Tel. No. 201-392-3221
	c. Cell No.
	f. Fax No.
d. Address (Street, city, state, and ZIP code) 55 Meadowlands Parkway, Secaucus, NJ 07096	e. Employer Representative Lynn McVey
	g. e-Mail
	h. Number of workers employed Approx 400
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital	j. Identify principal product or service Health Care
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (3) and (5) _____ of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) See attached	
3. Full name of party filing charge (if labor organization, give full name, including local name and number) Health Professionals and Allied Employees, AFT/AFL-CIO	
4a. Address (Street and number, city, state, and ZIP code) 208 White Horse Pike Haddon Heights, NJ 08035	4b. Tel. No. 856-663-0300
	4c. Cell No. 856-952-8007
	4d. Fax No. 856-663-0440
	4e. e-Mail lleshinski@hpae.org
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) American Federation of Teachers	
6. DECLARATION	
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	
By <u>Lisa Leshinski (PB)</u> (signature of representative or person making charge)	Lisa Leshinski, Esq. (In-house Counsel) (Print/type name and title or office, if any)
Tel. No. 856-663-0300	
Office, if any, Cell No. 856-952-8007	
Fax No. 856-663-0440	
e-Mail lleshinski@hpae.org	
Address <u>208 White Horse Pike, Haddon Heights NJ 08035</u> 8/26/2013 (date)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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.