



STATE OF RHODE ISLAND
RI STATE LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
EE- 3717	LABOR RELATIONS BOARD

2009 SEP -9 A 10:16

IN THE MATTER OF
Central Falls Detention Facility Corporation
EMPLOYER
-AND-
Fraternal Order of Police Rhode Island Lodge 50
EMPLOYEE REPRESENTATIVE

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 or on behalf of employees seeking **decertification** of any Employee Organization.
 - Petition by Employer seeking to resolve claim of representation by one or more Employee Organizations.
- Name of Employer: Central Falls Detention Facility Corporation
Address: 950 High Street Central Falls, RI. 02828
Representative (if known): Joseph P. Moran, III, Acting Exec Telephone Number: 401 729 1190
- Name of Employee Organization: Fraternal Order of Police Rhode Island Lodge 50
Address: 3 Barns Street Greenville, RI, 02828
Telephone Number: 401 226 3089 Facsimile: _____ Email: frankbotellio@aol.com
- Unit Involved – List specific titles of positions to be included in proposed unit and attach a copy of job descriptions, if available. (Attach additional sheets if necessary)
Included: Majors, Captains, Lieutenants, Sergeants, Investigators

Excluded: All Correctional Officers

- Number of employees in unit sought: 21
 - 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: _____
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): _____
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.

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: [Signature] DATE: 9.9.09
Name: Jack Parlon Title: Labor Services Representative, NFOP
Address: 13 Whistler Lane Kingston, MA 02364
Telephone: 617 835 4586 Cellular No. 617 835 4586
Facsimile: _____ Email: jparlon@fop.net