



COMMONWEALTH OF MASSACHUSETTS
DIVISION OF LABOR RELATIONS
REPRESENTATION PETITION

DO NOT WRITE IN THIS SPACE

Case No.

MCR-23-9904

Date Filed

3/1/2023

The petitioner hereby requests that the Division proceed under the authority of M.G.L. c.150E, Section 4 or M.G.L. c.150A, Section 5(c).

1. Type of petition (Check One)

- ☒ Petition by or on behalf of Municipal Employees seeking certification or decertification of an Employee Organization (MCR).
- ☐ Petition by or on behalf of Employees of the Commonwealth seeking certification or decertification of an Employee Organization (SCR).
- ☐ Petition on behalf of a Municipal Employer seeking to resolve a claim of representation by one or more Employee Organizations (MCRE).
- ☐ Petition on behalf of the Commonwealth seeking to resolve a claim of representation by one or more Employee Organizations (SCRE).
- ☐ Petition by or on behalf of Private Employees seeking certification or decertification of an Labor Organization (CR).
- ☐ Petition on behalf of a Private Employer seeking to resolve a claim of representation by one or more Labor Organizations (CRE).

2. Name of Employer

Winthrop Public Schools

3. Representative to contact

Lisa Howard

4. Telephone Number

617-846-5500

5. Address (street and No., city/town, state, and ZIP code)

1 Metcalf Sq. Winthrop, MA 02152

6. Fax Number

617-539-0891

7. Unit involved (attached additional sheets if necessary)

Included

Chairperson, Assistant Principals, Athletic Director, Grant Coordinator

Excluded

None

8a. No. of employees in Unit

10

8b. Are any of the employees included in the unit currently represented?

Yes



No



*** If you checked "yes" in question 8b, answer questions 9-16 and skip question 17 ***

*** If you checked "no" in question 8b, skip questions 9-16 and answer question 17 ***

9. Name of incumbent Employee Organization

Winthrop Administrator's Association

10. Telephone Number

617-846-5500

12. Address (street and no., city/town, state, and ZIP code)

1 Metcalf Sq. Winthrop, MA 02152

13. Fax Number

617-539-0891

14. Date on which the incumbent Employee Organization was first Recognized or Certified

8/22/88

15. Expiration date of most recent collective bargaining agreement

August, 31 2022

11. Is the petition supported by at least 50% of the employees in the Unit?

Yes



No



16. If the incumbent Employee Organization was certified, Case No.

MCR-3813

17. Is the petition supported by at least 30% of the employees in the Unit?

Yes



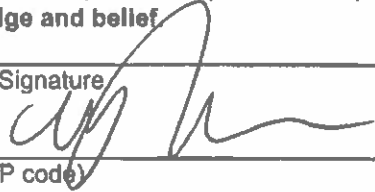
No



18. List any Employee Organization(s) (other than the Petitioner and the Employee Organization listed in question 9, if any) known to have an interest in representing the employees in the Unit		
Name	Address (street and no., city/town, state, and ZIP code)	Telephone Number
19. Name of Petitioner Mark DeGregorio	20. Representative to contact Julie Fotiades	21. Telephone Number 617-462-0311
22. Address (street and no., city/town, state, and ZIP code) 101 Kennedy Dr. Winthrop, MA 02152		23. Fax Number 617-539-0241
*** Questions 24 and 24a relate only to Petitions filed pursuant to M.G.L. c.150E ***		
24. If the Petitioner is an Employee organization, has the Petitioner complied with the filing requirements of M.G.L. c.150E, §§13 and 14? Yes ☒ No ☐		24a. Last Date of Filing 1/14/16

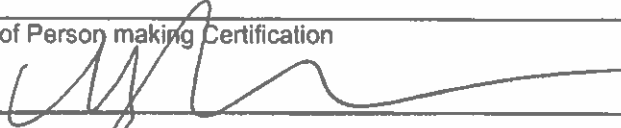
DECLARATION

I have read the above petition and swear under the pains and penalties of perjury that the information contained in it is true and complete to the best of my knowledge and belief.

Name (print) Mark DeGregorio	Signature 	Title (if any) Chairperson
Address (street and no., city/town, state, and ZIP code) 60 Payson St. Winthrop, MA 02152		Telephone Number 781-656-3233

CERTIFICATE OF SERVICE

I hereby certify that I have served a copy of this Petition on the following representative(s) of the opposing party(ies).

Employer		
Name Lisa Howard	Address (street and no., city/town, state, and ZIP code) 1 Metcalf Sq. Winthrop, MA 02152	Telephone Number 617-846-5500
Method of Service ☐ In hand ☐ First Class Mail ☒ Other (specify): email		
Incumbent Employee Organization (if any)		
Name Julie Fotiades	Address (street and no., city/town, state, and ZIP code) 101 Kennedy Dr. Winthrop, MA 02152	Telephone Number 617-462-0311
Method of Service ☐ In hand ☐ First Class Mail ☒ Other (specify): email		
Signature of Person making Certification 		Telephone Number 781-656-3233