

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	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 Baystate Franklin Medical Center		b. Tel. No (413) 794-0000
		c. Cell No.
d. Address (Street, city, state, ZIP code) 280 Chestnut St., 5th Floor, Springfield, MA 01104	e. Employer Representative Alice Pizzi, Staff Employee Relations Attorney	f. Fax No. 413-773-2793 g. e-mail alice.pizzi@baystatehealth.org
i. Type of Establishment (factory, mine, wholesaler, etc.) Hospital	j. Identify principal product or service Health Care Services	h. Number of workers employed Unknown

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) (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 affecting commerce within the meaning of the Act and the Postal Reorganization Act.

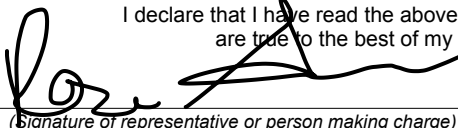
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices.)

The Employer has bargained in bad faith in violation of Sections 8(a)(5) and, derivatively, 8(a)(1) by insisting that any agreement on negotiated staffing grids be conditioned upon agreement to use its non-union registered nurses to cover float nurse assignments of bargaining unit nurses.

Note: I, Rose Bookbinder, by my signature at the bottom of this ULP request and authorize you to send all notices pertaining to this ULP directly to the attention of MNA's legal counsel: Alan J. McDonald, McDonald Lamond, Canzoneri LLC, 352 Turnpike Road, Suite 210 Southborough, MA 01772-1756 Telephone (508) 485-6600; Facsimile (508) 485-4477.

3. Full name of party filing charge (if labor organization, give full name, including local name and number) Massachusetts Nurses Association		4b. Tel. No. 781-571-9043
		4c. Cell No.
4a. Address (Street and number, city, state, and ZIP code) Canton Corporate Center, 340 Turnpike Street. 2nd Floor Canton. MA 02021		4d. Fax No. 781-821-4445
		4e. e-Mail rbookbinder@mnarn.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)
N/A

6. DECLARATION		Tel. No.
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.  (Signature of representative or person making charge)		781-571-9043
Rose Bookbinder, Associate Director of Labor Action (Print/type name and title of office, if any)		Office, if any, Cell No. Rose Bookbinder
McDonald Lamond Canzoneri LLC 352 Turnpike Road, Suite 210 Address Southborough, MA 01772-1756		Fax No. 781-821-4445
Date April 6, 2026		e-mail rbookbinder@mnarn.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. 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 may cause the NLRB to decline to invoke its processes.