

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR RELATIONS

In the matter of	*	
	*	
TOWN OF OAK BLUFFS	*	
	*	Case No. WMAM-17-6059
and	*	
	*	
OAK BLUFFS PROFESSIONAL	*	Date Issued: August 9, 2017
FIREFIGHTERS AND PARAMEDICS/	*	
IAFF	*	

CERTIFICATION OF WRITTEN MAJORITY AUTHORIZATION

Pursuant to the provisions of M.G.L. c. 150E, § 4, as amended by Chapter 120 of the Acts of 2007, the **OAK BLUFFS PROFESSIONAL FIREFIGHTERS AND PARAMEDICS/IAFF** filed a Petition for Certification by Written Majority Authorization seeking to represent a unit of employees employed by the **TOWN OF OAK BLUFFS** consisting of the following:

All full-time and regular part-time firefighters under the rank of Chief, but excluding all managerial, confidential, casual, and other employees.¹

On **August 9, 2017**, the Department of Labor Relations, acting as the neutral, issued its report of the confidential inspection of the evidence of written majority

¹ The Town of Oak Bluffs challenges the inclusion of lieutenant firefighters and line employees in the petitioned-for bargaining unit and argues that these positions are managerial. Although the Department of Labor Relations has not ruled on these challenges, please note M.G.L. c.150E, Section 3 states that uniformed members of a fire department shall not be classified as professional, confidential, executive, administrative or other managerial employee.

authorizations proffered by the **OAK BLUFFS PROFESSIONAL FIREFIGHTERS AND PARAMEDICS/IAFF** and verified its majority support.

THEREFORE, by virtue of and pursuant to the power vested in the Department by Chapter 150E of the General Laws, IT IS HEREBY CERTIFIED that the has been selected by a majority of the above-described unit of employees as their representative for the purposes of collective bargaining, and that pursuant to Chapter 150E of the General Laws, the **OAK BLUFFS PROFESSIONAL FIREFIGHTERS AND PARAMEDICS/IAFF** is the exclusive representative of the above-described unit of employees of the **TOWN OF OAK BLUFFS** for the purposes of collective bargaining with respect to rates of pay, wages, hours of employment and other conditions of employment.

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DEPARTMENT OF LABOR RELATIONS


EDWARD B. SREDNICKI
EXECUTIVE SECRETARY



COMMONWEALTH OF MASSACHUSETTS
DIVISION OF LABOR RELATIONS
WRITTEN MAJORITY AUTHORIZATION
CONFIDENTIAL INSPECTION RESULTS REPORT

DLR Case No. WMAM-17-6059
Date Report Completed: 08/9/2017

1. Verification of Written Majority Authorization conducted by: (check one)
 Outside Neutral Division of Labor Relations

2. Name of Employer: Town of Oak Bluffs
3. Employer's Representative: John M. Collins, Esq.
4. Telephone Number: 508-523-9731

5. Address (street and no., city/town, state, and ZIP code): 56 School Street, Oak Bluffs, MA 02557
6. Fax Number: 508-693-6726

7. Full description of the bargaining unit including job titles (attached additional sheets if necessary)
Included: _____
All full-time and regular part-time firefighters under the rank of Chief, but excluding all managerial, confidential, casual, and other employees.
Excluded: _____

8. Name of Petitioner: Oak Bluffs Prof. Firefighters and Paramedics/IAFF
9. Petitioner's Representative: James Hykel, Esq.
10. Telephone Number: 617-367-7200

11. Address (street and no., city/town, state, and ZIP code): 70 Webster Street, Worcester, MA 01603
12. Fax Number: 617-367-4820

DECLARATION

I hereby certify the results of the confidential inspection of the evidence of written majority authorization proffered in the above-referenced matter. I also certify that the evidence of Written Majority Authorization was accurately counted and tabulated and that the secrecy and confidentiality was maintained. The results of the counting and tabulation of written majority authorization was:

Total Number of Employee in the above-referenced unit: 10

Total Number of Written Majority Authorizations Submitted: 7

Total Number of Challenged Written Majority Authorizations: 0 timely challenges *

Outside Neutral or Division of Labor Relations Agent: DLR Agent

Name (print or type): Jennifer Maldonado-Ong, Esq.
Title (if any): Attorney

Address (street and no., city/town, state, and zip code): 19 Staniford Street, Boston, MA 02114
Telephone Number: 617-626-5460

Signature: *J Maldonado-Ong*

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WMAM-17-6059 Inspection Report Attachment

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