

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 MyMichigan Medical Center - Alma	
b. Tel. No.	
c. Cell No. [REDACTED]	
f. Fax No.	
d. Address (Street, city, state, and ZIP code) 300 East Warwick Drive Alma, MI 48801	e. Employer Representative Danielle Davidson
g. e-mail danielle.davidson@mymichigan.org	
h. Number of workers employed 175	
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute care hospital	j. Identify principal product or service Healthcare
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 are 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 parties' CBA expired in February 2026. Since that time, the Union has learned that the Employer has made unilateral changes to a material term of employment by not allowing employees to accrue PTO on weekend overtime hours, in contradiction to the PTO article of the CBA.	
3. Full name of party filing charge (if labor organization, give full name, including local name and number) Michigan Nurses Association	
4a. Address (Street and number, city, state, and ZIP code) 2310 Jolly Oak Rd Okemos, MI 48864	
4b. Tel. No. (517) 349-5640	
4c. Cell No.	
4d. Fax No.	
4e. e-mail	
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) National Nurses United, AFL-CIO	
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.	
[REDACTED SIGNATURE]	
[REDACTED NAME/TITLE]	
(signature of representative or person making charge) (Print/type name and title or office, if any)	
Tel. No.	
Office, if any, Cell No. [REDACTED]	
Fax No.	
e-mail [REDACTED]	
Address (same as above) Date June 16, 2026	

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, 89 FR 24869 (April 9, 2024). 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.