

OFFICIAL REPORT OF PROCEEDINGS

BEFORE THE

NATIONAL LABOR RELATIONS BOARD

REGION 3

In the Matter of:

Pathway Vet Alliance, LLC, Case No. 03-RC-281879
Veterinary Specialists &
Emergency Services,

Employer,

and

International Association of
Machinists and Aerospace
Workers,

Petitioner.

Place: Buffalo, New York (Via Zoom videoconference)

Dates: September 21, 2021

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UNITED STATES OF AMERICA
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In the Matter of:

PATHWAY VET ALLIANCE, LLC,
 VETERINARY SPECIALISTS &
 EMERGENCY SERVICES,

Employer,

and

INTERNATIONAL ASSOCIATION OF
 MACHINISTS AND AEROSPACE
 WORKERS,

Petitioner.

Case No. 03-RC-281879

The above-entitled matter came on for hearing via Zoom Videoconference, pursuant to notice, before **MICHAEL DAHLEIMER**, Hearing Officer, at the National Labor Relations Board, Region 3, 130 S. Elmwood Avenue, Suite 630, Buffalo, NY 14202, on **Tuesday, September 21, 2021, 9:33 a.m.**



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A P P E A R A N C E S

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I N D E X

<u>WITNESS</u>	<u>DIRECT</u>	<u>CROSS</u>	<u>REDIRECT</u>	<u>RECROSS</u>	<u>VOIR DIRE</u>
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P R O C E E D I N G S

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HEARING OFFICER DAHLEIMER: Mr. Stanevich, your witness.

2

3

MR. STANEVICH: Good morning, Dr. Wihlen. How are you today?

4

5

DR. WIHLEN: Great.

6

MR. STANEVICH: Can you please state your full name for the record?

7

8

DR. WIHLEN: Todd Wihlen.

9

MR. STANEVICH: And can you spell the last name -- your last name for us?

10

11

DR. WIHLEN: W-I-H-L-E-N.

12

MR. STANEVICH: Okay. Dr. Wihlen, thank you for joining us today. We will have -- I will have a few short questions for you. I -- I know you have a patient obligation at 11:00, so we'll do our best to get you out of here in time.

15

16

(Indiscernible, simultaneous speech) --

17

HEARING OFFICER DAHLEIMER: Mr. Stanevich, as an initial matter, Dr. Wihlen, can you please raise your right hand?

18

19

Whereupon,

20

TODD WIHLEN

21

having been duly sworn, was called as a witness herein and was examined and testified, telephonically as follows:

22

23

HEARING OFFICER DAHLEIMER: Okay. You can put your hand down. Thank you.

24

25

Go ahead, Mr. Stanevich.



1 MR. STANEVICH: Okay.

2 **DIRECT EXAMINATION**

3 Q BY MR. STANEVICH: Dr. Wihlen, are you currently employed?

4 A Yes, I am.

5 Q And who do you work for?

6 A Pathway Vet Alliance.

7 Q Okay. And how long have you been with Pathway?

8 A Since May 15th.

9 Q Okay. And were you part of the Monroe system that Pathway
10 acquired?

11 A Yes, I am.

12 Q Okay. And what is your current position with Pathway Vet
13 Alliance?

14 A I am the medical director of Pittsford Animal Hospital and
15 the regional medical director for the Monroe Ecosystem.

16 Q Okay. And -- okay. We'll come back to that. Prior to
17 your position with Pathway, what was your last -- very last
18 position with the Monroe system?

19 A I was the managing partner and CEO.

20 Q And how long did you hold down those two positions?

21 A From about January of 2017.

22 Q Okay. And can you give us an overview of your educational
23 background?

24 A Yeah. I did a -- a bachelor's and then veterinary degree
25 at the University of Missouri.

1 Q Okay. And can you give us --

2 A I did a --

3 Q Sorry.

4 A And then I did a --

5 Q Go ahead.

6 A -- and then I did a post-graduate internship here with the
7 Monroe Group in 1996.

8 Q Okay. Have you been with the Monroe -- sorry, the Monroe
9 Group ever since?

10 A That's correct.

11 Q Okay. And can you just walk us through the different
12 positions or -- that you've held with the Monroe Group?

13 A Sure. In '96, I was a -- I was started as an intern.
14 Did a year of internship. Then, I stayed on as an associate.
15 And then 2001, I became the -- I became the medical director
16 for the Emergency Service, which was housed here at Pittsford
17 at the time. It was before we had moved it out to VSES. And
18 then a year after that, I became the -- the director of
19 Pittsford Animal Hospital. And then, like I said, many years
20 in that position until I took over as the managing partner in
21 2017.

22 Q Okay. And if I -- I heard you correctly, you were the --
23 the medical director for Emergency Services when it was at
24 Pittsford; is that correct?

25 A Correct. When it was housed at Pittsford, it was the --



1 before we moved over to -- before we moved Emergency over to
2 VSES, I ran the Emergency Service here. And Paul Black was the
3 medical director of Pittsford Animal Hospital, and he handled
4 the general practice portion of it.

5 Q Okay. Tell me a little bit about the services that were
6 offered on the emergency side of things when it was at
7 Pittsford before VSES.

8 A We were the only -- we were the 24-hours, you know,
9 emergency service here in the area. And so we -- I mean, we
10 saw the same cases that they see now.

11 Q Okay. And when you say same cases that they see now, are
12 you referring to VSES?

13 A Correct. That the emergency service sees at VSES. Right.
14 Those -- all those same cases that they see there were coming
15 through here at the time.

16 Q Okay. And so is it fair to say that VSES was created
17 during your tenure with Monroe?

18 A The physical plant was, right. The emergency service and
19 the specialty practice was here before I started. It was
20 housed in Pittsford. And we outgrew it and we moved it over to
21 Vet Specialists.

22 Q Thank you for that clarification. My next question was
23 going to be, you know, why did it move from Pittsford to a
24 stand-alone facility?

25 A Sheer volume --



1 Q Okay.

2 A -- on both sides, the general practice and on the -- on
3 the emergency side.

4 Q Okay. In your current position, you mentioned that you
5 are the medical director of the Pittsford location, correct?

6 A Yes.

7 Q What does -- what does that mean, sir?

8 A Well, I still have -- I do some clinical duties, right. I
9 see patients. I do a lot of surgeries here. And then I
10 oversee the -- you know, I oversee the hospital, the -- with my
11 medical -- with my practice manager and you know, we -- I feel
12 more with the veterinary side of things, you know, sort of
13 managing that team and the culture of the hospital, the client
14 issues on the medical side, things like that.

15 Q Okay. And you also testified that you are currently the
16 regional medical director for the Rochester Group (phonetic
17 throughout); is that fair to say?

18 A That is true. Yep.

19 Q Okay. And what are your responsibilities as the regional
20 medical director?

21 A Again, more of the medical side of things. I work --
22 Sheryl Valente and I -- we -- it's -- you know, she handles
23 sort of the operations side of things. But I handle a lot of
24 the medic -- the medical sides of things. You know, I touch
25 base with the -- and coach and help out with the medical



1 director at the other hospitals. We -- we go over -- you know,
2 performance of the hospitals and opportunities on the medical
3 side that I help them with, deal with staffing issues, mainly
4 in the DVM side. I do a lot with trying to recruit and hire
5 for DVM positions throughout the hospitals. So I have to speak
6 a lot about culture at -- at individual hospitals plus within
7 the Monroe Group.

8 Q Okay. And you mentioned someone by the name of Sheryl
9 Valente. What is her title?

10 A She's the DOE of the --

11 Q Is that the director of Ecosystem?

12 A Director of Ecosystems here for the Monroe Group.

13 Q Okay. And you mentioned that there were other medical
14 directors. Is it fair to say that each general practice has a
15 medical director?

16 A Yeah, I'm just counting through all of them in my head.
17 And yes.

18 Q Okay. And those medical directors ultimately report to
19 you as the regional medical director?

20 A Correct.

21 Q Okay. And is there a medical director at VSES?

22 A There is, Dr. Kirk.

23 Q Okay. And does Dr. Kirk also report up to you as the
24 regional medical director?

25 A Yes, he does.



1 Q Okay. Dr. Wihlen, as -- as the regional medical director
2 over the past few months, are you involved at all with any
3 issues at VSES?

4 A Yeah, to some degree.

5 Q Okay.

6 A Some degree.

7 Q Tell us what kind of -- what -- what kind of involvement
8 do you have with VSES? What type of contact do you have with
9 VSES?

10 A It's really sort of a -- it -- it's a little more hands
11 off than it was prior to. Prior to that, I was on the board
12 for VSE -- you know, I was part of the -- the -- the leadership
13 team associated with that. It's been somewhat limited since
14 the -- the takeover -- or the partnership that we have. You
15 know, I've talked with Dr. Kirk a number of times. But I
16 haven't had to get intimately involved with any issues that are
17 going on over there where I've had to go over there.

18 Q Okay. When you were the -- the -- the managing director
19 and the CEO of MVA, what were your responsibilities?

20 A Very similar to what I do now as a regional medical
21 director, plus really making -- making -- I -- you know, I'm --
22 the decisions -- bringing things to the partners as far as how
23 we should be handling the business. And so doing the
24 background work on the business side of things and then
25 bringing that to the other partners for a vote on you know,

1 things that I wanted to move forward with.

2 Q Okay. Based upon your long experience, both with Pathway
3 and Monroe since your -- your post-doc work, are -- are you
4 familiar with all of the facilities within the organization?

5 A Yes, all of them.

6 Q Okay. And have -- have you worked at many or the -- or
7 all of the different facilities over your career?

8 A Over my career? I can't think of one that I haven't
9 worked at.

10 Q Okay. And are you familiar with the scope of ser --
11 veterinarian services that are provided at each of the current
12 locations?

13 A I am.

14 Q Okay. And I just quickly want to -- we've heard some
15 testimony from various witnesses. But just so we cover all the
16 locations, I just want to spend a few minutes going through
17 what services are offered at each location. Let's start with
18 your home location, the Animal Hospital of Pittsburgh --
19 Pittsford. I'm sorry. I keep naming it Pittsburgh. What's
20 the scope of services provided there?

21 A Well, we have -- you know, we're a general practice, so we
22 have -- we have wellness care, problems -- problem visits. We
23 do urgent care here at this facility, which is we do weekend
24 urgent care, which is a little different than some of the
25 urgent care you get during the week at other practices, meaning



1 we're the only one open on Saturday night and Sunday. And that
2 is in the -- has been established to take up a -- a patient
3 load off the VSES system, right. So it's an intermediate care
4 like you would think, you know, a human urgent care center
5 would be. We offer ultrasound, dentistry, surgery, both
6 electives and advanced surgeries as needed. We have laser
7 therapy. We have -- and we do some exotics here also.

8 Q And you mentioned ur -- urgent care that is established to
9 take the patient load off of VSES.

10 A Um-hum.

11 Q Tell us how that works. How does the urgent care take on
12 patients from VSES? Why does it do so? And what type of
13 patients?

14 A Well, it's a collaborative sort of system we have set up,
15 right. And you know, you can either look at that during the
16 week or you can look at that on the weekend when all the
17 general practices are closed. During the week, we see urgent
18 care's, you know, cases that -- so those are sort of your
19 intermediate cases that, you know, come in that are -- the idea
20 was to -- there was so much volume at VSES. And there were
21 things that they didn't necessarily need to be seeing that
22 could be seen elsewhere. And so they try and relieve that
23 pressure valve for them to -- so that they can focus on, you
24 know, some of the more critical cases. We could focus on some
25 of the less critical cases or some of the surgeries that they

1 may not be able to get in at the time from the emergency side.

2 Q All right. So -- so just two follow-up questions there.

3 Can you give me an example of some of the immediate -- inter --
4 intermediate cases that would be transferred from VSES over to
5 urgent care?

6 A Yeah. I mean, at this point, you know, we have a -- we
7 have a setup of, you know, sort of lumping them into categories
8 based on need. And so the red cases we triage over to VSES.
9 Those are those, you know, that are going to require
10 hospitalizations and significant care. The yellow
11 intermediates that we're seeing are -- those are cases that,
12 you know, need to be seen today but are not necessarily --
13 they're not necessarily life threatening, right. And so we see
14 a lot of those cases that VSES -- that show up at VSES, or call
15 VSES, or even our own clients that have -- you know, we have
16 slots set aside for our own clients for those types of cases.

17 Q Okay.

18 A You know, some -- you know, you've got vomiting, urinary
19 signs -- you know, urinary issues, lacerations, eye problems,
20 things that need to get checked because they shouldn't wait.
21 And that we determine if they're critical and need to be
22 transferred or can we manage them here, similar to an urgent
23 care for human side.

24 Q Okay. And you mentioned that -- that Pittsford will do
25 some surgeries that are transferred from VSES. And we're going

1 to get into more detail about specific surgeries later, but if
2 you could just give us a few examples of the types of surgeries
3 that may come to you from VSES?

4 A Well, that come to us from VSES, we do a lot of urinary
5 surgeries. We do a lot of intestinal-obstructive types of
6 surgeries, where that's either going to be, you know, a very
7 simple enterotomy or you remove it from the intestine to a --
8 as complicated as what we call a resection anastomosis, where
9 you actually -- a part of the bowel has died, resect that, and
10 suture it back together. We do splenectomies on dogs that have
11 tumors that are bleeding into their belly. I mean, those are
12 probably the -- those are probably the big ones that we take on
13 in an acute time frame.

14 Q Okay. And are those surgeries also performed at VSES
15 depending on patient load?

16 A That's correct. Those same surgeries are done there.

17 Q Okay. And I -- I assume the surgeries when they're
18 performed at Pittsford, they're being performed by a
19 veterinarian, correct?

20 A Oh, yes. 100 percent.

21 Q Okay. And is there any support team for -- for those
22 types of surgeries?

23 A Yes. The technicians are -- are basically handling the
24 anesthesia for the patients, and monitoring the patients, and
25 getting surgical stuff that we need.

1 Q Okay. And when those surgeries are performed at VSES, I
2 assume they're also performed by licensed veterinarians?

3 A Say the question again. I'm sorry.

4 Q When those same surgeries are performed at VSES, I assume
5 that performed by that veterinarians as well?

6 A Correct.

7 Q Okay. And what about support teams? Is it the same or
8 does it differ?

9 A I -- I -- some of that would depend on the severity of the
10 case, I think, right. You may have two technicians in -- on
11 that surgery or -- or three there. I don't know. Depends on
12 what's going on. You know, in the general practices, we have a
13 technician and an ACA typically; that's an animal care
14 assistant. And then, you know, if I need someone to scrub in,
15 I'll have a tech or an ACA scrub in to the surgery to help me,
16 so that would be an additional person added on.

17 Q Okay. What is Animal Junction? Are you familiar with
18 that location?

19 A Yes, I am.

20 Q Okay. Just quick high-level overview of the services
21 provided and maybe the type of equipment that's there.

22 A I would say the same thing that we have at Pittsford,
23 except I don't think they have lasers -- they don't have laser.
24 They don't have laser therapy there.

25 Q Okay. And just so the record's clear. What -- what is

1 laser therapy?

2 A It's -- it's a photo -- a photo modulation laser that --
3 you know, it's sort of -- it's used to -- on injuries and
4 wounds to just accelerate healing.

5 Q Okay.

6 A It's not a -- it's not a laser that cuts tissue. It's a
7 laser that heals tissue.

8 Q Thank you.

9 A They do -- they do plenty of surgeries there. They see --
10 they see -- you know, they're -- they're a smaller practice.
11 But they do plenty of surgeries. They do sick patients. They
12 do urgent care slots set aside for -- from VSES. And you know,
13 they'll -- they're on the list, right. So during the week, all
14 the general practices have VSES-specific urgent care slots that
15 we're helping to take some of the -- some of the overflow for
16 them because of the volume that they're getting there.

17 Q How about Bayview? Are you familiar with that location?

18 A Yes, I am.

19 Q Okay. Again, just high-level overview.

20 A The same. They don't have laser. I don't think they do
21 as complicated surgeries there. And that's just a function of
22 comfort level at the -- at the veterinary level, right.

23 Q That depends more on the veterinarian as opposed to the
24 support staff, correct?

25 A That is veterinary-dependent, not support-staff dependent.



1 Q Okay.

2 A Right. There's different levels of surgical comfort.

3 Q Okay. But are some surgeries performed at Bayview?

4 A Oh, certainly. Yeah. I mean, spays, neuters, dentistry,
5 growth removals, cystotomies, which are -- you know -- and
6 they'll do intestinal surgery if it's not complicated and --

7 Q Okay. Moving down through the list, Canandaigua.

8 A They are the same.

9 Q Same as --

10 A They do -- as --

11 Q Bayview?

12 A -- Bayview and Animal Junction. I mean, I think the --
13 the difference between the general -- the only difference in
14 the general practices -- between the general practices is some
15 have laser and some don't. And that's -- that's just not
16 critical. Everybody does surgery.

17 Q Okay.

18 A Everybody sees wellness. Everybody sees sick patients.
19 Everybody sees urgent care patients.

20 Q Cats and Critters?

21 A They would be -- I mean, they don't see dogs. They see a
22 lot of -- so that's the one thing that's missing there. But
23 they don't have -- I -- I'm going to be honest with you. I'm
24 not -- I -- I know most of the hospitals that have laser, but I
25 can't say -- I can't confirm, you know, but I don't think that

1 that's a -- necessarily an important point here.

2 Q Okay. And does that location do some of the same types of
3 surgeries as you referenced before?

4 A Yep, on cats.

5 Q On cats. Okay.

6 A And they do exotic surgeries, too, which some of the other
7 hospitals don't do any exotic surgeries.

8 Q And what do you mean by exotic surgery?

9 A Guinea pigs, rabbits, ferrets. Those are probably your
10 big ones. And those are done at that facility. And they're
11 not done a lot of the other facilities, including VSES. They
12 don't -- VSES does not do exotic surgeries.

13 Q Okay. Moving to the next location. I hope I pronounce
14 this correctly, Chili?

15 A You did. Everyone calls it [chill-lee], but it's
16 [shie-lie]. Yes. They have everything but laser, and they do
17 all the same things.

18 Q So all the same surgeries that you've already outlined?

19 A Correct.

20 Q Any limitation on the pets?

21 A Nope.

22 Q Okay. Companion?

23 A They do a lot of surgery at Companion, a lot of surgery at
24 Companion. Everything else is the same. They do behavior
25 there. They don't have a laser.

1 Q Okay. And what do you mean they do behavior?

2 A One of the doctors there is in behavior residency. And so
3 she's seeing behavioral cases, which is different than some of
4 the other practices.

5 Q And -- and part of my ignorance, I just want to -- and
6 again, I want to make sure the record is clear. Just give us
7 an example of what a behavioral case is.

8 A An aggressive dog and how to curb that. A dog with
9 behavioral issues that needs some retraining so that they stay
10 in the home.

11 Q I assumed that was the case, but just -- just wanted to --

12 A Yep. Happy to clarify.

13 Q -- there. And you did say that Companion does a lot of
14 surgeries --

15 A Yes.

16 Q -- and you stressed that point. Is there a particular
17 reason for that -- the emphasis?

18 A Well, I'm -- you know, it's a small -- it's a very small
19 practice, but their volume of surgery is tremendous because Dr.
20 Yestrebi is -- like myself really enjoys surgery and takes on a
21 lot.

22 Q Okay. And -- and what type of surgeries does the doctor
23 perform?

24 A That doctor or --

25 Q That particular doctor.

1 A He'll do anterior cruciate ligament repairs. He'll do
2 orthopedically FHO, which is a femoral head and neck ostectomy,
3 which is a hip surgery, foreign bodies, growth removals, spays,
4 neuters, dentistry.

5 Q Okay. All right. Moving to the next location, Fairview?

6 A Yep. They do everything except laser.

7 Q Same surgeries as you've outlined before?

8 A No.

9 Q What's different in terms of surgeries?

10 A I don't think they do orthopedics there. They don't do
11 any orthopedic surgeries. The only orthopedics are Perinton,
12 Pittsford, and Companion, just because doctors --

13 Q You --

14 A -- have an interest in it.

15 Q Sure. Any -- any orthopedics done at VSES?

16 A Oh, yes. A lot of orthopedics is done at VSES.

17 Q Okay.

18 A You know, they do -- they do the primary fracture repairs.

19 Q Greece, are you familiar with that location?

20 A Oh, very -- very familiar. Yep. They do similar --
21 similar to the others. I don't know laser status. But
22 that's -- I mean, that's --

23 Q Irondequoit?

24 A Yes. Same thing. Soft tissue surgeries, no orthopedics.
25 They have laser. They have ultrasound.

1 Q Okay. Perinton?

2 A Perinton does -- they have laser. They do quite a bit of
3 surgeries. Dr. Scheider is -- does a lot of advanced surgeries
4 over there. He -- the -- the -- he did an internship and then
5 he did a surgical internship for two years. So three years
6 post-graduation doing that. And so he really takes on a lot of
7 complicated surgeries at that facility.

8 Q And can you just give us a rundown of some of the
9 complicated surgeries that are performed on -- at that -- at
10 that location?

11 A I think in addition to what I've described, you know, he
12 would do things like gallbladder removal, intra-abdominal
13 surgeries, similar -- similar to what we do here and some of
14 the other practices. But if it's a bigger, more aggressive
15 case, he's willing to tackle those. Very large broken that --
16 that people are maybe not apt to take on, which might require a
17 skin flap or something like that to get the wound to heal.
18 Bladder surgery, urethral surgeries, anal gland surgeries,
19 FHOs. He does a lot of cruciate repairs there. We're in the
20 mod -- we're in the process of remodeling and creating an even
21 bigger -- bigger surgical suite for them.

22 Q And what's the reason for that?

23 A Volume. To be able to handle more surgery there.

24 Q Penfield, are you familiar with that location?

25 A Yep, I am very familiar. And they do mostly soft-tissue



1 surgeries there. Same thing, general -- general practice
2 cases, urgent care cases, wellness, same things.

3 Q Okay. Rochester Community Animal Clinic, are you familiar
4 with that location?

5 A Very familiar with that location. That's a -- that's a
6 little different model. That's a high-volume spay/neuter
7 clinic for underprivileged in the area. So they're pretty
8 specific on the things that they do. They also have a wellness
9 clinic that they do for inner-city people, income-based type of
10 thing.

11 Q Okay. Stone Ridge?

12 A Stone Ridge has laser, has ultrasound. They do surgeries.
13 They don't do orthopedics. They see wellness and sick
14 patients.

15 Q Okay. And then I think last but not least, Suburban?

16 A Very similar to all the others, except -- so they do --
17 they do see dogs, cats, but they also do a lot of exotic work
18 at that facility, including reptiles and some birds, which Cats
19 and Critters only does small mammals.

20 Q Okay. Dr. Wihlen, you personally, I believe, you stated
21 before that you have an active surgical practice; is that
22 correct?

23 A Yes.

24 Q Okay. And you're primarily at Pittsford or are you
25 exclusively at Pittsford at this point?

1 A I would consider it exclusively at Pittsford. I mean,
2 I -- I've worked -- since -- since we had the partnership with
3 Pathways, I mean, for example, I've worked at Chili. I've
4 worked at Irondequoit. I've worked at Canandaigua, right, to
5 help out at those facilities. And that's just in the past six
6 months or what -- whatever day we're at from May 15th.

7 Q Okay. And I -- I know you've touched upon some of the
8 surgeries that are performed at the animal hospital in
9 Pittsford, but can -- can you give us an overview of the type
10 of surgeries that you personally perform at Pittsford?

11 A Personally, I -- I'll do just about whatever needs to get
12 done. I'll do the ACL surgeries, the FHO surgery. Those are
13 both orthopedic procedures. Amputations, growth removals,
14 perineal surgeries, which include -- could include either anal-
15 gland surgeries, which I'm one of the only ones in the -- in
16 the group that will take out -- will do those procedures.

17 There's perineal urethrostomies in cats, where you -- you
18 know, male cats that are having stone issues. And you
19 basically have to do -- do a very delicate procedure to make
20 them into basically female cats to try and get an increased
21 urethral diameter, so that they don't block, which is life-
22 threatening. Bladder surgery, splenic surgery, intestinal
23 surgeries. I just don't do any thoracic surgery.

24 Q Okay. And of all those surgeries that you've outlined,
25 are -- are there surgeries also performed at -- a VSES?

1 A Yes, they are.

2 Q Okay. And then can you outline the different support team
3 that you have when performing those types of surgeries and what
4 their responsibilities would be?

5 A For me -- on my end?

6 Q Yes.

7 A Well, I have a technician who runs the anesthesia and
8 patient monitoring. And depending on the -- depending on
9 the -- how critical the case is, I may have two technicians in
10 there to -- so that they're working together to walk -- for
11 patient monitoring and keeping me with all the supplies that I
12 need to get it through as quickly as possible. Or we may have
13 an ACA in there, an animal care assistant, that's assisting the
14 technician, and monitoring anesthesia, and helping them to get
15 supplies that they need.

16 Q Okay. And Doctor, going back to when you were the CEO and
17 managing director of -- of the Monroe system, was there
18 interchange of support staff and veterinarians between the
19 general practices and also with VSES?

20 A Yes. That was the model.

21 Q Okay. And what do you mean that it -- it was the model?
22 It seems like that was purposeful. But can you explain it in a
23 little bit more detail?

24 A Yeah. With a group, you know, we -- we strive to create
25 continuity between all the different practices, so that we had



1 the ability to share staff if needed. The VSES had the
2 greatest need for shared staff just because of volume,
3 holidays. They were open on holidays. And you know, we felt
4 that it was -- we needed to have both DVM, and let staff
5 overlap at VSES to -- on weekend and holidays to -- I mean, to
6 help them out, to have -- you know, so that they were
7 adequately staffed and could handle volume.

8 I'd say we had a lot of -- we had a lot of staff that
9 would work shifts at VSES. There was a premium paid to them to
10 go there because of the -- the volume and the -- and the -- the
11 different shifts. The general practices are open 7:30 to, for
12 a while, 8 p.m. We moved it down to 7 p.m. when COVID hit just
13 to try and shorten our days a little bit. But there's all that
14 time in between that VSES needed to be staffed.

15 Q And I may have asked this before, but at what point did
16 the Emergency Services operation move from the Animal Hospital
17 of Pittsford over to the stand-alone location on White Spruce
18 Boulevard?

19 A 2002, perhaps I think.

20 Q Okay. Thank you, Doctor.

21 MR. STANEVICH: I have nothing further at this time.

22 HEARING OFFICER DAHLEIMER: Mr. Haller, if you'd like to
23 cross-examine the witness.

24 MR. STANEVICH: You're on mute.

25

CROSS-EXAMINATION



1 Q BY MR. HALLER: Morning, Doctor. Bill Haller representing
2 the Union.

3 A All right.

4 Q Just a few questions. If I understand your testimony, I
5 guess, part of what urgent care involves is a form of triage.
6 And cases determined to be a red category would generally be
7 sent to VSES?

8 A That's right.

9 Q Okay. Okay.

10 A They are sent to VSES. You know, we would keep some of
11 those cases if there was financial constraints and we would
12 handle them here. But when we try to promote best medicines,
13 we would send them over there, so they could have 24-hour care.

14 Q So best medicine would involve treatment at the red zone
15 patients at VSES?

16 A For most of them.

17 Q Okay. Yeah.

18 A I don't have the list in front of me but.

19 Q You mean a list of a type of conditions?

20 A Yeah. We have a -- we have sort of a guideline that we go
21 by.

22 Q Right. And then the yellow triage category needing
23 immediate attention, but not necessarily immediately life
24 threatening, those are analyzed, and some of those are
25 determined they need to go to VSES as well; is that correct?

1 A If they need extended care beyond how -- you know, where
2 we're open till --

3 Q Okay.

4 A -- correct.

5 Q Okay. And when you were talking about -- when you were
6 testifying about the -- the capacities and abilities of the
7 staff and equipment to various general practices, you were
8 talking about orthopedics in general. And obviously, I'm
9 asking questions as a total layperson. You mentioned that
10 VSES -- if I got this right, you said VSES handles primary
11 fracture repair issues?

12 A Correct.

13 Q What does that mean?

14 A Well, you know, we specifically set that up. You know,
15 Dr. Scheider and I both have an interest in orthopedics. But
16 there's a lot of -- there's a lot of equipment to -- to repair
17 a fracture properly with plates and screws over pins and wires,
18 right. That's sort of the old way. You need a lot of
19 equipment. And we made a decision early on that we would not
20 invest in that equipment for all the hospitals, but funnel that
21 to the VSES to be handled in those places.

22 Q Okay.

23 A I have experience with plates and screws. We have just
24 chosen not to purchase that equipment for these facilities.

25 Q That equipment's over at VSES exclusively?

1 A Correct.

2 Q Okay.

3 MR. HALLER: I have no further questions.

4 Thank you, Doctor.

5 MR. STANEVICH: I have nothing further.

6 HEARING OFFICER DAHLEIMER: Okay. Thank you very much for
7 your testimony this morning, Dr. Wihlen. You're dismissed.

8 THE WITNESS: Thank you.

9 MR. STANEVICH: Michael, if we can just take a -- a five-
10 minute break, so I can coordinate my next witness who would be
11 Brandon Ritschard.

12 HEARING OFFICER DAHLEIMER: Okay. Very good. Yeah. We
13 will go off the record. We'll be back in five minutes.

14 MR. STANEVICH: Okay. Thank you.

15 (Off the record at 10:12 a.m.)

16 HEARING OFFICER DAHLEIMER: And would you like to
17 introduce your witness?

18 MR. STANEVICH: The Employer would call Brandon Ritschard
19 as its next witness. And Brandon, I -- I apologize if I did
20 not pronounce your last name correctly.

21 MR. RITSCHARD: That's okay. It's a tough one.

22 HEARING OFFICER DAHLEIMER: Please, raise your right hand.
23 Whereupon,

24 **BRANDON RITSCHARD**

25 having been duly sworn, was called as a witness herein and was



1 examined and testified, telephonically as follows:

2 HEARING OFFICER DAHLEIMER: Please state your name for the
3 record and then spell it.

4 THE WITNESS: Brandon Ritschard, B-R-A-N-D-O-N
5 R-I-T-S-C-H-A-R-D.

6 HEARING OFFICER DAHLEIMER: Okay. Go ahead, Mr.
7 Stanevich.

8 **DIRECT EXAMINATION**

9 Q BY MR. STANEVICH: Good morning, Brandon. How are you
10 today?

11 A I'm good. How are you?

12 Q Good. Thank you. I -- I assume you're employed by
13 Pathway Vet Alliance?

14 A That's correct.

15 Q Okay. And what is your current position?

16 A Vice president of talent and total reward.

17 Q Okay. And how long have you been with the company?

18 A Just over two years.

19 Q And how long have you been the vice president of talent
20 and total rewards?

21 A For my entire tenure.

22 Q And just give us a -- a high-level overview of your
23 education and your career experience.

24 A Sure. I have a bachelor of arts in business
25 administration and Spanish, with a double concentration in



1 finance and international business. And I've got over a decade
2 of professional experience, most of which was in HR consulting.
3 Prior to Pathway, my employers included Willis Towers Watson,
4 KPMG, and Vista Consulting Group.

5 Q And can you tell us what you're responsible for as the
6 vice president of talent and rewards?

7 A Sure. I oversee and lead our onboarding team,
8 compensation, benefits, and talent management.

9 Q All right. Brandon, in your role as vice president for
10 talent and rewards, have -- have you collected any information
11 to show permanent employee transfers within the Monroe system
12 since Pathway acquired the system back on May 15th, 2021?

13 A Yes.

14 Q Okay. And what did you have to do to gather such
15 information? And what I mean by that is, you know, what
16 systems did you use, what data did you look at, what analysis
17 did you perform?

18 A Yep. We used Workday, which is our human capital
19 management system to pull the data that showed employees
20 between May 15th and September 15th when we prepared the data,
21 who had completed a permanent transfer from a home location to
22 a new location.

23 Q And can you tell us what do you mean by permanent
24 transfer?

25 A As opposed to, for example, as we talked about in a prior

1 testimony, employees who might pick up shifts at a different
2 location, but not necessarily transfer to make that new
3 location their home location. This analysis showed anyone who
4 actually transferred to a new location as their home location.

5 Q And you -- you mentioned just a moment ago that you looked
6 at a distinct period of time, which I believe was May 15th to
7 September 15th of 2001 (sic), did I get that range correct?

8 A Yes, of 2021.

9 Q '21. '21.

10 A Yes sir. That's fine.

11 Q Yeah --

12 A But you got the months and days right.

13 Q Yeah. I don't know what year it is or what happened last
14 week but. Why did you look at that discrete period of time in
15 2021?

16 A We, of course, wanted to start with the partnership dates
17 of the MVA Ecosystem through September 15th was -- which was
18 the date I was pulling the data.

19 Q Okay. And did you prepare a -- a report?

20 A We did.

21 Q Okay. I'm going to share my screen to show a document
22 that has been marked for identification as Employer Exhibit 77.
23 Brandon, do you see it -- this Excel spreadsheet that is on the
24 screen?

25 A I do.

1 Q Okay. And is this the report that you prepared?

2 A It is.

3 Q Okay. And can you walk us through how one would read this
4 report, maybe go left from right in terms of the lettered
5 columns on top?

6 A Sure. So in row 2, each of those columns indicates a
7 particular data field, starting with worker in column A.
8 That's the employee who had a transfer as part of this report.
9 Column B shows the effective date on which that transfer took
10 place. Column C and D represent job family. And column C, it
11 represents what they're -- it's called current in this report
12 to represent their old job family. And then proposed is the
13 word that are human capital management system, Workday, uses to
14 denote what the new job family would be. So old to new, C to
15 D.

16 Q And --

17 A And -- oh, sorry.

18 Q -- and I just want to be clear. Why don't -- why doesn't
19 the system say old and new as opposed to current and proposed?

20 A I'm not the developer for Workday, so I cannot answer that
21 question. But the -- the theory is the same, where when you as
22 a manager or the person entering the proposed change in
23 Workday, it will not have had -- take -- it -- it won't have
24 taken place quite yet. So in that moment that this data is
25 pulling the report, it'll say, when you first entered it, your

1 current location was this. You are proposing to move to this
2 location. If you then look at the column B, effective date,
3 you'll see that they're all in the past, which indicates the
4 proposed new and it's done in (audio interference).

5 Q Okay. And -- and I'm sorry for interrupting you, but just
6 one -- one more question.

7 A Sure.

8 Q C and D say job family and job family group. Can you just
9 tell us what that terminology represents?

10 A Sure. So for example, if you look at row 3 for Jordan,
11 his job family is client service and job family group is
12 practice group. And each of the rows have both of the fields.

13 Q Okay. All right. And I believe you up to -- to job E.

14 A Sure.

15 Q I'm sorry. Colu -- to column E.

16 A Column E, job title. So things flow here in E and F.
17 Current represents their old job title. F represents their new
18 job title. And column G and H, similar flow. The location
19 current. This is where they started. Location proposed would
20 be their new home location.

21 Q Okay. Now, just -- just a few additional questions for
22 you just to make sure that I read this correctly. So if we
23 look at row 6, we have a person by the name of Krystal
24 Contestable. Do you see her name?

25 A I do.

1 Q And it looks like she moved from a hospital assistant 1
2 position at VSES, correct?

3 A She went from Irondequoit to VSES.

4 Q Oh, I'm sorry. I'm looking at the wrong -- I'm --
5 you're -- you're absolutely right. I'm sorry. I was looking
6 at row 7.

7 A It's okay.

8 Q She went from a hospital assistant position at Irondequoit
9 and then she moved to VSES; is that correct?

10 A Yes. Krystal in row 6 did.

11 Q Okay. And then for like -- sorry. Just back up. For row
12 7, Kayla Bergeron, she moved from a hospital assistant position
13 at VSES to a different position at Fairview Veterinary
14 Hospital; was that correct?

15 A That's correct.

16 Q Okay. I just want to go through one more example.

17 A Sure.

18 Q If we -- if we look at Kelsey Webb, row 15. She moved
19 from a veterinarian position at -- at Bayview to a veterinarian
20 position at Animal Hospital at Pittsford; is that correct?

21 A That's right.

22 Q Okay.

23 MR. STANEVICH: I would move in Employer Exhibit 77 into
24 evidence.

25 HEARING OFFICER DAHLEIMER: Mr. Haller, you're muted.

1 MR. HALLER: No objection.

2 HEARING OFFICER DAHLEIMER: Employer 77 is received.

3 **(Employer Exhibit Number 77 Received into Evidence)**

4 MR. STANEVICH: One -- one second.

5 Q BY MR. STANEVICH: Brandon, have you also analyzed
6 information that would show employees who picked up
7 nonpermanent shifts within the MVA system since Pathway
8 acquired the system on May 15th, 2021?

9 A Yes.

10 Q Okay. And again, tell us, you know, how you gathered the
11 information through whatever systems or data that you used or
12 reviewed?

13 A Sure. So similar to the last report, we use Workday, a
14 human capital management system, and looked at time cards to
15 show actual shifts that employees worked at locations that
16 weren't their home location.

17 Q Okay. And again, why did you look at that particular time
18 period?

19 A Similar to last time, we wanted to start with the data at
20 which we partnered with the Monroe Group, 9/15- -- excuse me,
21 May 15th. And then we pulled this report on September 15th to
22 prepare for today.

23 Q Okay. I'd like to show you a document that's been marked
24 as Employer Exhibit 78. Brandon, are you able to see the Excel
25 spreadsheet on my screen?



1 A I can.

2 Q Okay. As you did before, can you walk us through this
3 spreadsheet starting from -- from left to right?

4 A Sure. Columns A and B are the employee I.D. and worker
5 who completed a shift at another location and who's included in
6 this report. Column C shows job family for that worker with
7 column D reflecting their job title. Column E shows their home
8 location. Column F, work location, shows the place at which
9 their shift was actually completed and worked. Columns G and H
10 show the time they clocked in for that shift, the time they
11 clocked out, and the date. And then reported quantity shows
12 generally the hours that have been reported for that shift.
13 And then column J shows the time-entry code. There are several
14 different time plans for the Monroe setup, so all of those are
15 listed there.

16 Q Okay. So starting with J, I just want to ask you about a
17 couple different of those -- couple different time zones there.
18 In the very first one in row 3, column J, it says, Monroe
19 regular nonVSES hours. What does -- what does that mean?

20 A That just means those are regular hours worked. It's not
21 tied to any specific shift. So for example, in column I,
22 reported quantities of 5.65. So that means there were 5.65
23 regular hours worked for that employee, Ashley (phonetic
24 throughout).

25 Q Okay. And then just going down to cell -- I see a

1 reference to urgent care shift. What would that mean?

2 A Yep. So there are a handful of different shift options
3 that all of our Monroe employees can have. There's an urgent
4 care shift. There is also on-call pay, call-in pay, holiday
5 shifts as well, which just denotes the different types of
6 shifts and the hours you might work for those shifts to ensure
7 that we're paying them according to the agreement.

8 Q Okay. So and -- and just if we go across to row 5, this
9 would be Jordan Backsheider.

10 A Um-hum.

11 Q He's a customer service rep 1. His home location is the
12 Rochester Pet Rehab, correct?

13 A That's right.

14 Q He picked up a shift at the Animal Hospital of
15 Pittsburgh -- Pittsford, and that was for an urgent care shift.
16 Is that how we would read this?

17 A That's correct. Yep.

18 Q Okay. And then just staying with Jordan, if we look at
19 row 18, this would show he picked up a shift at VSES, correct?

20 A That's right.

21 Q And moving to column J, it says, Monroe VSES regular
22 hours. What would that mean?

23 A That he worked, again, those regular hours, at Monroe VSES
24 for a total of 5.63.

25 Q 5.63 hours?

1 A Hours, correct.

2 Q Okay. And just a few examples here. If we look at row 98
3 down through 109 or so, this would show that Caitlyn Prosser,
4 whose home location is Canandaigua, she has picked up a number
5 of shifts at the lab; is that correct?

6 A Correct.

7 Q Okay. And then here on the screen, I can't see the row.
8 It's cut off. Let me see if I can --

9 A 233.

10 Q Yeah. I could -- I only see the 33. But 233, we have
11 Chelsea Whittemore. This page would show that Chelsea's home
12 location is Greece Animal Hospital, correct?

13 A Correct.

14 Q And then she's picked up a number of shifts at VSES; is
15 that -- is that fair to say?

16 A That's correct.

17 Q Looks like there are a few dozen shifts there.

18 A Um-hum.

19 Q Okay. So let me scroll to the bottom here. Okay. That's
20 actually -- never mind.

21 MR. STANEVICH: Strike that question or statement. Okay.

22 I would move Employer Exhibit 78 into evidence at this time.

23 MR. HALLER: No objection.

24 HEARING OFFICER DAHLEIMER: Employer's 78 is received.

25 **(Employer Exhibit Number 78 Received into Evidence)**



1 Q BY MR. STANEVICH: And -- and Brandon, it appears that
2 there are -- we just look at the total number on the
3 spreadsheet that we have over 400 instances of employees
4 picking up shifts at alternative locations since May 15. Would
5 you agree with that statement?

6 A I would.

7 Q Thank you. Okay. Just bear with me for a moment. I'm
8 just getting the next exhibit.

9 A Sure.

10 Q Brandon, I believe you testified before that compensation
11 is one of the -- the practice buckets that falls under your
12 pur -- purview as VP of total rewards and -- sorry.

13 A Talent and total rewards.

14 Q Talent and total rewards. I sort of --

15 A Yeah.

16 Q -- had it backwards. Correct.

17 A That is fine. Yep.

18 Q Okay.

19 A That's correct.

20 Q And in your role as VP for that group, did you review the
21 hourly wages across the 20 or so locations at -- at issue in --
22 in this proceeding?

23 A I did.

24 Q Okay. And now what steps would you take to re -- review
25 the hourly wages?

1 A We extracted the pay data from Workday again and compiled
2 an exhibit that showed the minimum and maximum wage rates for
3 each job title that exist uniquely across the MVA Ecosystem.
4 And where that job exists at different locations, we listed the
5 minimum and maximum for that wage rate at -- at every single
6 location.

7 Q Okay. I'd like to show you a document that has been
8 marked as Exhibit 80. Okay. Do you see my screen here?

9 A I do.

10 Q Okay. And this is a very large document in terms of data
11 and size that's not easily printed. But can you walk us
12 through how we should view this document, how one would read
13 this document, and then we can go through some examples?

14 A Sure. So they were pretty lengthy in columns. Every one
15 of the column sets has the same information, which is to say
16 that, for example, starting in column C through E, that is a
17 bucket for I beli -- the cursor's over it, but I believe that's
18 ACA 1. So you'll see the pay data for ACA 1 is included there
19 for Fairview as that's the only place we have an ACA 1. The
20 minimum pay rate and the maximum rate is shown there since
21 there's one incumbent. That means that it's obviously the same
22 data. If there were data in other locations, they would appear
23 as well as the number of employees, of course, that are in that
24 job and at that exact location.

25 And for reference at the bottom, we've summed up for each

1 of the jobs, the number of total employees across the MVA
2 Ecosystem in that role and the -- the full min to max across
3 all locations where that exists with the total number of in
4 scope employees listed at the bottom.

5 Q Okay. So in column B, those are all the locations at
6 issue, correct?

7 A That's correct.

8 Q And then if we go up to row 2 and go across, that's where
9 we will see the different titles that appear in our -- in our
10 pay -- in our pay data?

11 A That's correct.

12 Q Okay. So just for an example, we have a title, animal
13 care assistant 2, ACA 2. This spreadsheet would show that we
14 have 15 employees in that title at VSES; is that correct?

15 A Correct.

16 Q And the lowest hourly rate there would be 13.25?

17 A Yes.

18 Q And the highest paid is \$16.80?

19 A Correct.

20 Q All right. Go -- I do have some questions for you,
21 because there appears to be some overlap in -- in the titles.

22 A Uh-huh.

23 Q So for example, on the left-hand side of the screen, we
24 see -- I see ACA I, then I see ACA II. But then if we start to
25 go over to the right -- you know, we jump over a couple

1 positions, we get to animal care assistant I and animal care
2 assistant II.

3 What's the difference with ACA I and animal care assistant
4 I, and ACA I and animal care assistant II? Why -- does it
5 appear this way in our data?

6 A So we wanted to represent the data in its purest form. So
7 it is likely that an ACA I is an abbreviation for animal care
8 assistant I that you see in columns R, S, and T. We've left
9 them separate, because if Workday shows that job title is
10 anything different, even by one character, than another job
11 title, we retain them as separate to be full and complete with
12 the data.

13 But based on how the data had been loaded up on
14 partnership, if any of those legacy titles existed where there
15 was a slight difference in nomenclature, we retain that and
16 show that here for completeness -- completeness.

17 Q Okay. And you said you -- based upon data that was loaded
18 upon partnership, I think that those are the terms -- or the
19 words you used.

20 A Uh-huh.

21 Q What do you mean by that? What data? What partnership?

22 A Yep. So on May 15th, when we partnered and acquired the
23 NVA Group, we load all of their legacy employee data into
24 Workday, day one, so that our master human capital management
25 system Workday contains all of our employees, those who came

1 through acquisition and organically.

2 So we have taken their legacy data pre-Pathway, loaded
3 that through our integrations team and our Workday team into
4 Workday upon partnership, and that data is reflected here.

5 Q Okay. And before I go through some more examples, are
6 there any efforts underway to collapse positions into a certain
7 title or a certain level to ensure consistency, so we don't
8 have an ACA I and an animal care assistant I?

9 A Yes, because -- yeah. Yes, the 12 job leveling, we are
10 under way on that right now. And the goal is exactly as you
11 described.

12 Q Okay. So let -- let's just go through a couple examples
13 just to make sure that we can read this correctly. So
14 let's -- let's focus on -- on animal care assistant II here,
15 UVW. So this would show all of the previous location, the
16 number of employees who have folks in this title, correct?

17 A Yes.

18 Q And it shows the minimum and the max for each location?

19 A Yes.

20 Q So for example, animal hospital, Pitts -- Pittsford has
21 ten animal care assistant II in this title?

22 A That's right.

23 Q And VSES at the bottom, they have ten, same number?

24 A Correct.

25 Q Okay. And then the wage range for VSES would be 15.25 to

1 18.50; is that right?

2 A Yes.

3 Q Okay. And slightly different at other locations where a
4 AHOP may be 14.50 -- 14.50 to 16, correct?

5 A Correct.

6 Q Okay. But then at the bottom, we've got some
7 language -- or some numbers in bold. What is this?

8 A So this is, again, the total of all the totals. So you
9 can consider it the grand total, let's call it, where we have
10 65 total employees across the NVA ecosystem who are in the
11 animal care assistant II job title. And the minimum of all the
12 minimums is \$14 an hour. The maximum of all the maximums is
13 \$20.09 an hour.

14 Q Okay. So there are some locations that pay their animal
15 care assistant II more than what the max is at VSES, correct?

16 A Correct.

17 Q Okay. Let's maybe go over to another title with a lot of
18 folks. Okay. Client service representative, would we read
19 this the same way?

20 A Yes.

21 Q So for example, there are 16 folks in the client service
22 representative at VSES, ranging from 15.25 to 16.75?

23 A Yep.

24 Q Okay. And I see some other titles that add just CSR, CSR
25 1, CSR 2 -- the number 2 versus Roman Numeral II -- II. Is

1 this the same issue as you described earlier, it's just based
2 upon how the prior employer listed the titles?

3 A Correct. Yep.

4 Q To the extent that you know, any difference in job
5 responsibilities between, like, the number 2 and Roman Numeral
6 II?

7 A No.

8 Q Here in the middle of the page we have title, license vet
9 tech. We've heard a lot of testimony about the vet techs. So
10 this part of the spreadsheet would also show the number of
11 employees in this title at each location, correct?

12 A Yes.

13 Q So for example, we have 12 at the Animal Hospital of
14 Pittsford. And we may have 30 or so at VSES, correct?

15 A That's right.

16 Q And does this spreadsheet include any supervisors or
17 veterinarians, or is it limited to a certain subset of
18 employees?

19 A It does not include managers or veterinarians.

20 Q So it just includes nonsupervisory --

21 A Yes.

22 Q -- support staff at --

23 A Uh-huh.

24 Q -- 19 or 20 locations?

25 A That's right.

1 MR. STANEVICH: At this time, I would move
2 Employer 80 into evidence.

3 MR. HALLER: No objection.

4 HEARING OFFICER DAHLEIMER: Employer 80 is received.

5 **(Employer Exhibit Number 80 Received into Evidence)**

6 MR. STANEVICH: Thank you, Brandon. I have no further
7 questions at this time.

8 HEARING OFFICER DAHLEIMER: Thank you. You're dismissed.

9 THE WITNESS: Thank you.

10 MR. HALLER: I had some questions.

11 HEARING OFFICER DAHLEIMER: Oh, I'm sorry. Yeah. You're
12 not dismissed. My apologies.

13 **CROSS-EXAMINATION**

14 Q BY MR. HALLER: Mr. Ritschard, you almost escaped, but not
15 quite. I'm Bill Haller, counsel for the Union. I'd like to
16 start by asking you a few questions about Employer Exhibit 77,
17 the permanent transfers between May 15th and September 15th.
18 Do you have that available to you?

19 A I do.

20 Q Okay. There's been prior testimony that all permit
21 transfers were initiated by the employees involved. And the
22 employees had to interview -- they had to apply and interview
23 for the positions, just like someone from outside the Path
24 organization; is that correct in your understanding?

25 A That is our typical protocol.

1 Q Okay. It appears that Employer Exhibit 77 shows that in
2 this time period there were five individuals that came from
3 elsewhere in the Monroe Group to VSES. That your understanding
4 as well?

5 A That's correct.

6 Q And one of the individuals is an office administrator,
7 which both the Union and Employer agree that that's not a
8 position of in the bargaining unit; would you agree?

9 A Yes.

10 Q Okay. So the four individuals that, arguably, in the
11 bargaining unit that had permanent transfers since May 15th to
12 VSES?

13 A Correct.

14 Q Okay. And there were two individuals that worked at VSES
15 that applied for and got transfers to elsewhere in the Monroe
16 Group; would you agree that's correct?

17 A I would.

18 Q Okay. Let's turn, now, to Employer Exhibit 78, the shifts
19 worked at nonhome locations from May 15th to September 5th.
20 And I've got a number of questions about this document. As is
21 my habit, I'm a little bit awkward here. I printed it out, and
22 printout has no line numbers on it. So I'll try and cross
23 reference to the onscreen version here.

24 First, I note that -- just at a quick glance, it appears
25 that overwhelming number of shifts reflected in this document

1 are well less than eight hours; is that correct?

2 A I can't confirm that without looking at the numbers,
3 but --

4 Q Well, let's take a look at, like, rows 1 through 28.

5 A Yeah. I -- I see some that are less than eight hours. I
6 see a few that are more than eight hours. For example, rows 14
7 and 15 appear to be between nine and ten hours.

8 Q Okay. Well --

9 A A range.

10 Q -- let's see. It starts -- I guess the first name is at
11 row three, that's less than six hours.

12 A Correct.

13 Q Row four is a little over four hours. Row five is 2.6
14 hours. Row six is 3.4 hours and change. Next one is 5.2
15 hours, approximately. The next line is 5.6 hours,
16 approximately. Next one is 5.15 hours. Next one is 4.1 hours,
17 5.6 hours.

18 A I just took the average of all the regular hours, and it
19 comes out to 4.5 hours is the average regular hour shift
20 length.

21 Q Oh. Okay. Then I misunderstand what's reflected here. I
22 thought each of these lines reflected a particular shift worked
23 on a particular day.

24 A It does.

25 Q Well --

1 A What -- what I said I did was to take the average of all
2 of the hours reported here, and that comes out to 4.5 hours per
3 shift on average.

4 Q Oh. Oh, I see. For all of the lines on this document?

5 A Yes. For like, rows 1 through 440, whatever.

6 Q Okay. Okay, thank you. You just cut to the chase. Thank
7 you.

8 A Glad I helped.

9 Q All right. Okay. And all -- I think there's 444 lines,
10 but it doesn't start until line 3. So I guess there's 442
11 shifts reflected on this document; is that correct?

12 A That's correct.

13 Q Okay. Of those 442 shifts, only one shift reflects an
14 individual who -- who's home location is VSES, who worked
15 elsewhere?

16 A That is correct.

17 Q Okay. And that's one person who worked two shifts, right?

18 A That's correct.

19 Q Bear with me for a moment. Okay. And that individual and
20 their -- her two shifts are -- let me find the line numbers.
21 We're talking about lines 412 and 413, it's a Bridget Smith
22 (phonetic). You with me?

23 A That's correct, yep.

24 Q According to this, she's s a hospital assistant I, and she
25 did two shifts at Rock Pet Rehab; is that correct?

1 A That's correct.

2 Q Okay. I'm just curious. Next to her name, it says, "on
3 leave"; what does that mean?

4 A That means at the time we pulled this data in Workday,
5 she's categorized as being on a leave of absence.

6 Q Okay. But you work these two shifts?

7 A That's correct.

8 Q Okay. There's been prior testimony that extra shift work
9 in the Monroe Group, except for the mandatory holiday coverage,
10 is all voluntary; is that your understanding as well?

11 A That is my understanding.

12 Q So the -- the overwhelming number of these 442 shifts are
13 worked voluntarily by the employees, if all, they weren't
14 mandated; isn't that correct?

15 A To my understanding, yes.

16 Q Okay. So we talked about the one individual who worked
17 two shifts who works at VSES and did some work at another
18 location. There are, on this document, a total of 74 shifts
19 worked at VSES by folks from other locations; isn't that
20 correct?

21 A I -- only one second to confirm that. I see 88.

22 Q 88. Okay. Four of these shifts are by employees outside
23 the bargaining unit. Let me -- let me find what we're talking
24 about here. Okay. I got a feeling you'll have the ability to
25 find this quicker than I can. There -- there are two shifts

1 attributed to a Paul Sutliff?

2 A Yes.

3 Q Okay. What line numbers are those, so we're all --

4 A 342 and 343.

5 Q -- 342 and 343. Okay. So that's an individual that came
6 from Irondequoit and did two shifts at VSES. And that
7 individual's name is office administrator, right?

8 A Yes, the title is office administrator.

9 Q Okay. And all parties agree that that's not a bargaining
10 position; that you're understanding?

11 A I can't comment on that. I don't know the answer to that.

12 Q Okay. Okay. A few lines further down -- let's see, line
13 352, a Charmaine Hefner (phonetic) came from Perinton and
14 worked at VSES, and she's a client experience manager, right?
15 Would you agree that's what that line 52 says?

16 A It does say that.

17 Q Okay. I think all parties agree that a client experience
18 manager is not in the bargaining unit? Do you have knowledge
19 of that one way or the other?

20 A I don't know that particular job title. I don't know that
21 job title. I know manager, of course, as we've discussed, is
22 not. But the specific duties of that, I can't comment on.

23 Q Okay. Okay. So I come up with a total of 74 shifts
24 worked by nonVSES at VSES. And I believe you came up with a
25 total of 88?

- 1 A Yes.
- 2 Q Okay. Well, we'll work with that number.
- 3 A Uh-huh.
- 4 Q Would you agree that at least 44 of those shifts were all
5 worked by Chelsea Whitmore (phonetic)?
- 6 A Would I agree with that? I would say, I have 41 from
7 Chelsea specifically working at VSES.
- 8 Q Okay. And she's a customer service representative I at
9 one Greece Animal Hospital, right?
- 10 A That's right.
- 11 Q Okay. And it looks like she regularly picks up shifts at
12 VSES?
- 13 A I would agree.
- 14 Q Okay. So approximately half of the shifts worked by the
15 outside folks at VSES were this one individual; isn't that
16 correct?
- 17 A Roughly.
- 18 Q Yeah. Okay. So out of 442 shifts worked outside the home
19 location during this period of time, 88 of them were by outside
20 folks working at VSES; is that correct?
- 21 A Yep.
- 22 Q Okay. Do you have any way of determining how many of
23 those 88 shifts were mandatory, and --
- 24 A I do not.
- 25 Q -- voluntarily taken on?

1 A No.

2 Q Okay. Take a look at -- no, got to find the line number.
3 I apologize. I'll give you the name, and you can find it
4 quicker. It's a Tess Bishoping, B-I-S-H-O-P-I-N-G.

5 A Line 86.

6 Q All right. Thank you. All right. So she's an office
7 manager at Animal Junction, and she did, looks like, one shift
8 at VSES, correct?

9 A That's right.

10 Q All right. Officer manager's not in the bargaining unit;
11 is that correct?

12 A To my knowledge, correct.

13 Q Okay. And there's actually no hours reflected. It
14 doesn't look like she actually did any work. She was just on
15 call, right?

16 A The way Workday reports specific shifts -- so you can see
17 in time entry code J, where it says, "Holiday on call Shift" --

18 Q Uh-huh.

19 A -- the one in column I reported quantity reflects that she
20 completed one shift. It reports hours in column K as zero,
21 because it's tracked as a shift, not hours. So she did
22 complete a full shift; it's just not reported in hours.

23 Q Okay. That -- does that mean you're -- if the records are
24 correct, she actually showed up at the hospital and worked that
25 day?

1 A Correct.

2 Q Okay.

3 A Correct.

4 Q All right. So her hour -- her hours, it's reflected as
5 holiday on-call shift?

6 A Oh, I'm sorry. I correct my statement?

7 Q Of course.

8 A In looking at time entry code in column J, it does say,
9 "On call." So I cannot confirm she worked that shift. If it
10 had said call-in, that would mean she was physically called
11 into the hospital. I'm sorry. I misread the time entry code.
12 So this was just on call. She got paid a flat fee for being on
13 call.

14 Q Being on call.

15 A It's unclear if she showed up for that shift.

16 Q Okay. Are there any other codes anywhere in this document
17 that show people working a mandatory holiday shift? Or is that
18 just a -- wouldn't show -- show up on here?

19 A The code will say holiday on call. There might be holiday
20 call in. I'm looking now.

21 Q That's -- I did find one more; although, of course --

22 A Yeah.

23 Q -- I don't know the line number.

24 A So there are three types of holiday shifts, holiday call
25 in, holiday cold call, and holiday on-call shift, which is the

1 one we just looked at.

2 Q Okay. I see another holiday on-call shift for Courtney
3 Mayfield. Of course, I don't have a line number.

4 A She is on 279 and 280.

5 Q So she's a veterinary tech nurse I from Irondequoit, who
6 did an on-call shift at VSES on one occasion and got credit --
7 credit for being on call?

8 A That's correct.

9 Q Okay. Okay. Let's move on to -- let me just ask you a
10 general question about Employer Exhibit 80, that the -- the
11 spreadsheet that shows compensation.

12 A Uh-huh.

13 Q Shows -- appeared to show considerable variation in what
14 folks are getting paid at the various facilities between
15 individuals within the various pay grades; is that correct?

16 A I think that depends on your definition of considerable.
17 So I would not agree with that until we define what
18 considerable means.

19 Q Okay. That's fair enough. All right. Well, certainly,
20 everybody in each of the pay grades is not making exactly the
21 same pay, right?

22 A Correct. There is differentiation in the minimum and
23 maximum pay rates at locations.

24 Q And appears to be there's some differentiation between the
25 general practices and VSES; is that correct?

1 A There might be, in some case, a difference, yes.

2 Q Okay.

3 MR. HALLER: That's all I have. Thank you, sir.

4 THE WITNESS: You're welcome.

5 HEARING OFFICER DAHLEIMER: Mr. Stanevich, do you have
6 redirect?

7 **REDIRECT EXAMINATION**

8 Q BY MR. STANEVICH: Brandon, do you have any understanding
9 why we see a -- more of a flow into VSES as opposed to a flow
10 of employees from VSES working at other locations?

11 A Yeah. In my experience, I would comment that emergent
12 cases are, of course, emergent by nature. And oftentimes the
13 hours required from staff members in an emergency and specialty
14 location are overnight and weekends, which is different than in
15 a general practice.

16 So oftentimes it's harder to staff some of those shifts,
17 which is why you generally see more nonemergency,
18 nonspecialties filling in shift at a ER or specialty location.

19 MR. STANEVICH: I have nothing further. Thanks, Brandon.

20 THE WITNESS: You're welcome.

21 HEARING OFFICER DAHLEIMER: Mr. Haller, redirect -- or,
22 recross, or no?

23 MR. HALLER: No, sir. No further questions.

24 HEARING OFFICER DAHLEIMER: Okay. For real this time,
25 thanks for your testimony. You are dismissed.

1 THE WITNESS: Thank you.

2 HEARING OFFICER DAHLEIMER: Is the Employer's next witness
3 available?

4 MR. STANEVICH: If we can take a short five-minute break.
5 We had lined up our next witness to testify at 11:30, but we're
6 moving at a very fast clip, which is good for everyone. But we
7 just need to see if we can slide her up a little bit, and I
8 think we can. Just need to make a phone call.

9 HEARING OFFICER DAHLEIMER: Sure thing. Again, Mr. Baker,
10 we're off the record. We'll be back in approximately five.

11 (Off the record at 11:20 a.m.)

12 THE COURT REPORTER: On the record.

13 HEARING OFFICER DAHLEIMER: Ms. Mastrony, your witness,
14 please.

15 MS. MASTRONY: Thank you. We'd like to call Kathy Sercu,
16 please.

17 MS. SERCU: Hello.

18 HEARING OFFICER DAHLEIMER: Hi. Please raise your right
19 hand.

20 Whereupon,

21 **KATHLEEN SERCU**

22 having been duly sworn, was called as a witness herein and was
23 examined and testified, telephonically as follows:

24 HEARING OFFICER DAHLEIMER: Please state your name and
25 spell it for the record.



1 THE WITNESS: Full name is Kathleen Sercu, K-A-H-L-E-E-N;
2 last name, S-E-R-C-U.

3 HEARING OFFICER DAHLEIMER: Proceed with your questioning,
4 please.

5 MS. MASTRONY: Thank you.

6 **DIRECT EXAMINATION**

7 Q BY MS. MASTRONY: Good morning, Kathy. How are you?

8 A Good.

9 Q Can you tell us by whom you're currently employed?

10 A I'm currently employed with Pathway.

11 Q And what's your current position?

12 A My current position is practice manager of Perinton
13 Veterinary Hospital. I'm also a licensed LVT as well.

14 Q All right. And what does your position entail there?

15 A So my practice manager side of things, I have a lot of
16 administrative work -- invoicing, marketing, multiple different
17 planning, employee matters, things of that nature. My LVT side
18 of things, I work on the floor very regularly. Matter of fact,
19 I was doing surgery five minutes ago. And then I -- so
20 everything that an LVT tech will have throughout their day.

21 Q All right. How long have you been in your position as the
22 practice manager there?

23 A As a practice manager of Perinton, October of 2019, I
24 officially accepted the position. And then I worked as both an
25 LVT and practice manager throughout that time. I've been an

1 LVT, now, 16 years.

2 Q All right. And how do you obtain the license to become an
3 LVT?

4 A You have to go to college -- to an accredited college. A
5 minimum of a two year degree, so an associate's degree. Once
6 passing that and being accredited -- from an accredited
7 college, you then, for New York State, can sit for the
8 veterinary technician national exam. And UFC (phonetic
9 throughout) only recognizes the national exam. And so then,
10 you can sit for the national exam. And once obtaining a
11 passing grade on the nation exam, you are then licensed in New
12 York State.

13 The national exam is recognized by a multitude of states,
14 but you do not have to be licensed in every state. And then,
15 once you are licensed, within every three years, you have to
16 maintain continuing education credits to show proof that you
17 actually are continuing your learning.

18 Medicine is so progressive, and there's constantly new
19 things that come out about it. And so you want to make sure
20 that you stay up to date with the latest and greatest and have
21 the best knowledge available to get back to our patients. And
22 so every three years, you do have to reapply to keep your
23 license and show proof of your continuing education. And it
24 could be audited, also, to show proof of that matter.

25 Q Okay. Can you just give us your career experience?



1 A Um-hum. So I started out in Pearl Tower GP (phonetic
2 throughout), a very small practice. I then have done Humane
3 Society spay/neuter doing upwards of 50 surgeries a day, just
4 spay/neuter. And then, I moved to various specialists in
5 animal emergency, primarily in the radiology department, but
6 also working with emergency, as well. And then, I transitioned
7 over to the Perinton Veterinary Hospital as their LVT
8 supervisor, and then moved to be their practice manager.

9 Q All right. And what was your position at VSES?

10 A My primary role and function was radiology department. So
11 I would perform primarily pre-op and post-op radiographs for
12 surgeries, but also radiographs on any emergency cases that are
13 coming in, any diagnostic imaging that was needed for a
14 patient, and then also assisting on emergencies if emergencies
15 come in, or we had downtime, or things like that, as kind of an
16 all-hands-on-deck. And if you're available, you do what needs
17 to get done.

18 Q Okay. And were you an LVT there?

19 A Yes, yeah, I've been an LVT the whole time.

20 Q All right. How long were you an LVT at VSES?

21 A I was at VSES as an LVT just five -- five years.

22 Q Okay. And then, you said came to Perinton as the LVT
23 supervisor?

24 A I transitioned over -- I believe it was 2016 -- to
25 Perinton as their LVT supervisor, yes, for a couple years. And

1 then, the practice manager role became open here. And so I had
2 applied for it, and I became that, as well, but still work as
3 an LVT on the floor. I'm not full-time administrative at a
4 desk.

5 Q All right. Can you tell us how far Perinton is from VSES,
6 just roughly, geographically?

7 A It's about a 20, 25-minute drive.

8 Q All right. And what kind of services are offered at
9 Perinton?

10 A We will perform everything from wellness exams, vaccines.
11 We will see emergencies, anything that will walk in the door in
12 that sense. We perform surgeries, so we will do foreign body
13 surgeries. We will do spays; we will do neuters. We will
14 perform gastropexies. We will do cranial cruciate ligament
15 repairs. We will do leg amputations, tail amputations, toe
16 amputations, enucleations, so eye surgeries, growth removals,
17 a multitude of surgeries in that sense. We also perform
18 diagnostic imaging. So we have X-ray, ultrasound. We also
19 have laser therapy, as well. So we have laser therapy here, as
20 well, for helping with post-operative care, pain management,
21 things of that nature.

22 We'll do end-of-life care, as well. We have hospitalized
23 here who may need IV fluids or things like that, more intense
24 pain management care.

25 Q Okay. And what services were offered at VSES while you

1 were there?

2 A They'll of course see the emergent and critical cases as
3 they come in the door, stabilization of those cases,
4 hospitalization, if it's warranted, perform outpatient
5 procedures, things like lac (phonetic throughout) repairs, or
6 things like that. They will perform diagnostic imaging.
7 They'll do surgeries with the specialties. They, at the time,
8 had a internal medicine specialist who would do some kind of
9 chemotherapies. They had ophthalmology at the time. They had
10 a board-certified radiologist at the time that I was there, so
11 they would do things like that, too, perform MRIs or CTs.

12 My time there, I was trained in MRI. And so after I
13 transitioned over to Perinton, I would also be on call to come
14 in after hours and run the MRIs for them for emergent and
15 critical cases that would come in after hours.

16 Q So you mentioned that they do surgeries at VSES, as well.
17 You had gone through a list of surgeries that are performed at
18 Perinton. Are those surgeries that are also performed at VSES?

19 A Um-hum. They'll very regularly do those surgeries.
20 They -- the type of knee surgery that we do at Perinton is just
21 slightly different just in -- because the same thing to correct
22 a cranial cruciate ligament can be done a multitude of ways.
23 It depends on what's appropriate for that particular patient.

24 Q All right. Are there any surgeries they perform at VSES
25 that are not performed at Perinton?

1 A Sometimes, some really intense chest cases, the rapid
2 cases, that would be better recommendation for a board-
3 certified surgeon, and that they would have the ventilator for.
4 Because they -- they do have a ventilator there, but those are
5 going to be severely critical cases.

6 Q Okay, so what types of positions exist at Perinton?

7 A We have client service representatives, animal care
8 assistants, kennel attendants, LVTs, and DVMs.

9 Q All right. And what do those positions do? So let's
10 start with the LVTs there; what do they do at Perinton?

11 A Um-hum, so LVTs pretty much do everything and anything.
12 We do everything from client education, to filling up
13 medications, any kind of hospitalized treatments, any kind of
14 outpatient treatments. We will do anesthesia. We will do
15 radiology. We will do laboratory testing. We will obtain
16 different -- a multitude of samples. We will do pain
17 management if that's appropriate. We really do anything and
18 everything that the doctor needs.

19 Q And to the LVTs assist in surgery?

20 A We will help assist as in if the doctor needs an extra set
21 of hands. We will do all the anesthesia, anesthesia
22 monitoring, intubation and IV catheter placings, actually
23 administrations of the drugs that the doctors give the orders
24 for. Critical cases that will come in, we'll doing the
25 intubation, the IV catheters, performing CPR, corrective --

1 giving emergency medications, if needed.

2 Q Okay. And then, you also mentioned customer service reps;
3 what do they do at Perinton?

4 A They're kind of front lines. So they will answer the
5 phones, schedule appointments, to the best of their knowledge
6 and ability, answer any questions that the clients and -- have
7 and/or refer them to a doctor or the technician. Many times,
8 if it's something medically based, they'll refer to the
9 technicians to answer the client's question. They will bring
10 out medications to the clients. They will help assist us
11 bringing the patients in and out of the building, so that
12 nature.

13 Q And then, what about the animal care assistants? What do
14 they do?

15 A So animal care assistants, they'll assist the DVMS and the
16 LVTs, primarily. At Perinton, they are cross-trained, also, as
17 CSRs. So they can do everything from scheduling appointments,
18 the same thing the CSRs can -- can do. So my ACA generally
19 will help me with placing IV catheters. They will assist the
20 DVM with their wellness appointments. They will actually take
21 the soap from the client, answer all the questions, verify
22 everything that they're there for today. They will draw up the
23 vaccines for the doctor to give, and they'll have everything
24 ready and prepped for the doctor for their appointments. And
25 then, they can assist the doctor, as well, with performing

1 their exam, helping to hold patients, soap, and also help hold
2 the patient for any diagnostics that are needed, as in blood
3 work that the technician will draw. Or they'll help sometimes
4 with the stuff that we need to do, any kind of diagnostic
5 imaging, in the X-ray or ultrasound.

6 Q And then, I think you mentioned kennel assistants?

7 A Kennel attendant or --

8 Q Yeah, sorry.

9 A Yeah.

10 Q And what do they do?

11 A So we do have a small boarding facility at Perinton.
12 During the COVID time, that kind of got shut down. And
13 certainly, right now, we're in construction, that kind of got
14 shut down, but we still utilize them. So when we had full
15 boarding open, they would be used for feeding the patients and
16 walking patients, making sure that they had clean kennels, and
17 things of that nature. And that is a Monday through Sunday
18 thing, so they'd actually be in on Sundays, as well. Now, we
19 primarily utilize them as helping us bring patients in and out
20 of the hospital.

21 Any hospitalized patients, they'll help us clean their
22 cages, things like that. General cleaning of the hospital, as
23 well, they will do. Especially since COVID, we have regular
24 cleaning every four hours, and all high-touch surfaces get
25 wiped down, things of that nature. So they're a huge help in

1 that. Cleaning the hospital at the end of the day is a huge
2 help that they do, along with keeping and maintaining. They'll
3 help sometimes with surgical laundry, regular laundry, items
4 like that.

5 Q And what positions are at VSES?

6 A VSES has client-service representatives. They have animal
7 care assistants. They have LVTs, DVMs, and on their specialty
8 services, they have coordinators, as well.

9 Q All right. And so the CSRs that are there, are their
10 functions similar to the functions that CSRs serve at Perinton?

11 A Um-hum. They won't necessarily actually have, like,
12 appointment schedule for VSES for obvious reasons. The
13 coordinators would be the person to schedule appointments based
14 upon their specialty areas. But in essence, the CSRs there and
15 the CSRs here are exactly the same.

16 Q Okay. And what about animal care assistants at VSES as
17 opposed to Perinton?

18 A Yeah, so animal care assistants, same thing. They help
19 assist pretty much everybody. What's ever needed if you need
20 to prep for a procedure, that's the same there as it would be
21 here, helping perform any treatments, or assisting the
22 technicians performing any treatments or diagnostic imaging,
23 you know, taking a patient for a walk or anything like that.
24 It's exactly the same from the ACAs there to the ACAs here.

25 Q Okay. And then, what about the LVTs at VSES as opposed to



1 Perinton?

2 A Um-hum. Pretty much the same, as well. In essence, they
3 will carry out whatever directives that the DVMs give them, in
4 the place of if a patient needs treatments, fluids, outpatient
5 procedure, anesthesia, sedation, anything of that nature.
6 Sometimes, some of the medications might just be slightly
7 different that they use on a more regular basis than what we
8 use. But there's nothing to say. You just can ask somebody to
9 verify what it is or how it's used. That would really be the
10 only difference that I could see of what they use, is just some
11 things they use on a more regular basis than what we do.

12 Q Okay. And what type of equipment is available at
13 Perinton?

14 A So we have a CR X-ray. We have ultrasound. We have laser
15 therapy. We have to capnograph monitoring for anesthesia. We
16 have all normal anesthesia monitoring, so ECG, pulse ox, end
17 tidal CO2 with capnograph, blood pressure monitoring, along
18 with we can also do Doppler blood pressure monitoring as well,
19 which -- it's just slightly different. But in essence, you get
20 the same exact result of a blood pressure from it. We have --
21 I'm trying to think what else. I feel like we have so much.
22 That's all that comes to the top of my head.

23 Q Okay. And what about at VSES? What equipment is
24 available there?

25 A Um-hum, so VSES has all that same equipment, as well.

1 They have more of it for obvious reasons, because they'll see a
2 larger caseload. But they have all those things, as well.
3 They obviously have an MRI and a CT machine, as well, and then
4 events later in their surgery.

5 Q Okay. What are the hours of operation at Perinton?

6 A Monday through Friday, we -- our phones are on starting at
7 7:30 until 7 p.m. We start arriving at 7:30. Majority of
8 staff comes in around 8, and then we're usually here until 8 or
9 9:00 at night, Monday through Thursday. Fridays, our phones
10 turn on at 7:30 again. Some staff start showing up at 7:30,
11 majority appear by 8. We -- our phones turn off at 5:00, but
12 we're usually still here until at least 6 or 7 on Fridays.
13 Saturday, we're open from 8 to 2. All staff comes in at 8:00.
14 We're generally not out for around 4:00 or so on Saturdays.
15 And we are closed on Sundays.

16 Q You had mentioned that you were an LVT at VSES for a
17 while. Did you ever pick up shifts at any other hospitals
18 while you were serving as an LVT at VSES?

19 A Um-hum, so my primarily (sic) function at VSES was in the
20 radiology department. But then, I also picked up shifts on the
21 emergency side at VSES. I also picked up shifts here and there
22 at places like Bayview Veterinary Hospital, things like that.
23 You can jump around to the different GPs without an issue at
24 all.

25 Q Okay. You mentioned -- you also mentioned that you went



1 through training on the radiology; could you explain that?

2 A Yeah, yeah. Since I was radiology tech for so many years
3 and I had more advanced training in the types of units that we
4 had -- so Trylie Vet (phonetic throughout) came on board a
5 little while back. And we had upgraded them from film
6 radiology to CR radiology. And so I got out to their facility
7 and trained their technicians on that whole process, on our
8 PACS system, as well, which is pretty much, like, our medical
9 documentation to make sure that the medical record is complete.
10 It holds all the X-rays, in essence, in it, so training them on
11 all those things, as well.

12 Q All right. And then, after you left VSES to come to
13 Perinton, did you ever work at VSES at that point?

14 A Um-hum,. So I did go back and work -- not only was I on
15 call for their MRI, I also helped out in some emergency places.
16 Even after becoming a practice manager, I was also picking up
17 shifts there on emergencies here and there in that department.
18 I would work at Bayview here and there if they needed things,
19 and anywhere in the GPs if they had openings here or there.

20 Q And were you working as an LVT when you picked up shifts
21 elsewhere?

22 A Yes, yeah. Yeah, not as a practice manager.

23 Q Okay. And currently, do any of your staff members work at
24 VSES on occasion?

25 A Yes. So Char, my SCR supervisors, she picks up very



1 regular shifts at VSES, sometimes almost once a week in some
2 months. She's actually their main primary go-to call-person if
3 they have someone call out on a Sunday or something like that.
4 She's one of the first people they call. A couple of my other
5 CSRs also pick up regular shifts over at VSES, also, and
6 they've done that for years. Every now and then, one of the
7 ACAs will, but not as much as the CSRs. And then, the LVTs
8 will pick up other shifts here and there at some of the other
9 hospitals. And then, we very regularly have ACAs and LVTs and
10 from our other GP hospitals, in emergency or things like that,
11 that help us out at Perinton, as well.

12 Q Okay. You mentioned your CSR supervisor; what was her
13 name?

14 A Charmaine Heffner.

15 Q I -- missed the last name?

16 A Charmaine Heffner.

17 Q Heffner, okay. Thank you. Okay, and I'm sorry; do any of
18 the VSES staff work at your hospital ever?

19 A They have picked up shifts in the past. They haven't in a
20 few months here recently, but they have in the past.

21 Q And does your staff have -- you heard a lot of testimony
22 about the -- the holiday commitment at VSES. Does your staff
23 have to do that holiday commitment at VSES urgent care?

24 A Yeah. Just this past holiday, I had two of my LVTs were
25 on call for them. I have one of my -- my LVT supervisor, she

1 has a set shift for New Year's for them, as well. On average,
2 I -- we usually have one to possibly four members of our team
3 either on call or actually working shifts for VSES every
4 holiday. And that's between the CSRs, ACAs, and LVTs. I
5 cannot speak to the DVMs; I don't know that knowledge.

6 Q Okay. So we went through the work that you actually did
7 when you were at VSES. I know you said you were primarily
8 doing radiology, but can you just describe for us what job
9 functions you were doing as a VSES at LVT -- I'm sorry -- as an
10 LVT at VSES? Too many letters.

11 A It's okay. So yes, my primary function was radiology for
12 any kind of diagnostic imaging that was needed for any
13 emergencies that came in, pre-op/post-op radiographs for any
14 surgery patients that were needed. But as a -- when I was
15 picking up either emergency shifts, or if it's a case that's
16 needed, an emergency came in, starting an IV catheter, starting
17 on fluids, intubating a patient, performing any kind of
18 outpatient procedures, performing any kind of anesthesia, any
19 kind of sedation, hospitalization treatments that the doctor
20 had ordered, giving medications. Anything like that, I've
21 performed.

22 Q Okay. As compared to your work as an LVT at Perinton,
23 what -- what are your job duties there as an LVT?

24 A Pretty much the same. The -- the caseload is not as much,
25 but that's pretty much the only difference. Anything the

1 doctor needs, I will -- we do IV catheters all days long, blood
2 draws all day long, diagnostic imaging. We will do CPR if
3 needed. We'll do intubations. We will hospitalize patients
4 and perform any kind of medication that they will need. We'll
5 perform epidurals at Perinton. We'll also perform oral blocks
6 for dental procedures and pain management, line blocks for
7 surgeries. Anything of that nature, we will perform, as well.
8 So in essence, the same stuff.

9 Q Okay. And you know, I think you testified and we've
10 definitely gotten some other testimony about the fact that
11 there are some surgeries that are only performed at VSES. As
12 an LVT at VSES, did you ever assist in a surgery that could
13 only be performed at VSES?

14 A That could only be performed at VSES. I did not assist in
15 any, no. The types of cases may be different that they'll see
16 at VSES, but the actual role that the LVT will play in them is
17 completely the same. Because anesthesia is anesthesia. You
18 address the vital signs based upon your patient and then adjust
19 what is needed for your patient, of that nature. So even
20 though the DVM may be doing something different, it doesn't
21 matter what the DVM is doing. You're still going to treat your
22 patient, and the vitals, and the anesthesia, based upon what
23 you have there, and that's completely the same from patient to
24 patient.

25 Q Okay. I don't have any other questions. Thank you.



1 A Um-hum.

2 HEARING OFFICER DAHLHEIMER: Mr. Haller, if you'd like to
3 cross-examine.

4 MR. HALLER: I have no questions. Thank you.

5 HEARING OFFICER DAHLHEIMER: Okay. Thank you for your
6 testimony this morning. You're dismissed.

7 THE WITNESS: Thank you.

8 HEARING OFFICER DAHLHEIMER: Is the Employer's next
9 witness prepared at this time, do we have an approximate time?

10 MS. MASTRONY: So I'm hoping she could have until noon due
11 to some scheduling issues. Is that okay if we just leave 15?
12 She should be able to come on at noon.

13 HEARING OFFICER DAHLHEIMER: Sure, yeah.

14 MS. MASTRONY: Okay.

15 HEARING OFFICER DAHLHEIMER: Mr. Baker, we are off the
16 record.

17 (Off the record at 11:46 a.m.)

18 HEARING OFFICER DAHLHEIMER: Okay. Employer, will you
19 please introduce your witness?

20 MS. MASTRONY: Sure. We are calling Jennifer Gargan next.

21 HEARING OFFICER DAHLHEIMER: Hi, good afternoon. Please
22 raise your right hand.

23 Whereupon,

24 **JENNIFER GARGAN**

25 having been duly sworn, was called as a witness herein and was



1 examined and testified, telephonically as follows:

2 HEARING OFFICER DAHLHEIMER: Please state your name for
3 the record and then spell it for us.

4 THE WITNESS: Jennifer Gargan, J-E-N-N-I-F-E-R
5 G-A-R-G-A-N.

6 HEARING OFFICER DAHLHEIMER: Okay, thank you.
7 Your witness, please.

8 MS. MASTRONY: Thank you.

9 **DIRECT EXAMINATION**

10 Q BY MS. MASTRONY: We're one minute of noon, so I can say
11 good afternoon, Jen. How are you doing today?

12 A Good. How are you?

13 Q All right. So can you tell us by whom you are currently
14 employed?

15 A Well, Monroe Veterinary Associates/Pathway Vet Alliance at
16 Fairview Veterinary Hospital.

17 Q Okay. And what is your current position?

18 A I am an LVT and kennel supervisor and transitioning into
19 practice manager.

20 Q Okay. And how long have you been in your role as an LVT
21 and kennel supervisor?

22 A Coming up on three years.

23 Q All right. And can you just tell us briefly what that
24 position entails?

25 A Yeah, so primarily, I am a technician on the floor, so I'm



1 a working supervisor as a technician. So you know, I'm drawing
2 blood, restraining animals, running anesthesia, running blood
3 work, autoclaving, PACS, things like that. And then, my
4 supervisory role is going to be, you know, dealing with daily
5 issues, whether it's staffing or client issues, helping with,
6 you know, any staff questions. And then, I also, you know,
7 deal with any disciplinary things, stuff like that.

8 Q All right. And can you just give us a brief overview of
9 your educational background?

10 A Yeah, so I went to see SUNY Delhi for veterinary
11 technology -- it's an associate's degrees, so a two -- two-year
12 program -- and then took my licensing.

13 Q All right. For -- to become an LVT?

14 A Yes.

15 Q Okay. And can you give us just a brief overview of your
16 career experience?

17 A I started with Monroe Veterinary Associates in January
18 2002, started at Pittsford Animal Hospital. From there, after
19 about three, three and a half years, I transitioned to a
20 supervisor role at Bayview Veterinary Hospital, which is still
21 in Monroe Vets. And then, after three years there, I went to
22 veterinary specialists in animal emergency, VSES, where I spent
23 just about a little over ten years in various roles there but
24 was a supervisor after a very short term of being a team
25 leader. And then, the past three years, I've been here at

1 Fairview.

2 Q Okay. And you said you were doing the transition to
3 practice manager there; when, approximately when, is that going
4 to occur?

5 A It's going to be over 90 days. I'm transitioning from
6 another practice manager who currently has two of our
7 hospitals. But it takes effect within the next week or two as
8 far as on paper and all of that.

9 Q All right. And in your role at Pittsford and Bayview and
10 VSES, were you always serving as an LVT?

11 A Yes.

12 Q All right. So can you tell us approximately how far
13 Fairview is from VSES?

14 A It's about 15 to 20 minutes, depending on traffic.

15 Q Okay. And what services are offered at Fairview?

16 A So we do wellness and problem visits, so you know, annuals
17 for vaccines, and routine blood work, but then also, you know,
18 any problems that are not severe emergencies, I guess you could
19 say, so you know, limping, broken toenails, you know, not
20 eating, vomiting, diarrhea, things like that. And then, we see
21 generally dogs and cats, but we also do surgery, as well. So
22 we have three surgery days here at Fairview, and so we offer
23 surgery services, as well.

24 Q All right. You said three surgery days; is that a week, a
25 month?



1 A Oh, I'm sorry, a week. Each of our doctors has a surgery
2 day, so.

3 Q Okay. And what types of surgeries are performed at
4 Fairview?

5 A So we do the routine spays and neuters that, you know,
6 most people are familiar with in a veterinary office. But we
7 also do eye enucleations, which is removing the eye on patients
8 that need that done. We can do foreign body surgeries here, so
9 if they ingest something that gets stuck in their intestine.
10 We also do pyometra surgeries, which is an emergency surgery
11 that when they get an infect -- when females weren't spayed,
12 they get an infected uterus. And gastropexy, which is where
13 they tack the stomach to the body wall so that the dog's
14 stomach can't flip from bloat. And growth removals. We've
15 done some anal sac removal. So we do a variety of things other
16 than just the basic surgeries.

17 Q Okay. And what types of services were offered at Bayview
18 when you were there?

19 A When I was there, we primarily just did spays, neuters,
20 and like, growth removals. So more of the basics. But there
21 are some new doctors there now, as well, so I'm not sure what
22 they currently offer.

23 Q Okay. And what about at VSES, what services did they
24 offer there?

25 A As far as surgery, or?

1 Q Just generally.

2 A So when I was there emergency, obviously, so any incoming
3 services, internal medicine, surgery and specialty. We had the
4 criticalist there. And when I first started, they also offered
5 cardio and oncology but that has since -- you know that was
6 gone a few years after I started there.

7 Q Okay. And what type of surgeries are offered at VSES?

8 A A lot of the same as far as the nonroutine type surgeries.
9 They will definitely do at emergency. So the pyometras, the
10 you know, any really big growth that potentially can't -- you
11 know, could have complications as far as blood loss and things
12 like that where they are able to provide that. And definitely
13 fracture repairs; that's one thing that we wouldn't provide
14 here, unfortunately. But the fracture repairs are a big thing,
15 I think, over there in comparison. And I know that in the past
16 they have done like laparoscopic spays for some dogs. So
17 similar but just a little different.

18 Q Because at Fairview they don't do it laparoscopically?

19 A Yeah, we don't have the equipment for a laparoscopic.

20 Q Okay.

21 A I'm not sure if they still have that there, sorry. But I
22 know that at one point they were trying that out, so I don't
23 know if that's still a thing.

24 Q What positions are at Fairview?

25 A We have doctors, licensed veterinary technicians, animal



1 care assistants, client service representatives, and kennel.

2 Q Great. And can you just tell us what each of those
3 positions does? Let's start with -- well, not the doctors so
4 much, but the LVTs, what do they do at Fairview.

5 A LVTs, we do anesthesia, bloodwork, obviously drawing the
6 blood to run the bloodwork, placing IV catheters, dealing with
7 emergency situations as they come. So sometimes, you know, we
8 do get the occasional patient that comes in with respiratory
9 distress or that, you know, unfortunately has gone in to arrest
10 so we will start doing CPR. And you know, restraint, giving
11 vaccines and other injections I would say, and sometimes
12 assisting in surgeries as needed as well.

13 Q And what type of duties would LVTs do when assisting in
14 surgery?

15 A So a lot of times assisting in surgery is just holding
16 certain parts open or, you know, holding off intestine if we're
17 resecting loops because you can't really clamp them. So
18 sometimes they need an assistant. And you know, for like when
19 they're tacking stomachs and stuff just kind of helping hold
20 things in place or open so that the doctor has good visual. So
21 a lot of just sterile assisting.

22 Q And would the LVTs do the anesthesia for surgery?

23 A Yes, yes.

24 Q Okay. And then what about the animal care assistants at
25 Fairview, what do they do?

1 A They do a lot of our restraining. They check in clients
2 for appointments and for surgeries. So just getting some
3 background information, basically triaging the situation and
4 that patient, what's going on. They do go in with the clients,
5 with the doctors to go over, you know, the various options of -
6 - I should say before the doctor goes in, they go in and go
7 over the various options as far as, you know, treatments for
8 things that the doctor has recommended or, you know, what
9 vaccines are due and things like that, and then just, you know,
10 like some basic computer work with our Infinity system.

11 Q Okay. And then the customer service reps, what do they
12 do?

13 A They triage phone calls for the doctors or for technicians
14 as well. You know, trying to set up appointments appropriately
15 for what the needs are of that particular client and/or
16 patient. They are faxing scripts, sending messages to the
17 doctors and technicians, and you know, when people are coming
18 in for appointments, they're checking them in, getting all of
19 that information, and then cashing them out at the end of their
20 appointments as well.

21 Q What types of positions are at Bayview?

22 A Bayview? Bayview has doctors, technicians, animal care
23 assistants and client service representatives.

24 Q All right. And what are the duties of the licensed vet
25 techs at Bayview?



1 A They would be the same. When I was there we didn't do as
2 many of the more involved surgeries at that time. So that
3 would be a little bit less of that type of duty but otherwise a
4 very similar job.

5 Q All right. And then what about the animal care assistants
6 at Bayview?

7 A Same. They did exactly the same stuff.

8 Q Okay. And then the customer service reps at Bayview?

9 A Same as well.

10 Q All right. And then what about at VSES, what types of
11 positions are there?

12 A Doctors, licensed vet techs, animal care assistants, CSRs
13 or customer service representatives, and environmental
14 services, which is a janitorial position.

15 Q All right. And the role of the LVTs at VSES, can you tell
16 us what they do there?

17 A Yeah, I mean, a lot of that is the same. Obviously, the
18 type of patients that we would see there versus in practice, in
19 general practice, are a bit different because a lot of those
20 are critically ill patients or just, you know, really -- they
21 couldn't maybe get in to their regular vet. So it is a little
22 bit more frequent catheter placements, and you know, fluids and
23 things like that. Different types of medications in between
24 the two places that would be used but all generally the same
25 types of work.

1 Q Okay. And what about the animal care assistants at VSES?

2 A Animal care assistants don't do as much with clients. I
3 mean, they do have the client interaction because they do the
4 triage with the clients, but it's a little different because
5 there's not the educational aspect that you would find in
6 general practice. So you know, they more or less triage the
7 pet for what it's there for only. They don't have to worry
8 about other concerns or issues that those pets might have. And
9 then assisting the technicians in treatment with the various
10 treatments that need to be done. So catheters, blood draws,
11 things like that. And then patient care as well for in
12 hospital patients.

13 Q Okay. And what about the customer service reps at VSES?

14 A They pretty much do the same stuff as far as, you know,
15 checking people in and out, sending messages. So yeah, I would
16 say pretty much the same type of work.

17 Q Okay. What kind of equipment is available at Fairview?

18 A We have ultrasound, we have, obviously, anesthesia
19 machines, a couple of different types of monitors. We have IV
20 fluid pumps, ECG, centrifuges, a chemistry machine to run more
21 basic types of bloodwork and kidney panels, autoclave. I think
22 that's pretty general of what we have here.

23 Q Okay. And then what about the equipment available at
24 Bayview?

25 A Bayview, we didn't have, and of course it was, you know,



1 15-ish years ago, so the equipment at that time wasn't as good
2 as it is now 15 years later, but we did have monitoring
3 equipment as well, and anesthesia machines. Ultrasound wasn't
4 really a big thing then so we did not have one of those at that
5 time, but they do have one now.

6 Q What about the equipment at VSES -- the equipment
7 available at VSES?

8 A VSES definitely, you know, they have a variety of
9 equipment. I would say, obviously, they have more ultrasound
10 machines just because of the volume they see. They have a few
11 different types of pumps, ECG machines. They have MRI and CT,
12 and they have like scoping and things like that for internal
13 medicine. And like the monitors are pretty similar to the ones
14 we have, and they can be -- you know, they monitor like the
15 same types of things that we'd be monitoring here.

16 Q Okay. Can you tell us what the hours of operation are at
17 Fairview?

18 A We are Monday through Thursdays 8:00 a.m. to 7:00 p.m.
19 Friday 8:00 to 5:00 and Saturday 8:00 to 2:00.

20 Q Okay. And the hours of operation at Bayview, if you know?

21 A It is the same now, but when I was there, Monday through
22 Thursday was 8:00 to 8:00, Friday was 8:00 to 5:00 and Saturday
23 was 8:00 to 4:00.

24 Q But currently they have the same hours as --

25 A As we do.

1 Q -- Fairview?

2 A Yes.

3 Q Okay. When you were working at VSES as an LVT, did you
4 ever pick up shifts anywhere else, any other hospital?

5 A Yes, I would pick up shifts at the general practices if it
6 was something that fit into my schedule.

7 Q Okay. And you picked up shifts as an LVT at some of the
8 other GPs?

9 A Yep.

10 Q Have you worked at VSES again since you've been at
11 Fairview?

12 A Yes. With COVID it's been less, but when I first
13 transitioned over here, I was picking up more shifts over
14 there.

15 Q Okay. And were you working shifts as an LVT there?

16 A Yes.

17 Q Great. And we heard a lot of testimony about the holiday
18 commitments that the LVTs at the other hospitals have to VSES,
19 are you part of that?

20 A Yes, yep. I was on call for VSES on Labor Day from noon
21 to midnight.

22 Q Okay. So as a supervisor you're still subject to that
23 requirement?

24 A Yes.

25 Q Okay. All right. So in terms of your work as an LVT at



1 VSES, can you just tell us what you had to do, like, what sort
2 of job duties you performed as an LVT at VSES?

3 A So I would say a typical day at VSES for me was I would
4 either be on receiving or treatments. Since I was a
5 supervisor, a lot of times it was easier to be on receiving
6 just because then we could kind of help in other areas as we
7 were available. So receiving meant anything that was coming in
8 whether it was, you know, something that was limping all the
9 way up to something that was crashing. So that would come in.
10 I would place an IV catheter, you know, start it on fluids if
11 that's what the doctor wanted, give medications the doctor
12 ordered, and just help with, you know, whatever treatment plan
13 was made for that patient, and you know, taking radiographs.
14 You know, whatever they needed for that.

15 And if I was on treatment, then it was taking care of any
16 in hospital or hospitalized patients. So you know, doing their
17 treatments, changing their fluids if needed, replacing IV
18 catheters, drawing blood, giving medications, and you know,
19 physical therapy, things like that, as needed.

20 Q Did you ever assist in surgeries as an LVT at VSES?

21 A Yes.

22 Q Did you perform anesthesia work when you were at VSES?

23 A Yes.

24 Q All right. And what is involved in your job duties as an
25 LVT now at Fairview, setting aside your supervisory duties?



1 A So on a surgery day, my job is to have the patient -- once
2 the patient is in, you know, we -- if they need bloodwork prior
3 to having anesthesia, we get bloodwork, place IV catheters, get
4 my protocol together with drugs for my patient, monitoring
5 anesthesia in surgery, recover that patient and then get the
6 next one going. Depending on how many we have that day and
7 then, you know, dealing with appointments after that in the
8 afternoon, or on appointment days, you know, so technicians --
9 we have our own appointments as well. So they would -- the
10 front desk customer service representatives let us know when
11 one of our appointments are here, and so we do have, you know,
12 client interaction at that point, and bring them back giving
13 them shots for vaccinations, or you know, pain medications or
14 whatever they need.

15 Q How would you say your duties compared as an LVT at VSES
16 to your duties as an LVT at Fairview?

17 A The types of patients that we see are definitely very
18 different but you know, for a lot of it it is the same
19 technical abilities that are required to do that job. So
20 either way I still have to be able to place a catheter. If I'm
21 doing anesthesia it's, you know, still a patient that I have to
22 monitor all of its vitals and make sure, because even a healthy
23 animal can have very severe reactions under anesthesia just
24 like a sick animal can. So the pace is sometimes for your
25 heart a little different. The -- you know, the adrenaline that

1 you get with a patient that is not doing well and you're
2 working really fast to get it done, that's a little different,
3 but all the same as far as my technical skill requirement.

4 Q And we've heard testimony from you and from others that
5 there are some procedures that can only be performed by a
6 board- certified surgeon at VSES or can only be performed at
7 VSES for another reason like, you know, the availability of
8 equipment.

9 A Uh-huh.

10 Q Does an LVT, is an LVT required to have additional skill
11 or licensure to be able to assist in those procedures at VSES?

12 A No.

13 Q Okay.

14 MS. MASTRONY: I don't have any other questions.

15 HEARING OFFICER DAHLEIMER: Mr. Haller?

16 MR. HALLER: I have no questions. Thank you.

17 HEARING OFFICER DAHLEIMER: Sorry, go ahead.

18 MR. HALLER: I'm sorry, my fault. No, I don't have any
19 questions.

20 HEARING OFFICER DAHLEIMER: Okay. Thank you very much for
21 your testimony this morning. You are dismissed.

22 THE WITNESS: Thank you.

23 HEARING OFFICER DAHLEIMER: Employer, do we have a time
24 frame on your next witness? Do you want lunch first?

25 MR. STANEVICH: Yeah, I think this would -- this is



1 probably a good time to take a lunch break, and if we can do an
2 hour today that would be helpful. I think we just have one
3 more witness, not a terribly long witness. So that will
4 probably get us in to the, you know, 2:00-plus range with
5 direct and cross.

6 So you know, Bill, any further thoughts as to this
7 afternoon in terms of how you'd like to proceed? You're on
8 mute.

9 MR. HALLER: It seems I want to keep myself muted.
10 Imagine that, a lawyer that doesn't want to be heard. Since
11 everybody is amenable to Petitioner starting their case
12 tomorrow, let's just assume that that's what we're going to do.

13 MR. STANEVICH: All right. What time works for everyone?
14 We're fine with 9:30 if that works, Bill?

15 MR. HALLER: Yeah, that's fine.

16 MR. STANEVICH: Okay. Then do you want to talk about the
17 job descriptions now or do you want to have a separate
18 conversation?

19 MR. HALLER: Are we off the record right now?

20 HEARING OFFICER DAHLEIMER: No, let's go off the record.
21 Mr. Baker, we're off the record, please.

22 (Off the record at 1:33 p.m.)

23 HEARING OFFICER DAHLEIMER: Okay. Mr. Stanevich, if you
24 would like to enter things into evidence.

25 MR. STANEVICH: All right. Thank you, Michael.

1 Consistent with an off-the-record conversation with Union
2 counsel, the parties have agreed -- or the Employer will offer
3 Exhibits 48 through 75 into evidence, and that would include an
4 Exhibit 52(a). And we would also offer Exhibits 83 and 84 into
5 evidence at this point in time.

6 MR. STANEVICH: Those particular exhibits that I
7 identified are various job descriptions that cover employees at
8 VSES and elsewhere within the Monroe system in the greater
9 Rochester, New York area. These job descriptions will cover
10 employees in the petitioned-for units, in the locations sought
11 by the Employer, and there are some supervisory positions
12 included. And just to be clear, there may be -- there are
13 certainly some additional positions at issue in this proceeding
14 where we have -- at least as of today at 1:30, on September
15 21st, have not located those job descriptions. But if we are
16 able to locate any additional job descriptions before the close
17 of the record, we will provide them to the Board and to Mr.
18 Haller.

19 MR. HALLER: The Union can agree to that proposed
20 stipulation. Just one -- one change. I think it's 48 through
21 74 and 83 through 84. You said 48 through 75. 75 is not a job
22 description.

23 MR. STANEVICH: Not yet. But you -- you are right, Mr.
24 Haller. It is 74.

25 HEARING OFFICER DAHLEIMER: Okay.



1 MR. HALLER: Given that, we can agree.

2 HEARING OFFICER DAHLEIMER: The Union does not object to
3 then -- to the job descriptions being entered into the record,
4 correct?

5 MR. HALLER: We do not object.

6 HEARING OFFICER DAHLEIMER: Okay. Exhibits 48 through 74
7 and 83 and 84 are received into the record.

8 **(Employer Exhibit Numbers 48, 49, 50, 51, 52, 53, 54, 55, 56,**
9 **57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72,**
10 **73, 74, 83, and 84 Received into Evidence)**

11 HEARING OFFICER DAHLEIMER: Employer, if you would like to
12 call your next witness.

13 MR. STANEVICH: Okay. The Employer would call Allen
14 Ibrisimovic. I'm not going to try Allen, I'm sorry.

15 MR. IBRISIMOVIC: Ibrisimovic.

16 HEARING OFFICER DAHLEIMER: Please raise your right hand.
17 Whereupon,

18 **ALLEN IBRISIMOVIC**

19 having been duly sworn, was called as a witness herein and was
20 examined and testified as follows:

21 HEARING OFFICER DAHLEIMER: Would you please state and
22 spell your name for the record?

23 THE WITNESS: Allen Ibrisimovic, A-L-L-E-N,
24 I-B, as in boy, R-I-S-I-M, as in Mary, O-V, as in Victor, I-C,
25 as in Charlie.

1 HEARING OFFICER DAHLEIMER: Okay. Go ahead.

2 MR. STANEVICH: I believe there's a silent H in there
3 somewhere?

4 THE WITNESS: Invisible, invisible.

5 MR. STANEVICH: Okay. May I proceed, Michael?

6 HEARING OFFICER DAHLEIMER: Please.

7 MR. STANEVICH: Okay.

8 **DIRECT EXAMINATION**

9 Q BY MR. STANEVICH: Good afternoon, Allen. How are you
10 today?

11 A I'm doing well.

12 Q Good.

13 A Thank you.

14 Q Allen, what's your -- what's your current position?

15 A My current title is senior people operations partner.

16 Q And I assume you are employed by Pathway Vet Alliance; is
17 that correct?

18 A That is correct.

19 Q And how long have you been employed by Pathway?

20 A I've been employed by Pathway since May 15th, 2021.

21 Q Okay. Were you part of the Monroe system that existed
22 prior to May 15th?

23 A I was. I was originally hired in February of 2019.

24 Q Okay. And what was your position while with Monroe?

25 A I was originally a senior HR generalist and later moved to



1 the HR manager at MVA.

2 Q And Allen, can you give us just a high-level overview of
3 your educational background and your career history as it at
4 least relates to human resources and labor relations?

5 A Okay. So I have a bachelor's in English literature with a
6 minor in communications journalism. I also have a bachelor's
7 in management with an HR concentration. I have an MBA that
8 focused on healthcare management, service operations, and
9 competitive and corporate strategy.

10 I worked within HR since 1997 at various levels from
11 assistant to director in the areas of recruitment, payroll,
12 employee relations, labor relations, compensation, leave
13 management, HR operations, data analysis, vendor management,
14 program planned policies creation. Kind of soup to nuts for
15 HR.

16 Most of my experience, I spent 20 years at a very large
17 employer that allowed me to experience the breath of all
18 different HR functions.

19 Q Allen, let's spend a little time just chatting about your
20 experience prior to Pathway when you were at the -- with the
21 Monroe system. You had two different positions. Tell us about
22 the first one, the name -- just remind us the name and the
23 title, and what your responsibilities were?

24 A So I was a senior HR generalist primarily responsible for
25 the kind of the daily tactical things that would come up,



1 simple questions. I would either answer them or put them in
2 contact with our accounts acquisition people or our benefits
3 people -- person. We didn't have that large a staff.

4 And I would work in conjunction with the director for kind
5 of those strategic where do we go with the company, what are we
6 going to look for on the -- you know, the one-year, two-year,
7 five-year's out plan. Again, most of -- most of what I did was
8 the daily tactical with respect to employee relations,
9 answering questions, running reports for various things.

10 Q Okay. And when you were in the HR generalist position,
11 did you have responsibilities for a, you know, specific set of
12 locations, or was it broader than that?

13 A I had responsibility for the entire organization.

14 Q Okay. And did that include VSES?

15 A Yes. It included VSES, the lab, the crematorium, and all
16 the general practices.

17 Q Okay. At what point in time or approximately when did you
18 move into the HR manager position?

19 A I moved into the HR manager position in July of 2020.
20 That's when the HR director left the organization, that was
21 formalized with a title probably two months later, so in
22 September. But functionally from July 2020 on.

23 Q Okay. From July 2020 through the Pathway acquisition, to
24 whom did you report to?

25 A I reported to the COO.



1 Q Okay. And who was the COO at that time?

2 A That was Amy Laukaitis (phonetic).

3 Q Okay. And was there anybody within the HR department
4 above you or between you and Amy?

5 A No, there wasn't.

6 Q Okay. And how did your position change over that period
7 of time?

8 A From -- from generalist to manager?

9 Q Correct. Yes. So say from July 20th going forward --

10 A Okay.

11 Q -- what changed? What additional responsibilities did you
12 have?

13 A So I became responsible for both the strategic and the
14 tactical, you know, long-term and short-term work. I also had
15 the entire HR team then reported to me, which was composed of
16 two talent acquisition specialists, a benefits coordinator, a
17 HR coordinator. And there was an assistant position that was
18 vacant for a while, but that reported to me as well.

19 Q Okay. And your responsibilities, were they system-wide or
20 were they limited to a particular subset of locations?

21 A It was system-wide for all facets of HR. Again, employee
22 relations, benefits, workers' comp, compliance issues, vendor
23 management. Pretty much every -- everything that I had done in
24 the past all rolled up into one position.

25 Q During that period of time, did the company offer health

1 insurance benefits to its employees?

2 A Yes, it did.

3 Q Okay. And was there, you know, one set of plans that
4 applied to everyone or were there different set of plans
5 dependent on work location?

6 A The plan structure was offered to everyone, every work
7 location, including VSES, the general practices, crematorium,
8 lab. Everyone was covered under the same policy.

9 Q What about workers' comp coverage?

10 A That's identical. Everyone was covered by the same
11 company. We used one TCA for the whole organization, and we
12 were listed in that organization as one single company.

13 Q What about compliance issues?

14 A Compliance issues, you know, OSHA, wages and hours,
15 everything that we did for one we did for all. So any of the
16 rules applied to the entire organization.

17 Q Okay. Were you familiar with the new hire orientation
18 process?

19 A Yes.

20 Q Okay. And tell us what that process was immediately
21 before the Pathway acquisition.

22 A So immediately before the Pathway acquisition, we had --
23 we would present people because of COVID in a digital format or
24 virtual format all of the things that they needed to -- to come
25 aboard on the onboarding. So there was a benefits section



1 where they could select their -- their different benefits.
2 There was a section for New York State compliance. There was a
3 general section for, hey, this is what we are here at Monroe
4 vet, and then there was also an OSHA component.

5 The OSHA component was both general and specific because
6 some of the OSHA things -- like if you have to know where your
7 eye wash station is, each hospital the eye wash station is
8 going to be in a different place. So there was a -- there was
9 an on-site, you know, difference there, but under all the same
10 OSHA requirements.

11 Q Were there -- were there different orientation sections
12 for different facilities?

13 A No, there were not. It was all one -- one orientation set
14 of data or set of exercises you had to go through.

15 Q Okay. Were there different materials depending on where
16 someone was going to work?

17 A Only on the OSHA piece because of the location of
18 different equipment.

19 Q Okay. And has that really changed going forward under
20 Pathway?

21 A No, it has not.

22 Q So same orientation program --

23 A Same.

24 Q -- for employees?

25 A Same orientation for everyone: VSES, general practices,

1 crematorium, lab.

2 Q While you were at Pathway, was there an employee hand --

3 MR. STANEVICH: I'm sorry, strike that.

4 Q BY MR. STANEVICH: While you were with the Monroe system,
5 was there an employee handbook?

6 A Yes, there was. That was -- getting that was also part of
7 the orientation.

8 Q And was there a separate handbook for each facility or was
9 it one handbook for everyone?

10 A One handbook for everybody.

11 Q Okay. And are you familiar with that handbook?

12 A I am.

13 Q How so?

14 A I'm sorry?

15 Q How -- how are you familiar with the handbook?

16 A Oh, I -- I checked it to make sure we were in compliance
17 when rules changed. I made sure we had all the appropriate
18 information that we needed for the employees.

19 Q Okay. I'd like to show you a document that's been marked
20 as Employer Exhibit 5. Allen, I am showing you a document, 32
21 pages.

22 A This is the handbook we're referring to.

23 Q Okay. And this says revised September 2020 --

24 A Yes.

25 Q -- is that correct?

1 A That is correct.

2 Q And did you have any responsibilities in revising this
3 handbook?

4 A I did. That revision in 2020 was as a result of the New
5 York State's paid safe sick leave. Part of the April 2020
6 budget included some rules to provide extra PTO time for
7 employees due to COVID. So that revision was a change to the
8 levels of co -- or PTO accrual.

9 Q Okay. Speaking of PTO, let me just jump forward to page
10 20, which I believe is the start of the PTO benefit. Do you
11 see that?

12 A Yes, I do.

13 Q Okay. Can you tell us how PTO worked for the company in
14 terms of who was eligible for PTO or whether there were any
15 differences across the locations?

16 A There were no differences across locations. It was based
17 on you being a full-time employee, and those are the number of
18 hours you accrued based on your service time. That was an
19 annual accrual.

20 So for instance, that -- that people who were full-time
21 employees who were here for zero to 12 months received 56
22 hours. So if you divided that by the 52 pay periods, because
23 we're on a weekly payroll, you'd get just over -- you know,
24 just over an hour every pay period as your accrual.

25 UNIDENTIFIED SPEAKER: Oh, hang on. Okay. All right.



1 Sorry, I have to go back on that meeting.

2 MR. STANEVICH: Thank you, Michael.

3 Q BY MR. STANEVICH: Let me just move to another section of
4 the handbook, section 4.0. What is this section of the
5 handbook?

6 A This is the standards of conduct. It is a list, not an
7 exhaustive list, of types of behaviors that would result in
8 disciplinary action for an employee.

9 Q Okay. And who did this apply to?

10 A This applied to all employees at MVA.

11 Q And working backwards, I'd like to bring you to section
12 2.8 which covers holiday commitment at VSES. And we heard a
13 lot of testimony about the holiday commitment over the last two
14 days. But are you familiar with any such commitment?

15 A I am familiar with that commitment. When I was -- when I
16 was initially onboarded, I did do a circuit with our talent
17 acquisition specialist and learned that at MVA, all animal care
18 assistants, LVTs, CSRs did have that holiday equip -- holiday
19 requirement at VSES.

20 Q And what was the purpose of that, that annual holiday
21 commitment?

22 A Just to assure staffing that we -- to ensure we had proper
23 staffing on those days of the year.

24 Q Okay. And within this section 2.8, it does state that
25 orientation and training is required before moving to VSES.

1 Was that in fact provided?

2 A Yes, it was. That orientation is a little bit different
3 than the, like, onboarding orientation when you first come to
4 the organization. That was in an orientation to the facility
5 so that people knew where everything was and the workloads, and
6 just, you know, where you're going to be standing.

7 Q And then I see the next section 2.9 covers transfers.
8 Again, we're talking about, you know, pre-Pathway. Did
9 employees have the ability to transfer within the organization
10 or were they limited to their particular silo, whatever
11 facility they were working at?

12 A No, they had the ability to transfer to any open
13 positions. Being that it was an internal position, we like the
14 supervisors to be made aware that the employee was looking for
15 a transfer just so there wasn't a surprise. Candidates were
16 interviewed. And if one of the internals was a successful
17 candidate, we would coordinate the date of the actual transfer
18 just to make sure that -- that both sides had their operational
19 needs covered.

20 Q Okay. What do you mean by that? Why would we
21 coordinate -- I mean, which sides are you talking about when
22 you say, "both sides"?

23 A Well, so there's -- there's kind of a to and a from. The
24 hospital, you're coming from and the one you're going to. And
25 of course, there's -- you know, obviously the job -- the

1 hospital that has an opening needs someone, but we did not want
2 to rob Peter to pay Paul and -- and create an operational gain
3 point at one hospital just to move one employee over. So
4 sometimes we would delay the transfer until we had sufficient
5 staffing where it wasn't going to totally disrupt the
6 operations of the losing -- losing hospital.

7 Q Okay. So what was the process someone would follow if
8 they wanted to apply for a transfer?

9 A So they first would have to tell the supervisor that they
10 were looking for a transfer, and then they would apply, whether
11 it be internal with a resume or through ADP, which was our --
12 that's our Legacy HR information system.

13 Q Here on the bottom of page 7 it does mention that
14 employees who are interested should request an internal
15 application from HR. Did that process exist or was it a little
16 bit different or did it change over time?

17 A ADP was a relatively -- the recruitment module in ADP was
18 fairly new, not as robust as we wanted, so a lot of times -- or
19 strike that.

20 There wasn't a specific form that was completed after we
21 were using ADP.

22 MR. STANEVICH: I would move Employer Exhibit 5 into
23 evidence at this time.

24 MR. HALLER: 5? No objection.

25 HEARING OFFICER DAHLEIMER: Employer 5 is received into

1 evidence.

2 **(Employer Exhibit Number 5 Received into Evidence)**

3 Q BY MR. STANEVICH: Allen, I want to talk to you a little
4 bit about compensation, and I know we're part of a new system,
5 but can you give us an overview of how compensation adjustments
6 are normally made? And if you can focus more on the employees
7 that are at issue in this proceeding, such as animal care
8 attendants, CSRs, LVTs. I think that's the majority of the
9 titles.

10 If you can walk us through your experience in how
11 compensation is set and adjusted on a periodic basis.

12 A It's on a periodic basis. We will look at the
13 compensation rate. If the rate -- if we feel that the rates
14 are noncompetitive with the market for -- the New York State's
15 minimum wage has jumped significantly over the last few
16 years -- we will modify the start rate for positions in order
17 to remain competitive, recruitment retention purposes as well.

18 We'll establish a base rate for any position, and then
19 increase a person's compensation based on the experience that
20 they have, whether it's internal to MVA or within MVA. So a
21 base rate and then a wage curve off of that with increasing pay
22 for increasing experience.

23 Q And a few times you referenced "we". Who -- who are you
24 referring to, Allen?

25 A We, me and the -- with MVA, it was myself and the COO.



1 Q Okay. And the two of you were the folks who determined
2 what the base hourly rate would be?

3 A Correct. We would figure out what the base hourly rate
4 would be and then kind of work into how much is it going to
5 cost based on different models that we create on the wage
6 curve.

7 Q And was there any standardization of the base hourly rates
8 for the titles that we referenced?

9 A Yes. So the kennel staff started minimum wage. They
10 pretty much run on minimum wage at the start. The most recent
11 adjustment to the wage scales was in November of '20 where the
12 ACAs and CSRs, their start rate was 14.25. And for the LVTs,
13 the start rate was \$18 per hour. Those are all per hour
14 numbers.

15 Q And if I understand you correctly, is that -- is that the
16 minimum start rate for the positions?

17 A That is the minimum start rate for the positions, that's
18 correct.

19 Q And who developed those minimum start rate?

20 A Myself in conjunction with the COO and the controller of
21 the organization.

22 Q And how would those -- how would those rates be adjusted,
23 dependent on someone's experience and/or performance, if at
24 all?

25 A So for -- so a base rate, the first thing we looked at was

1 prior experience. We want to reward what we value. So I -- I
2 physically pulled files to establish what experience people
3 had, both before and after joining MVA. I basically plotted
4 them on a curve and then plotted them, and then made the
5 adjustment to wherever the curve said we were. It's a very
6 mathematical calculation.

7 After that, we would look at performance from the previous
8 performance evaluation and then adjust up or down based on
9 stellar or performance that had something to be desired.

10 Q Okay. And in terms of the evaluation process, have you
11 been involved in that process itself in terms of how employees
12 are evaluated and how it's recorded?

13 A Yes. So prior to 20 -- prior to 2019, there were 81
14 different performance evaluations. They were based on the
15 title that the person was in. Minor differences between them,
16 but still many, many different evaluation tools.

17 In 2019, we standardized it so that there was an
18 evaluation tool for individual contributors, one for
19 supervisors, one for DVMS, and then one for supervising DVMS.
20 So we reduced the very large number to four.

21 Q And again, you say "we". Who are you referring to?

22 A That was myself and the director of HR.

23 Q Okay. And are those the job evaluations that are still --
24 forms that are still being used today?

25 A Yes, they are.

1 Q I'd like to show you a document that's been marked as
2 Exhibit 19.

3 MR. STANEVICH: I'm sorry, I thought I was -- I didn't
4 realize I was still sharing my screen.

5 HEARING OFFICER DAHLEIMER: Oh, you weren't. Now you are.

6 MR. STANEVICH: Okay.

7 Q BY MR. STANEVICH: Allen, I'm showing you a nine-page
8 document. I can just quickly scroll through. Do you recognize
9 this particular document?

10 A I do. This is the performance evaluation form or
11 individual contributors.

12 Q Okay. And is this the form that you referenced earlier in
13 your testimony?

14 A That -- yes, it is.

15 Q And what do you mean by "individual contributor"?

16 A So individual contributors are people that do not have
17 anybody reporting to them and are not DVMs. So that's kind of
18 the big cut. You either -- you're an individual contributor.
19 If you have anyone reporting to you, you're a supervisor. And
20 if you're a DVM, you obviously get one of the DVM evaluations.

21 Q So our --

22 A When --

23 Q So our CSRs, LVTs, ACAs, what evaluation would they be
24 covered by?

25 A They would get the individual contributor performance

1 evaluation.

2 MR. STANEVICH: I would move Exhibit 19 into evidence.

3 MR. HALLER: No objection.

4 HEARING OFFICER DAHLEIMER: Employer 19 is received into
5 evidence.

6 **(Employer Exhibit Number 19 Received into Evidence)**

7 Q BY MR. STANEVICH: Allen, I'm going to show you a document
8 that has been marked as Employer 18. It's a ten-page document.
9 I'll just scroll through it again.

10 HEARING OFFICER DAHLEIMER: I'm sorry to interrupt, Mr.
11 Stanevich. It's -- the document at the top of the page says
12 17. Did you mean 17 or is it 18?

13 MR. STANEVICH: I meant 17. Thank you, Michael.

14 Q BY MR. STANEVICH: Allen, do you recognize this particular
15 document?

16 A I do. This is the supervisor performance evaluation. So
17 this is -- this is given to anyone who had people reporting to
18 them and is not a DVM.

19 Q So would this cover, for example, a customer service
20 representative supervisor?

21 A Yes, it would.

22 Q Would it cover an LVT supervisor?

23 A Yes, it would.

24 Q Okay.

25 MR. STANEVICH: I would move Employer 17 into evidence.



1 MR. HALLER: I don't want to belabor the issue, but this
2 is a supervisor evaluation. Why is this relevant?

3 MR. STANEVICH: It shows consistency integration across --
4 across the network.

5 MR. HALLER: You've already put in evidence of that. I
6 object to this document.

7 HEARING OFFICER DAHLEIMER: I'm going to let the Regional
8 Director determine what is and is not relevant. I'm going to
9 overrule the objection and receive this into evidence.

10 **(Employer Exhibit Number 17 Received into Evidence)**

11 Q BY MR. STANEVICH: Allen, to move things along, I'm not
12 going to share the DVM performance evaluations with you, but
13 can you just explain to us whether they're the same across the
14 system or whether they differ dependent on location or
15 experience?

16 A They're -- they're the same across the system. All four
17 evaluations are used at VSES, general practices, crematorium,
18 and lab.

19 Q Going back to compensation for a moment, is there any
20 merit-based component to compensation adjustment?

21 A There is a merit-based component to it. Typically, it's
22 backed into after we do the market adjustment for any unusual
23 changes in the start rates and then appropriate spacing for a
24 compensable wage profile. We would then look at the -- the
25 results or the ratings of all the employees for the other

1 monies that we had set aside for increases for --

2 Q So --

3 A -- wages for the year.

4 Q -- this analysis where you look at the labor budget,
5 experience, and performance rating, is that left up to the
6 practice managers or is there a central review of that process?

7 A That is centralized. It's all created and put together.
8 There is a review at the practice level just to make sure
9 that -- that all the data had transferred properly.

10 Q During COVID, were there any furloughs or reduction in
11 force of staff at -- within the Monroe system?

12 A During COVID, we had approximately 70 employees that were
13 furloughed for, you know, days or months depending on the work
14 flow and the availability of work. There were also a number of
15 people -- I do not have that exact number -- whose hours were
16 reduced as opposed to being furloughed.

17 Q And was there any reassignment of staff in order to
18 provide employment to employees from, say, one location to
19 another location?

20 A Yes, there was. There was reassignment of some staff to
21 alternate locations.

22 Q And can you just give us an example or two of how that
23 works?

24 A Well, so there were -- there were a couple areas where we
25 may have had someone from kennels at one hospital that was

1 available and able to work and another hospital where all of
2 the kennel people were furloughed.

3 At the beginning of COVID, we allowed people to
4 self-quarantine. There was so much uncertainty about it, so we
5 furloughed them. We maintained their benefits and then we
6 filled spaces as we were able to match people who were willing
7 to work and openings that we had.

8 Q You mentioned your current position is senior operations
9 partner?

10 A Senior's people operations partner.

11 Q Senior's people operations partner, thank you. And you've
12 been in that position for how long?

13 A Since May 15th.

14 Q Okay. Is there -- at this point in time, are there --
15 well, where are you physically located?

16 A I'm physically located in the same office I held before at
17 the administration building on White Spruce Boulevard.

18 Q Okay. Are there any other HR personnel on site in the
19 greater Rochester area?

20 A There are not.

21 Q Okay. To whom do you report to?

22 A I report to Artie Odoms, who is the eastern region
23 director of people operations partners or people's operations.

24 Q Okay.

25 A And Artie reports to Tracey Shields, who is the



1 vice-president of people operations for Pathway, and she
2 reports to Andrea Clayton, who is the chief people officer.

3 Q Okay. So are you the sole point of on-site HR contact for
4 the organization at this point?

5 A Yes, I am.

6 Q Okay. And so walk us through your responsibilities as
7 they exist as part of the Pathway organization. And I
8 understand a lot may be the same, some things may have changed.
9 So just maybe let us know what's new and what's different.

10 A So I'm still the first point of contact for HR concerns.
11 Obviously, it's a large organization. There are -- there are
12 specialty groups similar to a center of excellence system where
13 there's a benefits group, a lead administration group, and
14 compensation group. So I am the single part -- the first point
15 of contact. If I cannot answer the question, or it requires
16 a -- a response by someone whose more expert than myself in --
17 in the subject area, I would ask the question, and then respond
18 to the initial person who asked the question of me. In some
19 cases, I will do a hand off with someone that's a subject
20 matter expert or can answer, you know, odd questions that I may
21 not have the -- the experience with. Boards frankly the -- the
22 ability to make the decision at -- at the level I am.

23 Q And -- and based upon your testimony, I -- I assume you
24 still provide HR services to VSES; is that correct?

25 A That's correct. VSES, general practices, lab and



1 crematorium.

2 Q Okay. One -- one of the things that we haven't talked
3 about yet is your involvement in discipline, or I believe what
4 we call corrective action in -- in most places these days.
5 What was your involvement while with the Monroe system, and --
6 and what is your involvement now?

7 A My involvement is the same as it was prior to for the
8 employer relations issues. In those cases where I may have had
9 to ask the COO, you know, for a -- for a second thought, or a
10 difference of opinion, I would do that with -- with my
11 immediate supervisor. Now Artie.

12 Q Okay. Are there any standard forms that are used within
13 the organization when it comes to corrective action or
14 discipline?

15 A There is a -- a standard corrective action form that is
16 used for verbal and written warnings.

17 Q I'd like to show you a document that's been marked as
18 Employer 15. Allen, I'm showing you a two-page document that's
19 part of a corrective action form in the upper left-hand corner.
20 Let me just scroll through. Can you tell us what this is; if
21 you know?

22 A That is the form that we use to document corrective
23 actions for all employees.

24 Q And when you say all employees, which -- which locations
25 are you referring to?

1 A All locations. VSES, general practices, crematorium, lab.

2 Q Okay. And is this form currently in use?

3 A Yes, it is.

4 Q And you have used it in multiple locations?

5 A Yes, I have.

6 MR. STANEVICH: I'd move Employer 15 into evidence.

7 MR. HALLER: No objection.

8 HEARING OFFICER DAHLHEIMER: Employer 15 is received into
9 evidence.

10 **(Employer Exhibit Number 15 Received into Evidence)**

11 Q BY MR. STANEVICH: We talked a little bit about the Monroe
12 handbook that was in place. Is -- is there a Pathway handbook
13 that is in place at this point in time?

14 A Yes. Pathway does have a handbook.

15 Q Okay. And does that -- a Path -- I'm sorry, does that
16 handbook apply to the locations in the Greater Rochester Area?

17 A Yes, that applies to all general practices, VSES, the lab
18 and the crematorium.

19 Q And are you familiar with that handbook?

20 A I am.

21 Q Are there any supplements to that handbook?

22 A There's a New York State supplement.

23 Q I'd like to show you -- let me find it first. The
24 document that's been marked as Employer Exhibit 6.

25 A I don't have it yet. There it goes.

1 Q I am showing you a 63-page document titled employee
2 handbook, the upper right-hand corner. We see Pathway down at
3 the bottom left-hand corner. Are you familiar with this
4 document?

5 A Yes, I am.

6 Q And is this the handbook that you just referenced?

7 A Yes, it is.

8 MR. STANEVICH: Okay. I'd move this document to evidence
9 as Employer 6.

10 MR. HALLER: No objection.

11 HEARING OFFICER DAHLHEIMER: Employer 6 is received into
12 evidence.

13 **(Employer Exhibit Number 6 Received into Evidence)**

14 Q BY MR. STANEVICH: Allen, I am showing you Employer
15 Exhibit 7 for ID purposes. It's a six-page document entitled
16 Employee Handbook, State Supplement, New York. Is this the
17 state supplement you referenced a moment ago in your testimony?

18 A Yes, it is.

19 MR. STANEVICH: Okay. I would move Employer 7 into
20 evidence.

21 MR. HALLER: No objection.

22 HEARING OFFICER DAHLHEIMER: Employer 7 is received.

23 **(Employer Exhibit Number 7 Received into Evidence)**

24 Q BY MR. STANEVICH: Allen, we -- we chatted about health
25 insurance benefits, and when you were part of the Monroe



1 system. Are -- are there -- do they continue to be insurance
2 plans available to employees now that they are part of the
3 Pathway system?

4 A Yes, there are.

5 Q And are -- are plans that are available, are they
6 different dependent on whether someone's at VSES, or a
7 particular practice?

8 A No. Everyone has the same menu of benefits to choose from
9 no matter where they work. VSES, general practice,
10 crematorium, or lab.

11 Q Does it depend on whether someone is part-time or full-
12 time?

13 A Yes.

14 Q And what do you mean by that; there's separate plans?

15 A There -- there's certain benefits that are different. The
16 Pet Benefit you have to have a minimum of 20 hours.

17 Q I'll show you a document that's been marked as Employer
18 **13**. I'm showing you a 38-page document. 2021 benefits guide.
19 Do you recognize this document?

20 A Yes, I do.

21 Q And what is this document?

22 A This is the more detailed description of the benefits that
23 Pathway offers.

24 Q Okay, and -- and for full-time employees?

25 A Correct.

1 MR. STANEVICH: Okay. I would move Employer 13 into
2 evidence?

3 MR. HALLER: No objection.

4 HEARING OFFICER DAHLHEIMER: Employer 13 is received.

5 **(Employer Exhibit Number 13 Received into Evidence)**

6 Q BY MR. STANEVICH: And one more document before change --
7 switching gears here. Let me show you Employer 14 for ID. A
8 12-page document. Do you recognize this document, Allen?

9 A Yes, I do. That is the part-time benefits guide. The
10 benefits offered to part-time staff.

11 Q Okay. And again, it applies to all employees in the
12 Rochester area?

13 A That is correct.

14 Q All part-time employees?

15 A Yes, sorry.

16 MR. STANEVICH: Okay. I'd move 14 into evidence.

17 MR. HALLER: No objection.

18 HEARING OFFICER DAHLHEIMER: Employer 14 is received.

19 **(Employer Exhibit Number 14 Received into Evidence)**

20 Q BY MR. STANEVICH: Allen, just quickly. I know the
21 parties said to move things along, reach the stipulation to
22 move a number of job descriptions into evidence. I just want
23 to quickly ask you. Are you familiar with the job descriptions
24 that are currently in place?

25 A Yes, I am.



1 Q And how so?

2 A Some I just reviewed to make sure their compliant with any
3 regulatory changes. Some I have assisted in drafting to make
4 sure that -- you know, things are lined correctly that -- that
5 the minimum requirements are truly minimum requirements. That
6 we're not, you know, preferring things that are well beyond the
7 scope of what that position should have. Just so that we can
8 recruit -- recruit properly.

9 Q And are there sometimes separate job descriptions for
10 positions at VSES, and the general practices?

11 A There are some, yes.

12 Q And why -- why is that the case?

13 A Sometimes it's the amount of time that an employee is
14 expected to spend in a given position. We'll -- I mean, LVTs
15 is probably the -- the easiest one to look at, where in the
16 practices, the general practices, they're -- they're generalist
17 type positions. Because in the practices they perform, you
18 know, all the same things. You have the surgery, you have the
19 preventative care, you have the patient counseling or client
20 counseling, and then at VSES you may have a different job
21 description if an LVT is going to be expected to spend more
22 time in one area than the others. So you may see one for
23 surgery, because most of their time is in the surgical area.
24 But they are still LVTs performing LVT functions.

25 Q Okay. Similar question. I -- I know we have a job



1 description for a hospital assistant at VSES. Do we have a
2 similar job description for that type of work at the general
3 practices?

4 A No. The hospital assistant is a VSES position, because
5 the kennel is the kennel assistant at the other hospitals where
6 there are kennels, and you don't see hospital assistants, you
7 know, where there's not kennels -- or where there's kennels.

8 Q Okay. And -- and likewise, I -- I -- noted that there is
9 an exhibit covering environmental services technician at VSES.
10 But I didn't see a job description for that type of work at the
11 general practices. Who -- what -- why is that the case?

12 A We don't have any environmental services technicians who's
13 home department is at any of the other practices or locations.

14 Q All right. And who performs that work elsewhere?

15 A That's kennels -- kennel -- kennel assistants.

16 Q And what kind of work are we referring to?

17 A Cleaning cages, garbage, sweeping, mopping, making sure
18 things are in order. Maybe some minor inventory, like nonmeds.
19 Some -- some restraints possibly, with the animals.

20 Q Okay. And it appears that there's only one job
21 description for, say, a supervisor of an LVT, or a supervisor
22 of a customer service representative; why is that the case?

23 A Because regardless of whatever modality a person is in,
24 the LVT supervisor is responsible for the -- the performance of
25 the LVTs, the execution of their duties, and the scheduling.

1 Q Commonly, how does recruitment work for open positions
2 within the greater Rochester cluster of locations?

3 A So it's the same as with all Pathway locations. There's a
4 software system called Jobvite where open positions are posted
5 there. Those are up on Indeed, where the community can see
6 them. And then positions are also on the Pathway website for
7 people to apply to.

8 Q So if someone internally wants to apply for a job, what
9 options exist?

10 A Similar to what we did in the past. You know, we would
11 always want them to tell their supervisor that they're --
12 they're looking for an internal transfer. They could send a
13 resume to the hiring manager. A lot of times people will know
14 who the hiring manager is at whatever the other facility might
15 be, and you know, at some point they will have to apply through
16 Jobvite.

17 Q And why would our very own employees have to apply through
18 Jobvite?

19 A There's a number of reasons, but we would want to just
20 make sure that -- that proves that the position was posted and
21 that the people were -- were in the mix for -- for
22 consideration.

23 Q So there's some compliance considerations?

24 A Yes.

25 Q Earlier today, there were some questions of Brandon about



1 supervisors, and nonbargaining unit employees picking up shifts
2 at other locations. Were you in attendance for that testimony?

3 A Yes, I was.

4 Q Okay. And do you have any knowledge of what type of work
5 supervisors do when they pick up shifts at other locations?

6 A When supervisors pick up shifts at other locations, it's
7 not as supervisors. They are picking up the work of ACAs, or
8 CSRs, or LVTs. Typically (indiscernible, simultaneous speech)
9 are LVTs.

10 Q And Allen, you're in H.R. How do you know that's the
11 case?

12 A I've physically seen them. And I have asked the question,
13 you know, like I thought it was odd originally when I first
14 came aboard. Just say, hey, what's a supervisor doing over
15 there (audio interference) at this hospital? And it's, no,
16 they're in fact filling open shifts that are available to
17 anyone who has the ability to do the work.

18 Q Okay. We've heard testimony -- oh, actually before we get
19 there. Earlier in your testimony, you mentioned workers' comp
20 when you were with Monroe. Tell us a little bit about workers'
21 comp now as part of the Pathways system.

22 A So like it was with Monroe, we have a third-party
23 administrator for workers' comp. In this case we use CNA with
24 Pathway. So if someone is injured at work, there's an incident
25 report that gets completed and sent to CNA for proper

1 administration, in line with workers' comp guidelines.

2 Q Okay. And does that process differ depending on whether
3 someone works at VSES or a GP location?

4 A No. There's absolutely no difference. It's the same TPA,
5 it's the same form, whether you're in VSES, general practice,
6 crematorium, or lab.

7 Q Allen, earlier today, we -- we did hear some testimony
8 from Brandon regarding employee transfers, and the situations
9 where employees may pick up a shift. Where you present for
10 that testimony?

11 A Yes, I was.

12 Q Okay. And did you perform a similar analysis for any time
13 period?

14 A Yes, I did. I performed a similar analysis from the ADP
15 system from January 1st, 2019 through May 14th, 2021.

16 Q And can you explain to us why you looked at that
17 particular time period? Why did you go all the way back Jan 1,
18 2019; and why did you stop on May 14th?

19 A I wanted to get a good representative sample of the
20 movement of the employees, both before and during COVID.

21 Q And what type of data did you have to review? I know you
22 mentioned ADP but what did you review within ADP?

23 A So specifically, I reviewed payroll data, where the
24 person's home department was, and where they were paid from.

25 Q And -- before I share some documents with you, can you

1 just give us an overview of the type of information you were
2 able to obtain regarding one -- well, let's start with employee
3 transfers, and then we'll go to the other section.

4 A So for employee transfers, our process was to change the
5 employee's home hos (phonetic throughout) center at the time of
6 a transfer. So the pay -- the information that I received --
7 or the information I had was every employee, every payroll they
8 worked. It listed their home department. And where there were
9 changes in the home department, that would be an indication of
10 a permanent transfer.

11 Q Okay. And did you prepare any reports or backup
12 information?

13 A I did.

14 Q Okay. I'd like to show you a document that's been marked
15 as Employer 8 for identification purposes. Allen, I am showing
16 you a -- let me just shrink the size a little bit, a one-page
17 document that has two tables on it. One on the left, one on
18 the right. Can you explain to us -- well first, you're
19 familiar with this document?

20 A Yes, I am.

21 Q Is this the report that you put together regarding
22 transfers?

23 A Yes, it is.

24 Q Okay. Tell us what this document is, and how we would
25 read it.

1 A This is a summary document of all the instances where an
2 employee was permanently transferred from one facility to
3 another facility. The time period is 1/1/19 through 5/14/21.
4 It's broken up into two separate tables to illustrate the
5 movement to and from VSES. And the one on the right is to
6 illustrate the movement from -- basically to and from anything
7 that didn't include VSES.

8 Q All right. So let's start with the one on the left. And
9 we'll go through some backup data in a moment, but I want to
10 make sure I'm reading this correctly.

11 So if we look at the one on the left, and we go to, say,
12 halfway down. It says Fairview and VSES, then 6. What does
13 that mean; which way are the employees moving between
14 locations?

15 A The information I had without more dif -- without a
16 different analysis, that 6 just represents that in that time
17 period, there were six employees who worked at both VSES and
18 Fairview as their home department, which indicates there were
19 six times employees transferred.

20 Q Okay. And so on the left-hand side, these are all the
21 situations that involved the transfer to or from VSES; is that
22 fair to say?

23 A That is correct.

24 Q Okay. And then, on the right-hand side, what is different
25 here, if anything?

1 A VSES is not part of that equation. So this is showing the
2 entered general practice transfer activity.

3 Q All right. Let me just switch over to Employer Exhibit 9
4 for a moment. Okay. Allen, do you see this document on the
5 screen with four columns?

6 A I've got no document, Jason.

7 Q I have to click the share button. I'm sorry.

8 A There you go.

9 Q One of these years. Okay. What is this document; and how
10 does it relate to the Employer Exhibit 8, if at all?

11 A So this is the backup data for Employer Exhibit 8 where it
12 shows the -- for example, we'll just along the first line.
13 Administration in AHOP. That's our Pittsford location, AHOP.
14 So on that summary document, you'll see a 2. These are the two
15 employees where we had those transfers, and the titles that
16 they were last in.

17 Q All right. Let me just -- so let's move down to line 31.
18 It says AHOP and VSES.

19 A Yep.

20 Q This would then show four employees who moved between
21 those two locations?

22 A That's correct.

23 Q And then it would show what their titles were?

24 A Yes, sir.

25 Q Okay. And then, this line at 35, that would just provide

1 the total number; is that fair to say?

2 A That is fair to say.

3 Q Okay. And likewise, if we go to row 69, this would show
4 the employees that moved between Fairview and VSES, correct?

5 A Right.

6 Q There appears to be six -- six employees?

7 A Correct. That's those same six employees we discussed
8 when we looked at the last exhibit.

9 Q Okay. Then line 75 shows that total six, correct?

10 A Correct.

11 Q Okay. And on this document, it does demonstrate -- it
12 does list some employees who may not be part of the petitioned-
13 for unit, such as hospital trainer, leader development, and
14 training assistant, and maybe a couple -- couple other titles.
15 Why -- why did you include the positions that you did?

16 A Those are all full-time or part-time hourly staff. It --

17 Q Okay. And -- and does this include -- it doesn't look
18 like it, but does this transfer document show that Marion's
19 (phonetic throughout) at all?

20 A No, it doesn't.

21 Q Does it show supervisors at all?

22 A You'd have to scroll down just to make sure there weren't
23 anything in there. But it should not.

24 Q Okay. So if I understand correctly, you just tried to
25 capture the transfer of hourly employees?

1 A That's correct.

2 MR. STANEVICH: Okay. I would move Employer Exhibit 8 and
3 9 into evidence.

4 MR. HALLER: No objection.

5 HEARING OFFICER DAHLEIMER: Employer 8 and 9 are received
6 into evidence.

7 **(Employer Exhibit Numbers 8 and 9 Received into Evidence)**

8 Q BY MR. STANEVICH: Just going to go back to Employer 8 for
9 a moment. Allen, so it appears that if we -- I'm reading this
10 correctly, there were 39 transfers between a GP and VSES, or
11 the other way, within that two-plus year time period?

12 A That's correct.

13 Q And then -- then within the GP to GP, there were 33
14 transfers -- permanent transfers?

15 A That is correct.

16 Q Okay. Thank you. And did you perform a similar analysis
17 to show the -- to show situations where employees may have
18 picked up a shift or -- or time at a location other than their
19 home location?

20 A Yeah. Using -- using the same data set which was every
21 employee, every pay period, it would show if they were paid
22 from a department other than their home.

23 Q Okay. In order to be paid from a department other than --
24 than from their home, did they have to physically work at that
25 alternative location?

1 A Yes. They would have picked up a shift, at least a shift
2 at that other location. Or, I should say, hours.

3 Q And were you able to access the same level of data as
4 Brandon was able to show earlier?

5 A No, I wasn't. The data that Brandon showed was a
6 breakdown of the actual shifts and times. What I have is based
7 on a weekly payroll, where if somebody showed up as being paid
8 from a different account, that could have been one hour or it
9 could have been 40 hours. Those are the instances of being
10 paid versus actual shifts.

11 Q Okay. And why weren't you able to access the same level
12 of data as Brandon?

13 A The Legacy system, it -- it doesn't have that capability
14 to what I had access to.

15 Q Okay. I would like to show you a document that's been
16 marked as Employer Exhibit 10. Let's start here, and then
17 we'll get into some of the backup data. So Allen, I'm not
18 sharing my screen. I've got to get used to this before we end
19 for the day.

20 I'm showing you a three-page document that appears to have
21 three tables embedded with the document. Do you recognize
22 this?

23 A I do. This is the summary data of what I just briefly
24 described.

25 Q All right. Can you explain to us what the first table on



1 the left represents?

2 A So the first table on the left, as the title is nonVSES
3 employees working at VSES, there were 950 instances where an
4 employee who's home department was not at VSES was paid at
5 VSES, which means they picked up time at VSES.

6 Q So for example, let's skip over administration, since
7 they're excluded. But AHOP, The Animal Hospital of Pittsford.
8 So at least on 110 occasions within this time period, an
9 employee worked at VSES, am I reading -- do I understand that
10 correctly?

11 A You are reading that correctly.

12 Q Okay.

13 A That was times they were paid.

14 Q Times they were paid. So this could have been -- well,
15 tell us what you mean by that. I -- I --

16 A It -- it just showed up in the weekly payroll. So it
17 could have been one hour. It could have been 40 hours or more,
18 any number of hours.

19 Q Okay. The middle table, what -- what is that?

20 A The middle table is similar to the first table, in that
21 this is VSES employees working at other hospitals. So the
22 corollary to what we just looked at, with that 110, would be
23 51. So there were 51 instances where VSES employees picked up
24 time at AHOP.

25 Q Okay. And then the third column -- the third table, which

1 goes on to two additional pages.

2 A Yeah. The -- the third table is all the -- similar to
3 that other report that we looked at. All the other activity
4 that didn't involve VSES.

5 Q So for example, if we wanted to see the number of times a
6 Bayview employee worked at the Animal Hospital of Pittsford,
7 this would be listed here as -- these 15 instances?

8 A Correct. 15 instances of an employee picking up time at
9 Animal Hospital of Pittsford.

10 Q Okay. And I see that the total number is, you know, a
11 little bit under 3,000?

12 A Correct.

13 Q All right. But there seems to be a very large number of
14 Pittsford employees picking up shifts at this one location.
15 Can you explain to us what this 1402 number is?

16 A So that's Animal Hospital of Pittsford employees picking
17 up shifts at the Urgent Care at Animal Hospital of Pittsford.
18 That is a separate line of business. The -- the preference is
19 that we staff it with people from AHOP. But there are
20 instances where people from outside of AHOP do pick up shifts
21 there as well.

22 Q Okay. And on that point, for example, Bayview employees
23 have picked up shifts there, correct?

24 A That's correct.

25 Q Canandaigua?



- 1 A Yes.
- 2 Q Chili? I just -- I just like to say that word.
- 3 A You like -- because you can say it now, yes.
- 4 Q Yeah. We'll get there on your last name.
- 5 Okay. All right. Let's go to the backup data, so we can
6 maybe see this in a little bit more detail. Okay. I'm going
7 to show you a document that's been marked as Employer Exhibit
8 11. It's a four-page document. Let me close out and bring it
9 back up. Okay. Allen, let me -- four-page document. Let me
10 just scroll through. And you -- are you familiar with this
11 document?
- 12 A I am. That's -- that's the backup to the report that we
13 just looked at.
- 14 Q Okay. And is it the -- how would we read this?
- 15 A So very similar to the things in the past. So line 3 are
16 the people at -- do you want me to talk about administration?
- 17 Q Well let's -- let's go through a different example. Maybe
18 let's go through AHOP at VSES.
- 19 A Okay. So starting at line 9, we had 21 instances where an
20 animal care assistant from AHOP worked at VSES -- animal care
21 assistant I. Two occasions where an animal care assistant II
22 worked at VSES from AHOP, and I can -- so on and so forth. Or
23 you know, just go through the rest. Client service rep
24 supervisor, 5 instances from AHOP working at VSES.
- 25 Q And then line 20 would show the total number of instances

1 at 110?

2 A That's correct.

3 Q And that would relate back to the first chart on Employer
4 Exhibit 10, correct?

5 A That's correct.

6 Q Okay. And then, let me just scroll through this document.
7 So let -- just go through one more example. Perinton employee
8 at -- at line 87, Perinton employee at VSES/

9 A Yep.

10 Q And just walk us through how we would read this.

11 A So in this case, for the period of time we looked at,
12 there were 19 instances of an animal care assistant I working
13 at VSES, whose home department was Perinton. 17 instances of
14 an ACA II, whose home department was Perinton working at VSES.
15 Animal care assistant supervisor, seven instances, working at
16 VSES from Perinton. The client service rep, supervisor, 44
17 instances from Perinton working at VSES. 35 instances of a
18 client service representative working at VSES, whose home
19 department was Perinton. Hospital manager, picking up shifts
20 from -- who worked at Perinton, working at VSES. 11 instances
21 where a licensed veterinary technician picked up shifts at
22 VSES, whose home department was Perinton. And three instances
23 of an LVT supervisor picking up shifts at VSES, who worked at
24 Perinton as the home department.

25 Q And for a total of 140?



1 A That's correct.

2 Q And that 140 number would be seen in the first table on
3 Employer Exhibit 10, correct?

4 A Yes, they would.

5 Q Okay. Just a question for you, point of clarification.
6 In this particular document, you listed supervisors --

7 A Uh-huh.

8 Q -- that pick up shifts at other locations. Why -- why did
9 you do so?

10 A When they pick up shifts at the VSES, they work in
11 positions like CSR and LVT. They are not there acting as
12 supervisors.

13 Q Okay. I'm going to scroll down a little bit further. And
14 then at line 114, it says total picking up shifts at VSES 950.
15 So this would be the total number that we see at the bottom of
16 the left-hand chart on Exhibit 10, correct?

17 A Correct.

18 Q Okay. Then the rest of the documents, what is -- what is
19 that?

20 A The rest of the documents are those other -- so the next
21 section of the document are VSES employees working at other
22 locations.

23 Q Okay. So let's go through an example here. Let's take a
24 look at Suburban, 159. Can you just walk us through that
25 particular entry and what follows?

1 A So this is where VSES employee is -- whose home department
2 has worked at other -- other locations. In this case an animal
3 care assistant II, on five occasions, from VSES worked at
4 Suburban. Environmental service technician picked up shifts at
5 Suburban from VSES. There's an environmental services team
6 lead, who on two occasions, picked up shifts at Suburban, whose
7 home department was VSES. Similar -- similarly, a licensed
8 veterinary tech who's home department was VSES, worked at
9 Suburban, for a total of 124 instances of an employee whose
10 home department was VSES, picking up hours at Suburban.

11 A Now Allen, earlier in your testimony, you mentioned to us
12 that we only have the environmental service tech title at VSES.
13 What type of work would a VSES employee pick up at a general
14 practice location?

15 A Similar to what the kennel people would do. It would
16 be -- it would be cleaning, dusting, mopping, cages.

17 Q Okay. And then this 530 number on line 169, that would
18 tie back to the total number for the middle chart on --

19 A That -- that is correct.

20 Q Exhibit 10, I'm sorry. Is that correct?

21 A That's correct.

22 Q All right. Sorry, I knew that -- that chime was throwing
23 us off.

24 Now a question for you. You testified you were -- you
25 were present for Brandon's testimony before. And I think there



1 was testimony that there was only one or two times someone has
2 picked up a shift outside of VSES, if their home location was
3 VSES over the past couple of months. Your data shows that this
4 happened 500 -- at least 530 times in the two-year period
5 prior. Any understanding why there's been a drop off in terms
6 of VSES employees picking up shifts at the general practices?

7 A Yes. Patient -- patient volumes are way up. And you
8 combine that with staffing openings that are higher than has
9 been traditional.

10 Q And so if there are other extra shifts available at VSES?

11 A Yeah. So -- so VSES employees don't have to look beyond
12 the walls of VSES if they want to pick up extra shifts.
13 There -- in the -- in the recent past, there are always
14 opportunities to get more hours at the home location versus
15 having to look at outside.

16 Q Okay.

17 MR. STANEVICH: I would move Employer Exhibit -- actually,
18 not yet. One second.

19 Q BY MR. STANEVICH: I'd like to share Employer Exhibit 12
20 with you. Okay. Last spreadsheet, I promise, Allen.

21 A Okay.

22 Q What is this document, and how does it relate to any of
23 the evidence we've reviewed already?

24 A This is the same format as the previous documents, where
25 it is listing employees who are working shifts at locations

1 other than their home department, where VSES is not in the
2 equation.

3 Q Okay. So for example, if we look at line 22, this would
4 show employees from the Animal Hospital of Pittsford, who
5 picked up shifts at Animal Rehab, correct?

6 A That is correct.

7 Q And we would have 23 times an animal care assistant worked
8 at that location, and then so on, and so on. And then line 25
9 would show 49 total occasions -- or instances; is that correct?

10 A That's correct.

11 Q Okay. And then if we scroll through. This 1,402 number
12 just explain that to us again, and then how it relates back to
13 the underlying -- the earlier document?

14 A So that's -- that's -- that large number where two
15 different lines of businesses. There's -- there's AHOP, and
16 there's the Urgent Care at AHOP. The preference is always to
17 have AHOP employees staff that. Same hospital, same location.
18 Familiarity with it. And picking up shifts at the Urgent Care.
19 So if you understand the rest of what we've gone over, it's --
20 it's very similar. But that would be why that's such a large
21 number.

22 Q Okay. And this number at the bottom, 2,768, that is --
23 comports with the total number that we see on the right-hand
24 chart for Employer 10, correct?

25 A That's correct.

1 Q Okay.

2 MR. STANEVICH: I would move Employer Exhibit 10, 11, and
3 12 into evidence at this time.

4 MR. HALLER: No objection.

5 MR. STANEVICH: If we can just take a -- a short five-
6 minute break? I just want to make sure that I've covered --

7 HEARING OFFICER DAHLEIMER: Just one second please. And
8 so these are all -- I receive, 10, 11, and 12.

9 **(Employer Exhibit Numbers 10, 11 and 12 Received into Evidence)**

10 HEARING OFFICER DAHLEIMER: One point of clarification.
11 And this is probably just something I missed. I don't think
12 you failed to mention it. The Employer Exhibit 10, 11, and 12.
13 what time period are those from? Are they from the January
14 1st, 2019 to present -- or to May 14th, '21 as well?

15 THE WITNESS: That's correct.

16 HEARING OFFICER DAHLEIMER: Okay.

17 THE WITNESS: It's all the same time period.

18 HEARING OFFICER DAHLEIMER: Okay. That was my only
19 clarification. Sorry, Jason. Go ahead.

20 MR. STANEVICH: No, My -- my apologies, Michael. If we
21 can just take a short five-minute break. I just want to make
22 sure that I covered the exhibits that I needed to. But I -- I
23 may have no further questions for Allen. I just want to
24 confirm before I -- I turn it over to Mr. Haller.

25 HEARING OFFICER DAHLEIMER: Sure. We will be in recess

1 until 2:50.

2 (Off the record at 2:50 p.m.)

3 HEARING OFFICER DAHLEIMER: Okay, Mr. Stanevich, still
4 your witness.

5 MR. STANEVICH: Okay. Well, just one additional document
6 to review that I want to circulate to everyone in a moment.

7 **RESUMED DIRECT EXAMINATION**

8 Q BY MR. STANEVICH: Allen, you mentioned before that there
9 are a number of openings at VSES, correct?

10 A Correct.

11 Q And at this time, are you aware of approximately how many
12 openings there are?

13 A It's currently 15 or 16.

14 Q Okay. And how many positions do we currently have at
15 VSES?

16 A Oh it's -- including DVMs?

17 Q Not including DVMs.

18 A Approximately 140, 150.

19 Q So approximately, and I think we could all do the math,
20 about 10 percent of the positions are open?

21 A Correct.

22 Q Okay. I'd like to show you a document that we've asked to
23 be marked as Employer Exhibit 85. Do you recognize this
24 document?

25 A I do. This is a listing of all open positions. Can you



1 scroll -- oh never mind, column G.

2 Q All right, so just tell us --

3 A But --

4 Q -- how we can -- let's just go through the columns. I
5 know this is a big document, hard to read, so let me zoom in
6 for the sake of everyone's eyes, including my own. So if you
7 can just walk us through the different columns here.

8 A So this is a list of the open positions, requisition I.D.,
9 it's just the identifier for the position. Column B is the job
10 title for the position. Go to column D. We have the same
11 recruiter throughout Pathway for the Monroe Group. So that
12 includes VSES, general practices, lab, and crematorium. Column
13 E is the hiring manager, the manager or supervisor that is --
14 is actually responsible for the hire. Status requisition, this
15 is an open list, so that's just going say open throughout.

16 The next one is the location for the position. Again,
17 all -- all -- all of our hospitals are listed there. Column H,
18 full time, part time; and requisition, number of requisitions.
19 There sometimes some companies will have, like, four, they'll
20 put a four there. I have not seen that Pathway does that. So
21 each position is its own unique position. Each requisition
22 represents a single unique position.

23 Q Now, right -- right here on column J, says requisition a
24 number of openings, I see one, two, three. Would that mean --

25 A I'm sorry. I was looking at the wrong column. Yes. So



1 that means -- that means -- let's take the one you're on right
2 now. If you go all the way to the left, so that's looking for
3 a veterinary custodian. That is the kind of Pathway title in
4 the past. That would be the environmental services employee.
5 So this is one requisition, but there's three openings on that
6 requisition. So when we look at number of requisitions, that's
7 number of forms we have to hire people on. Column J is the
8 actual number of positions that are open on that requisition,
9 for --

10 Q So for -- for example, LVT, licensed veterinary tech, for
11 the ER overnight, we scroll across, there are two positions
12 open at this time?

13 A That's correct.

14 Q Okay.

15 A So again, while there's -- while there's 15 or 16
16 requisitions, that is not the same number of positions. So I
17 misspoke. I apologize.

18 Q Okay. I'll leave the math for others. The document
19 speaks for itself.

20 MR. STANEVICH: I'd move this into evidence as Employer
21 Exhibit 85.

22 MR. HALLER: I'm not sure I see the relevance of this
23 document.

24 MR. STANEVICH: It goes to testimony earlier today on
25 cross-examination of why there are so few people moving from

1 VSES to other locations. This witness has testified, that is
2 because there are so many job openings and vacancies at VSES
3 right now. Folks pick up shifts at their home location instead
4 of going elsewhere. So this just corroborates witness
5 testimony about job vacancy, and the reason why folks do not
6 leave VSES at this point in time.

7 MR. HALLER: All right. No objection.

8 HEARING OFFICER DAHLEIMER: Employer 85 is received.

9 **(Employer Exhibit Number 85 Received into Evidence)**

10 MR. STANEVICH: Well, I have no further questions for Mr.
11 I at this time.

12 HEARING OFFICER DAHLEIMER: Okay. Mr. Haller, your
13 witness.

14 MR. HALLER: Thank you.

15 **CROSS-EXAMINATION**

16 Q BY MR. HALLER: If you haven't been turning into -- if you
17 haven't been watching the proceeding, sir, I'm Bill Haller.
18 I'm counsel for the Union. I have a few questions for you.
19 You testified earlier about compensation. Everybody at VSES,
20 or at least everybody in the proposed Union bargaining unit,
21 gets extra 75 cents per hour for working at VSES; isn't that
22 correct?

23 A That's correct.

24 Q And if -- if an individual in that category would transfer
25 to one of the general practices, they'd lose that 75 cents per

1 hour premium; isn't that correct?

2 A That is correct.

3 Q Okay. Okay. You testified earlier about, that some of
4 the positions, such as the LVT, there's sort of a -- a general
5 LVT job description, and then there are some more specific LVT
6 job descriptions for some of the LVTs just at VSES, right?

7 A Yes.

8 Q That's because those LVTs at VSES perform more specialized
9 duties than the LVTs out of the general practices; isn't that
10 correct?

11 A That's not correct. (Indiscernible, simultaneous
12 speech) --

13 Q Oh, but they have a separate job description?

14 A Because where they spend a preponderance of their time.

15 Q I see. But their duties are just the same?

16 A In those special -- in those modalities, yes.

17 Q But those modalities don't exist at all in general
18 practices, do they?

19 A There's different features of all of those. There's
20 surgery, there's internal medicine.

21 Q Isn't there more specialized internal medicine equipment
22 and processes done at VSES than are done at the general
23 practices?

24 A Yes.

25 Q Okay. I want to ask you questions about Exhibits 8, 9,

1 10, and 11, the -- the data that you put together about events
2 and the time period, what, January 1st, 2019 through May 14th
3 of 2021. And you -- you noted because of, I guess, the Legacy
4 database, you weren't able to specify occasions of folks
5 working outside their home location, except as an occasion,
6 this could be an hour or even less, up to how many hours; we
7 don't -- you don't know, right?

8 A That is correct.

9 Q That's just an occasion. So it -- so that material on
10 that extra shift's work, Exhibits 10 and 11, that doesn't
11 provide us very much information from which to determine how
12 much work was really performed by people outside their home
13 locations, is it?

14 A I have no reason to think it's any different than that --
15 that was represented earlier by Mr. Ritschard.

16 Q Okay. Well, there are more significant differences,
17 aren't there? For example, 10 and 11 show a great number of
18 hours. Well, specifically, I think, 260 occasions of work
19 outside VSES performed by environmental services, while I
20 believe the materials for the period since May 15th don't show
21 any work outside VSES for environmental services; isn't that
22 correct?

23 A I don't have both in front of me to compare.

24 Q All right. Well, let's -- let's see if we can find them.
25 Hold on.

1 A I mean, I'm trusting your numbers but --

2 Q I understand that, that's why we're going to have to --
3 I'm going to be referring to, and if I have the competence to
4 do so, I'll be screen sharing Employer Exhibit 78. Okay. Can
5 you see Employer's Exhibit 78 now?

6 A Yes, sir.

7 Q Okay. Now I'm sorry, I don't have the -- the ability to
8 manipulate this document electronically. I don't think there's
9 any hours -- so this is -- this reflects the equivalent of your
10 Exhibits 10 and 11. It's -- it's hours worked since May 15th
11 of this year by Monroe Group employees outside their home
12 location. Unless I'm mistaken, I don't think it shows any
13 hours worked by VSES environmental services employees anywhere
14 else.

15 Let me see if I can -- I don't have the ability to
16 separate out that information. I'm just going to have to --
17 I'm going to scroll down through the document. So block C is
18 where -- if somebody was in environmental services it would
19 show up in block C there, column C?

20 A This is Pathway -- this is a Pathway report that today was
21 the first that I've seen it. I can't be sure I would -- I
22 would tend to think column D might be the one that would be
23 more accurate.

24 Q Column D?

25 A Yeah.

1 Q Okay. All right, let's scroll down. All right. Now, I
2 realize all you've had the opportunity is to watch this
3 document I just scrolled through. But I will represent to you,
4 I didn't see any citations of any -- any environmental
5 services. So if that's correct, it appears there's been no
6 environmental service work outside of VSES since May 15th of
7 this year. Would that be your understanding as well?

8 A If it's not on this list, that is correct.

9 Q Okay. So your assumption that what happened before May
10 15th is consistent with the patterns of works since May 15th is
11 incorrect, at least with regard to environmental services;
12 isn't that correct?

13 A That's not an accurate representation of what I was
14 answering.

15 Q Oh. Okay. Set me straight

16 A Well, I was answering that the -- those numbers indicated
17 by a time paid. So in those instances where someone is paid, I
18 have no reason to believe that it's significantly different
19 from the instances where this report shows people being paid.

20 Q All right. Okay. So we've looked at column I, right, on
21 Exhibit 78?

22 A I think we should look at column G and I together, but --

23 Q All right. Well, I'm going to make a rash assumption that
24 I is an accurate reflection of what G -- G and H reflect.
25 These numbers are all over the map, aren't they?

1 A They are. But if you look -- something, I notice that
2 sometimes there are some smaller increments of time.

3 Q Okay.

4 A It depends if there's a meal period in between those
5 periods of time.

6 Q All right. Oh, so there's two instances separated by a
7 meal period?

8 A It could be. I'm looking at the dates on G and H.

9 Q Okay. All right. Fair enough. Okay. Okay. Let me turn
10 back to 8 and 9 for a second, the data relating to permanent
11 transfers. Based on earlier testimony, it's my understanding
12 that all permanent transfers are initiated by the employee in
13 question; is that correct?

14 A Yes.

15 Q Okay. And based on earlier testimony, as well as your
16 testimony, it's my understanding that any employee within the
17 Monroe Group that wants to apply for a position at another
18 location has to apply -- has to apply and interview in the
19 exact same manner as any outside applicant; isn't that correct?

20 A They would apply and interview, correct.

21 Q So that would apply to all of the transfers reflected in 8
22 and 9, Exhibits 8 and 9; is that correct?

23 A Are 8 and 9, the ones from the reports I generated?

24 Q I'm sorry. Yes, they're the ones you generated. Let
25 me -- that's fair, I shouldn't ask you about documents that you

1 haven't seen.

2 A Oh, those I've seen.

3 Q Yeah. Okay. That's 8, and this is 9, right?

4 A I've still got 78 up on my screen.

5 Q Okay. You've still got 78?

6 A Yes, sir.

7 Q Okay. I'm showing my less than world class technological
8 prowess here. For some reason my screen share, everything gets
9 smaller. All right.

10 MR. HALLER: I withdraw the question. There we go.

11 Q BY MR. HALLER: Okay. Now let me go back to exhibit --
12 your Exhibits 10 and 11, that's -- those are the documents that
13 you compiled showing the -- you know, the -- the outside
14 nonwork -- nonhome location hours picked up. Okay. All right.
15 So there's -- that's Exhibit 10. Now from Exhibit 11, which is
16 more detailed information upon which 10 is based, it's -- it's
17 clear that a -- a significant number of these occasions were
18 performed by what we'd call nonbargaining unit people, the
19 people that aren't going to be in either side of the universe
20 of employees eligible to vote in a Union election; isn't that
21 correct?

22 A These are hours worked -- or time worked for -- again, my
23 understanding the petition was full-time, part-time,
24 nonsupervisory, nonmanagerial, nonDVM, nonguard.

25 Q Okay.

- 1 A So -- yeah --
- 2 Q And that's the -- that's the universe you work for here?
- 3 A I'm sorry?
- 4 Q And that's the universe you were trying to capture in
- 5 Exhibit 10?
- 6 A Yes, sir.
- 7 Q Okay. Let me take a look at -- okay, this -- oops, I've
- 8 got to share it with you, don't I? Okay. Can you see Exhibit
- 9 11 in front of you now?
- 10 A Yes, I can.
- 11 Q Okay. And this is the more elaborate presentation of the
- 12 data upon which the time was based, right?
- 13 A Correct.
- 14 Q Okay. The first job listed there, accounting and accounts
- 15 payable assistant -- well, actually, the first three jobs
- 16 there, they're -- nobody is contesting they belong in
- 17 bargaining unit, are they -- these are nonbargaining unit jobs,
- 18 aren't they?
- 19 A These are the administration building. I don't know what
- 20 was stippled to with respect to exempting or not.
- 21 Q Okay. Well, I -- I'll represent to you that nobody in the
- 22 administration building is going to be eligible to vote in this
- 23 election. The parties had already agreed on that.
- 24 A Okay.
- 25 Q Let's go down to line 11, client service rep supervisor.

1 That's a supervisor, right?

2 A That is a supervisor. When they work at VSES, they do
3 what I can only surmise you would consider bargaining unit
4 work.

5 Q Do -- what kind of rate of pay do they get when they're
6 doing bargaining unit work?

7 A The same rate of pay.

8 Q The regular rate of pay? Or the rate of pay that the job
9 they're performing (Indiscernible, simultaneous speech)--

10 A I would have to verify that. My understanding is that
11 it's at their regular rate of pay.

12 Q So they're receiving a supervisor rate of pay; is that
13 correct?

14 A Yeah, if it's their regular rate of pay.

15 Q Okay. All right. You'll agree on this list there's a
16 significant number of job titles listed here that say
17 supervisor at the end, don't they?

18 A To fill open shifts at VSES, yes.

19 Q Okay. More generally, 10 and 11, the open shift data, is
20 this encompassing people that were meeting their holiday
21 coverage requirement, or this is -- or are these all open
22 shifts that people voluntarily picked up?

23 A This is all shifts that were picked up. So the holiday
24 required -- the holiday shifts were not filtered out.

25 Q So they're in there too. It's the holiday which are

1 mandated, plus the extra shifts which people voluntarily pick
2 up?

3 A Correct.

4 Q Okay.

5 A There are some who will volunteer for the holiday as well.

6 Q Okay. And the holiday coverage requirement is met if you
7 sign up for on call, whether or not they actually call you in
8 to work, right?

9 A I believe so.

10 Q Okay. I apologize for skipping around on the exhibits,
11 which is much sloppy, but I'm going to ask you another question
12 about Exhibit 9. This is just a quick one. All right. Can
13 you see Exhibit 9 in front of now?

14 A Yes, I can.

15 Q Okay, thanks. Jumping down to line 47, we just had a
16 question about Amanda Lyons (phonetic throughout) apparently --
17 a patient care coordinator, who apparently, at some point
18 transferred between Canandaigua and VSES. Do you have any idea
19 when this happened?

20 A I do not.

21 Q Okay, but --

22 A (Indiscernible; simultaneous speech) --

23 Q -- according to your testimony, it must have been since
24 January 1st of 2019; is that correct?

25 A That's correct.

1 Q Okay.

2 MR. HALLER: If you don't mind, just a moment, let me make
3 sure I'm finished here. I have no further questions. Thank
4 you, sir.

5 THE WITNESS: Okay. Thank you.

6 HEARING OFFICER DAHLEIMER: Mr. Stanevich, any redirect?

7 MR. STANEVICH: I do have a few questions.

8 Bill, if you can, please, just stop sharing your screen,
9 that way I can --

10 MR. HALLER: You're making a rash assumption that I was
11 able to turn it off, but I did.

12 MR. STANEVICH: It -- it worked.

13 **REDIRECT EXAMINATION**

14 Q BY MR. STANEVICH: Allen, just a just a couple of follow-
15 up questions for you. You were asked by counsel about a 75
16 cent an hour differential that some employees at VSES received.
17 Do you recall that question?

18 A Yes, I do.

19 Q And which -- which employees do receive that -- that
20 differential?

21 A The LVTs, the ACAs, and the CSRs.

22 Q Okay. And are you familiar with why -- well, first let me
23 back up. Do in fact those employees receive a 75 cents an hour
24 differential?

25 A Yes, they do.



1 Q Okay. And are you familiar with the reason that
2 differential is -- is paid by the organization?

3 A It's due to the unscheduled nature of the work, and the
4 24/7, 365 requirements of the -- the building.

5 Q And how do you know that is the genesis for the 75 cents
6 an hour differential?

7 A I had that conversation with the -- Amy Laukaitis
8 (phonetic throughout), the former COO, when I was asking that
9 very question.

10 Q And have -- have you shared that explanation with anybody
11 during your time in HR?

12 A I mean, I've had other people ask me the question, yes.
13 To give you a list I -- I can't do that, but I know I've been
14 asked that, and I have explained it.

15 Q Okay. Is the differential at all due to any specialized
16 nature of work performed by employees?

17 A No. ACAs, CSRs perform the same function. CSRs, you
18 know, log in patients, they take care transactions. ACAs do
19 animal hand in, and LVTs do the -- the gamut of LVT work.

20 Q Before, when counsel was showing you some screen shots, he
21 was asking whether, you know, any -- anyone from EVS has --
22 sorry, VSES -- VSES has done EVS work elsewhere in the system
23 over the past few months because that data wasn't shown.

24 A Yes.

25 Q I'd like to bring you back to Employer Exhibit 85. Do you

1 see my screen here?

2 A I do.

3 Q And is there currently an opening for an EVS position at
4 VSES?

5 A So based on what I see here, there's a requisition for it.
6 You would have to go to the right to see how many open
7 positions there are.

8 Q How many open positions are there?

9 A In this case, there are three full-time positions open at
10 VSES for an environmental service worker.

11 Q So have there been extra shifts available for EVS work at
12 EVS location?

13 A Absolutely.

14 Q And who fills those positions?

15 A I -- I believe that it's whoever wants them, but it would
16 be the existing environmental service workers.

17 Q Okay. And does it surprise you that the existing
18 environmental service workers are not volunteering to go to
19 other locations when there are open positions at their own home
20 location?

21 A It does not surprise me.

22 Q Thank you, Allen.

23 MR. STANEVICH: Nothing further.

24 MR. HALLER: A couple of questions on recross, if I might?

25 HEARING OFFICER DAHLEIMER: Yes, go ahead.

RECROSS-EXAMINATION

1

2 Q BY MR. HALLER: You testified, sir, that the -- your
3 understanding based on what you were told is that the wage
4 premium at VSES is due to the unscheduled nature of the work?
5 I'm not quite sure what's meant by that. Do you mean the
6 unscheduled nature of the patients coming in?

7 A That's correct.

8 Q Okay. And also, because of the 24/7, 365 nature of the
9 operations at VSES?

10 A Yes.

11 Q Well, those are two extremely significant reasons why VSES
12 is a very different place to work than the general practices,
13 aren't they?

14 A It's different in the workflow.

15 Q I see.

16 A And I -- could you rephrase that?

17 Q Aren't these two reasons for wage premium examples of why
18 working at VSES is different than working at any of the general
19 practice locations?

20 A It's -- it's -- I don't know how to answer that, other
21 than to be a -- I'm not trying to be dense, but it's the
22 unscheduled nature of the work. The work is the same.

23 Q I see. So everything's just the same, but you pay
24 everybody an extra 75 cents an hour; is that your testimony?

25 A It is.



1 Q Thank you, sir. You testified also that the LVTs or the
2 ACAs, at least possibly CSRs, their work is the same whether
3 they're at the general practice or at VSES?

4 A What they're accomplishing is identical, yes. The work is
5 the same.

6 Q Are you qualified to answer that question?

7 MR. STANEVICH: Objection. You asked the question. If
8 you don't believe the witness is qualified don't ask -- don't
9 ask the question, Bill.

10 MR. HALLER: No, no, sir. I'm trying to clear up his
11 earlier testimony, where he's precisely, that's what he
12 testified to.

13 MR. STANEVICH: I'm going to object to the question.

14 HEARING OFFICER DAHLEIMER: No, overruled, I'd like him
15 to --

16 Did you -- you feel like you answered the question?

17 THE WITNESS: Do I feel like I did?

18 HEARING OFFICER DAHLEIMER: Yes.

19 THE WITNESS: I didn't have an opportunity.

20 HEARING OFFICER DAHLEIMER: Okay. I'm going to overrule
21 now, and let him answer the question.

22 THE WITNESS: My job -- my knowledge of the job
23 descriptions and the functions these employees perform tells me
24 that they're performing the same work.

25 Q BY MR. STANEVICH: Okay. You have no background in animal

1 care, do you?

2 A I worked as a kennel assistant in high school.

3 Q Okay. Any other background in veterinary clinical care?

4 A No, sir.

5 MR. HALLER: No further questions. Thank you.

6 THE WITNESS: Thank you.

7 MR. STANEVICH: Nothing further. Thank you.

8 HEARING OFFICER DAHLEIMER: Mr. Ibrisimovic --

9 THE WITNESS: Outstanding.

10 HEARING OFFICER DAHLEIMER: Yeah, maybe. Thank you very
11 much for your testimony this afternoon. You are dismissed.

12 Okay. And we -- we have no further witnesses today; is
13 that accurate?

14 MR. STANEVICH: The Employer rests at this time, subject
15 to potential rebuttal.

16 HEARING OFFICER DAHLEIMER: Okay. Mr. Haller, we -- you
17 will be prepared to present witnesses at 9:30 tomorrow morning?

18 MR. HALLER: That's my assignment.

19 HEARING OFFICER DAHLEIMER: Okay. Any other
20 administrative things we need to take care of at this time?

21 MR. HALLER: I don't believe so.

22 MR. STANEVICH: I -- I just sent you both Employer Exhibit
23 85. Bill, if I come up with some of the other job
24 descriptions, the ones that you mentioned to me, I'll pass them
25 along as well.

1 MR. HALLER: Okay. And if -- if they are, in fact, you
2 know, relevant job descriptions, we will enter into the same
3 stipulation on them. Let me just make sure I got it here.

4 MR. STANEVICH: Make sure I hit send. Okay.

5 MR. HALLER: I -- I haven't looked in my email, I see
6 (indiscernible; simultaneous speech) --

7 HEARING OFFICER DAHLEIMER: Yeah, I -- I can -- I can
8 verify, we got 85, 84, and 83.

9 MR. HALLER: And this is the open positions. Yes, I got
10 it. Okay.

11 HEARING OFFICER DAHLEIMER: I do believe we still -- I
12 have not yet received Employer 69.

13 MR. STANEVICH: I will send that to you right now, I
14 apologize.

15 HEARING OFFICER DAHLEIMER: I'm sorry, Mr. Baker, do
16 you -- you're here for this, you can take us off the record,
17 when you're ready.

18 **(Whereupon, the hearing in the above-entitled matter was**
19 **recessed at 3:23 p.m. until Wednesday, September 22, 2021 at**
20 **9:30 a.m.)**

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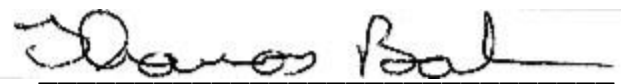
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C E R T I F I C A T I O N

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This is to certify that the attached proceedings before the National Labor Relations Board (NLRB), Region 3, Case Number 03-RC-281879, Pathway Vet Alliance, LLC, Veterinary Specialists & Emergency Services and International Association Of Machinists And Aerospace Workers, held at the National Labor Relations Board, Region 3, 130 S. Elmwood Avenue, Suite 630, Buffalo, NY 14202-2465, on September 21, 2021, at 9:33 a.m. was held according to the record, and that this is the original, complete, and true and accurate transcript that has been compared to the reporting or recording, accomplished at the hearing, that the exhibit files have been checked for completeness and no exhibits received in evidence or in the rejected exhibit files are missing.



THOMAS BAKER

Official Reporter

