

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

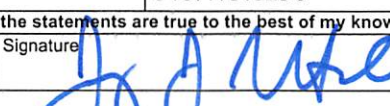
DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Manolo's Trucking LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 58 Moore Place, Belleville, NJ 07109	
3a. Employer Representative - Name and Title: Manuel Pastuisaca		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 973.759.7076	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking Company		4b. Principal Product or Service Transportation/hauling	5a. City and State where unit is located: Belleville, NJ
5b. Description of Unit Involved: Included: All full-time and regular part-time drivers employed by the Employer. Excluded: All office clerical Employees, sales personnel, guards and supervisors.			6a. Number of Employees in Unit: 16 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>NONE</u> on or about (Date) _____ (If no reply received, so state). and Employer declined recognition. <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): Building Material Teamsters, Local 282		12b. Address (street and number, city, State and ZIP code): 2500 Marcus Avenue, Lake Success, NY 11042	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 516.488.2822	12e. Cell No.	12f. Fax No. 516.488.4895	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Joseph J. Vitale, Counsel		13b. Address (street and number, city, State and ZIP code): Cohen, Weiss and Simon LLP 900 Third Avenue, Suite 2100, NY, NY 10022	
13c. Tel. No. 212.356.0238	13d. Cell No.	13e. Fax No. 646.473.8238	13f. E-Mail Address jvitale@cwsny.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Joseph J. Vitale	Signature 	Title Counsel	Date 06/04/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RD-243025

Date Filed

JUNE 10, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer HMH Nursing & Rehabilitation @ Shrewsbury		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 89 Avenue Of the Commons, Shrewsbury, NJ 07702	
3a. Employer Representative - Name and Title Meghan Spalthoff Administrator		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 732-676-5800	3d. Fax No. 732-676-5801	3e. Cell No. 732-740-0996	3f. E-Mail Address meghan.spalthoff@hackensackmeridian.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Nursing and Subacute Rehabilitation	
5a. Description of Unit Involved Included: Certified Nursing Assistants, Dietary Aides, Cooks, Environmental Service Aides Excluded: Recreation Aides, Administrative Assistants, Unit Clerks or Medical Records Clerk			5b. City and State where unit is located: Shrewsbury, New Jersey
6. No. of Employees in Unit 80	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent 1199 SEIU		8b. Affiliation, if any	
8c. Address 555 Route One South Iselin, NJ 08830		8d. Tel. No. 732-287-8113	8e. Cell No.
		8f. Fax No. 732-287-8117	8g. E-Mail Address
9. Date of Recognition or Certification Before 1998		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 01/31/2018	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 07/01/2019	13c. Election Time(s) 2:00 pm	13d. Election Location(s) at facility - 89 Avenue of the Commons, Shrewsbury NJ	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 6/4/2019

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

22-RC-243203

JUNE 11, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Beth Israel Cemetery/Memorial Park	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): US Highway 1, Woodbridge, NJ 07095
3a. Employer Representative - Name and Title: Ruth Nikola	3b. Address (if same as 2b - state same): US Highway 1 South, 485B, Suite 340, Iselin, NJ 08830

3c. Tel. No. (732) 750-1150 Ext. 18	3d. Cell No.	3e. Fax No. (732) 750-4425	3f. E-Mail Address rniko@stonemor.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Cemetery and Mausoleum	4b. Principal Product or Service Cemetery/Mausoleum Services	5a. City and State where unit is located: Woodbridge, NJ
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5b. Description of Unit Involved: Included: All Seasonal employees at the Beth Israel Cemetery/Memorial Park, Woodbridge, NJ Excluded: Office workers, salespeople and supervisors, as defined by the NLRB Act.	6a. Number of Employees in Unit: 2	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 6/11/19 on or about (Date) (If no reply received, so state). and Employer declined recognition
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Tuesday/Wednesday/Thursday/ASAP	11c. Election Time(s): to be determined	11d. Election Location(s): Breakroom
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12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 469	12b. Address (street and number, city, State and ZIP code): 3400 US Highway 35, Suite 7, Hazlet, NJ 07730
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters (IBT)

12d. Tel. No. (202) 624-6800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13a. Name and Title: Kevin O'Connor, Business Agent	13b. Address (street and number, city, State and ZIP code): 3400 US Highway 35, Suite 7, Hazlet, NJ 07730
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13c. Tel. No. (732) 888-0100 Ext. 117	13d. Cell No. (201) 280-9060	13e. Fax No. (732) 888-1740	13f. E-Mail Address koconnor@teamsters469.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Kevin O'Connor	Signature 	Title Business Agent	Date 6/11/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


22-RC-243231

Date Filed

June 13, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Mount Lebanon Cemetery and New Mount Lebanon Cemetery		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 189 Gill Lane, Iselin, NJ 08830	
3a. Employer Representative - Name and Title: Ruth Nikola		3b. Address (if same as 2b - state same): US Highway 1 South, 485B, Suite 340, Iselin, NJ 08830	
3c. Tel. No. (732) 750-1150 Ext. 18	3d. Cell No.	3e. Fax No. (732) 750-4425	3f. E-Mail Address miko@stonemor.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Cemetery and Mausoleum		4b. Principal Product or Service Cemetery/Mausoleum Services	5a. City and State where unit is located: Woodbridge, NJ
5b. Description of Unit Involved: Included: All Seasonal employees at the Mount Lebanon Cemetery located on Gill Lane, Woodbridge Township, NJ Excluded: Office employees, salespeople and supervisors, as defined by the NLRB Act.			6a. Number of Employees in Unit: 1 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 6/11/19 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Tuesday/Wednesday/Thursday/ASAP	11c. Election Time(s): to be determined		11d. Election Location(s): Breakroom
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 469		12b. Address (street and number, city, State and ZIP code): 3400 US Highway 35, Suite 7, Hazlet, NJ 07730	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters (IBT)			
12d. Tel. No. (202) 624-6800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Kevin O'Connor, Business Agent		13b. Address (street and number, city, State and ZIP code): 3400 US Highway 35, Suite 7, Hazlet, NJ 07730	
13c. Tel. No. (732) 888-0100 Ext. 117	13d. Cell No. (201) 280-9060	13e. Fax No. (732) 888-1740	13f. E-Mail Address koconnor@teamsters469.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Kevin O'Connor	Signature 	Title Business Agent	Date 6/11/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RD-243803 JUNE 25, 2019

Date Filed

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer HMH Nursing & Rehabilitation@ Shrewsbury		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 89 Avenue Of the Commons, Shrewsbury, NJ 07702	
3a. Employer Representative - Name and Title Megan Spalthoff Administrator		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 732-676-5800	3d. Fax No. 732-676-5801	3e. Cell No. 732-740-0996	3f. E-Mail Address megan.spalthoff@hackensackmeridian.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Nursing and Subacute Rehabilitation	
5a. Description of Unit Involved Included: Certified Nursing Assistants, Dietary Aides, Cooks, Environmental Service Aides Excluded: Recreation Aides, Administrative Assistants, Unit Manager Assistants or Medical Records Clerk			5b. City and State where unit is located: Shrewsbury, New Jersey
6. No. of Employees in Unit 80	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent 1199 SEIU		8b. Affiliation, if any	
8c. Address 555 Route One South Iselin, NJ 08830		8d. Tel. No. 732-287-8113	8e. Cell No.
		8f. Fax No. 732-287-8117	8g. E-Mail Address
9. Date of Recognition or Certification Before 1998		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 01/31/2018	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 07/05/2019	13c. Election Time(s) 2:00 pm	13d. Election Location(s) at facility - 89 Avenue of the Commons, Shrewsbury, NJ	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C), city, state, ZIP code		15d. Tel. No.	15e. Fax No.
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

(b) (6), (b) (7)(C)

Title
(b) (6), (b) (7)(C)

Date Filed

6-20-19

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

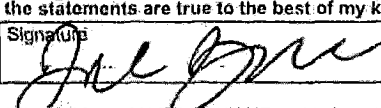
22-RC-243984

Date Filed

JUNE 26, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Robert Wood Johnson Visiting Nurses, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 972 Shoppes Blvd, North Brunswick, NJ 08902	
3a. Employer Representative - Name and Title: Gene Karlen, Vice President HR		3b. Address (if same as 2b - state same): 23 Main Street, Suite D1 Holmdel, NJ	
3c. Tel. No. 732-224-6651	3d. Cell No.	3e. Fax No.	3f. E-Mail Address gkarlen@vnahg.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Healthcare		4b. Principal Product or Service In-home nursing services	
5a. City and State where unit is located: North Brunswick, NJ		5b. Description of Unit Involved: Included: *see attached Excluded: *see attached	
6a. Number of Employees in Unit: 56		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 6/24/19 on or about (Date) no reply (If no reply received, so state). and Employer declined recognition. <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): July 16, 18 2019		11c. Election Time(s): 7am-10am, 3pm-7pm	
11d. Election Location(s): Employer office, room TBD			
12a. Full Name of Petitioner (including local name and number): Health Professionals and Allied Employees, AFT/AFL-CIO		12b. Address (street and number, city, State and ZIP code): 110 Kinderkamack Road, Emerson, NJ 07630	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of Teachers, AFL-CIO			
12d. Tel. No. 201-262-5005	12e. Cell No.	12f. Fax No. 201-262-4335	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Joel Brooks, HPAE Staff Representative		13b. Address (street and number, city, State and ZIP code): 110 Kinderkamack Road, Emerson, NJ 07630	
13c. Tel. No.	13d. Cell No. 917-618-4028	13e. Fax No.	13f. E-Mail Address jbrooks@hpae.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Joel Brooks	Signature 	Title HPAE Staff Representative	Date 6/26/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-244194

Date Filed

JUNE 28, 2019

INSTRUCTIONS: Unless a Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:

Quality Chevrolet/Buick/GMC of Englewood

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

386-406 Grand Avenue, Englewood, NJ 07631

3a. Employer Representative - Name and Title:

Jordan Wright, Owner

3b. Address (if same as 2b - state same):

3c. Tel. No.

201-374-8454

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.):

Auto Dealership

4b. Principal Product or Service

Auto Sales and Service

5a. City and State where unit is located:

Englewood, New Jersey

5b. Description of Unit Involved:

Included:

All full time and regular part-time hourly and flat rate Service Technicians employees

Excluded: All other employees, including, but not limited to Service Writers, Utility employees, parts employees, sales employees, office clericals, guards and supervisors as defined in the Act.

6a. Number of Employees in Unit:

9

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ NoCheck One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)

None

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☒ No ☐ Yes If so, approximately how many employees are participating?

(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

July 26, 2019

11c. Election Time(s):

9:00 a.m. - 10:00 a.m.

11d. Election Location(s):

Lunchroom

12a. Full Name of Petitioner (including local name and number):

United Service Workers Union, Local 355, IUJAT

12b. Address (street and number, city, State and ZIP code):

138-50 Queens Boulevard, Briarwood, NY 11435

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

International Union of Journeymen and Allied Trades

12d. Tel. No.

718-658-4848

12e. Cell No.

12f. Fax No.

718-523-4732

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:

Gary Rothman, Esq.

13b. Address (street and number, city, State and ZIP code):

Rothman Rocco LaRuffa, LLP, 3 West Main St., Ste 200, Elmsford, NY 10523

13c. Tel. No.

914-478-2801

13d. Cell No.

13e. Fax No.

914-478-2913

13f. E-Mail Address

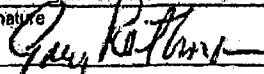
grothman@rothmanrocco.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Gary Rothman

Signature



Title

Attorney for Local 355, USWU, IU.

Date

6/28/2019

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PRIVACY ACT STATEMENT

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