# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRIT	TE IN THIS SPACE
Case No. 22- AC-257	460 315 2000

(2-10)	RC PETI			22	- BC -=	15741AT	3/5/20
employer concerned is loc the employer and all other	Filed using the Agency's webs seted. The petition must be acc parties named in the petition LRB 4812). The showing of Inte	ompanied by both of: (1) the petition;	a showing of inte (2) Statement of P	ginal of this P rest (see 6b b osition form (	elow) and a cer Form NLRB-50	tificate of service : 5); and (3) Descrip	egion in which the showing service on tion of Representation
PURPOSE OF THIS PET     bargaining by Petitioner a	ITION: RC-CERTIFICATION OF nd Petitioner desires to be certifical Labor Relations Board proc	REPRESENTATIVE de la serie representative	E - A substantial nue of the employees.	mber of employ	yees wish to be i	represented for purple following circum	poses of collective
2e. Name of Employer: Planned Building Se related to Planned C		40 Washi	es) of Establishment ngton St. ge NJ 07017	s) involved (St	reet and number	r, City, State, ZIP co	nde):
3a. Employer Representative Robert Francis, Pres		150 Smith	f same as 2b - state i Road y, NJ 07050	same):			
3o. Tel. No. 973-739-0080	3d. Cell No.	3e. F	ax No.	3f.	E-Mail Address		· · · · · · · · · · · · · · · · · · ·
4a. Type of Establishment (Fe Residential Building	actory, mine, wholesaler, etc.)		rincipal Product or S Iding Services			ity and State where t Orange, NJ	
	wed: ular part-time Front De				6a. N	umber of Employee	s in Unit:
Excluded: All other employees,	office employees, supe	ervisors and g	uards as desci	ibed in the	Act of	o a substantial num the employees in the presented by the Pre-	e unit wish to be
on or about	for recognition as Bargaining Re (Date)	If no reply received	, so state).			oyer declined recogn	nition
	er is currently recognized as Barg Certified Bargaining Agent (if n		tive and desires cert b. Address:	fication under	the Act.		
(#10-11-14-14-1-1-15-14-14-14-14-14-14-14-14-14-14-14-14-14-	(6)						
c. Tel. No.	8d. Cell No.	8e. Fs	x No.	Bf.	E-Mail Address	· · · · · · · · · · · · · · · · · · ·	
g. Affiliation, if any:		8h. Date	of Recognition or Co			of Current or Most any (Month, Day, Y	ear)
. Is there now a strike or pick	eting at the Employer's establish	ment(s) involved?	No If so,	approximately	how many emplo	oyees are participat	ng?
(Name of Labor Organizatio	The second secon	-				ployer since (Month	
<ol> <li>Organizations or Individual Individuals known to have a Jone</li> </ol>	s other than Petitioner and those a representative interest in any e	named in items 8 in mployees in the un	and 9, which have d It described in Item	almed recognitions above. (If no	tion as represent one, so state)	tatives and other on	ganizations and
0a, Name	10b. Address	0		100	. Tel. No.	10d, Cell No.	
				10e	. Fax No.	10f. E-Mail Ad	dress
1. Election Details: If the NL	RB conducts and election in this	matter, state your p	position with respect	to any such el	oction: 11a. Ele	The state of the s	Mixed Manual/Ms
1b. Election Date(s): /20/2020	7:30-8:30	Time(s): am and 2:30-	-3:30 pm		. Election Locati rter's lunch	on(s): room and/or s	torage room
a. Full Name of Petitioner ( EIU 32BJ	including local name and numbe	n):	12b. Address ( 494 Broad Newark, N	Street, 3rd	ber, city, State a l Fl.	nd ZIP code):	
c. Full name of national or in ervice Employees In	ternational labor organization of ternational Union	which Petitioner is	an affiliate or constit	uent <i>(If none, s</i>	o state):		
rd. Tel. No. 37-827-3225	12e. Cell No.	12f. Fa 862-2	x No. 236-3605	12g	. E-Mail Address		
. Representative of the Pet a. Name and Title: rent Garren eputy General Counse.	itioner who will accept service	13b. Ac 25 W	ourposes of the rep ddress (street and n . 18th Street, 5t York, NY 1001	umber, city, Sta h Floor		);	
c. Tel. No. 12-388-3943	13d. Cell No. 917-208-4287	13e. Fa		13f.	E-Mail Address arren@seiu:	32bj.org	760
	above petition and that the sta	tements are true to		owledge and			
rent Garren	Signatu	rent Car	sen/99	Deput	y General C	Counsel	3/4/2020

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**

Case No. 22-RC-

DO NOT WRITE IN THIS	SPACE
257627	192020

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

Case Procedures (Form NLRB 48	s named in the peti 12). The showing o	f interest shou	ld only be file	ed with the NLRB and	should not be	served on the	employer or ar	ny other party.
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioner states that the National Laboratory	ioner desires to be	ertified as repre proceed under	sentative of the	ne employees. The Per ethority pursuant to S	titioner alleges ection 9 of the	that the follow National Laboration	ving circumstar or Relations Act	ces exist and
2a. Name of Employer: 565 RIDGE ROAD, LLC d/b. Service & Maintenance	/a Waterview Co			Establishment(s) involv Cedar Grove, NJ		number, City, S	State, ZIP code):	
3a. Employer Representative - Nar Lisa Kranis, Regional Direct				e as 2b - state same): Cedar Grove, NJ				
3c. Tel. No. (973) 239-9300	3d. Cell No.		3e. Fax No	).	3f. E-Mail A	Address		40.00
4a. Type of Establishment (Factory, Health Care	mine, wholesaler, et	c.)	4b. Princip Health C	al Product or Service are			State where unit ove, New Jers	
5b. Description of Unit Involved: Included: Full-time and regular part-time Excluded: All supervisors under the Act,			stants.			4 6b. Do a sub	of Employees in estantial number aployees in the ulted by the Petition	(30% or more)
Check One: X 7a. Request for recon or about (Date)			ive was made received, so		an		clined recognitio	
				and desires certification	under the Act.			
8a. Name of Recognized or Certification	95 5 5 	nt (If none, so si	8 5					
8c, Tel. No.	8d. Cell No.		8e. Fax No	).	8f. E-Mail /			
8g. Affiliation, if any:			8h. Date of R	ecognition or Certificat		on Date of Curr ntract, if any (N	rent or Most Month, Day, Year	)
9. Is there now a strike or picketing a	it the Employer's es	ablishment(s) in	volved? No	If so, approx	imately how ma	ny employees	are participating	?
(Name of Labor Organization)	EMPL	OYER NEVE	R RESPO	NDED	, has picketer	d the Employer	since (Month, D	lay, Year)
Organizations or individuals other     individuals known to have a representation.	r than Petitioner and esentative interest in	those named in any employees	n items 8 and s in the unit de	9, which have claimed scribed in item 5b abo	recognition as r	representatives state)	and other organ	izations and
10a. Name	10b. A	ddress			10c. Tel. N	lo. 1	I0d. Cell No.	
	0				10e. Fax N	lo. 1	10f. E-Mail Addre	ess
11. Election Details: If the NLRB co	and election	in this matter, s	tate your posi	tion with respect to any	y such election:	11a. Election  X Manual		Mixed Manual/Mail
11b. Election Date(s): 3/20/2020		ection Time(s): -11:00 A.M.				on Location(s): GE ROAD, L		erview Center Servi
12a. Full Name of Petitioner (included DISTRICT 1199J, NUHHCE	2018년 1월 1일			12b. Address (street 9-25 ALLING ST			P code):	
12c. Full name of national or internal AFSCME	tional labor organiza	tion of which Pe	etitioner is an a	affiliate or constituent (	if none, so state	):		
12d. Tel. No. (973) 624-1199	12e. Cell No.	*************	12f. Fax N (973) 62		12g. E-Ma	il Address		A STATE OF THE STA
13. Representative of the Petition 13a. Name and Title: Arnold Shep Cohen, Attorne		service of all pa	13b. Addre	poses of the represer ess (street and numbe Place, 6th Floor,	r, city, State and	d ZIP code):		
13c. Tel. No. (973) 642-0161	13d. Cell No.		13e. Fax (973) 80	2-1055	COLUMN TO SERVICE STATE OF THE	feldcohen.co	m	
I declare that I have read the above	e petition and that		are true to t	he best of my knowle	dge and belief			Date
Name (Print) ARNOLD SHEP COHEN, ESC	Q.	Signature	$\sim$	<u> </u>	Title ATTORNEY	•		3/6/2020

## UNITED STATES OF AMERICA - NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS	S SPACE	
Case No.	Date Filed	1
22-RC-257724	10/10	2021

	4	RC PETITIO	N			120	1-RC	- 25	770	24	10	ollo	2020
INSTRUCTIONS: Unless e-Filed employer concerned is located, the employer and all other parti Case Procedures (Form NLRB of	The petition les named in 1812). The s	n must be accom n the petition of: ( howing of interes	panied b (1) the pe st should	y both a tition; (2 only be	showing of interest (s ) Statement of Position filed with the NLRB and	see 6b l on form and shou	Petition to below) and (Form Ni uld not be	o an NLRB nd a certific LRB-505); a e served or	office in ate of se and (3) D the em	n the Reg ervice sh Description ployer o	howing on of R r any o	which the service of ther part	e on tation
PURPOSE OF THIS PETITION     bargaining by Petitioner and Perequests that the National Later	titioner desi	res to be certified a	as represe	ntative o	f the employees. The P	Petitione	er alleges	that the fo	ollowing	circums	tances	collective exist an	ď
2a. Name of Employer: Planned Lifestyle Service	es, a nar	t of and	2b. Add 40 W	ress(es)	of Establishment(s) inveton Street	volved (S	treet and	number, Ci	ity, State,	, ZIP cod	le):		
related to Planned Comp		. 01 4114			, NJ 07017								
3a. Employer Representative - Na Robert Francis, Presiden		e:	150 S	mith F	ame as 2b - state same Road NJ 07050	e):				9		Carlotte (Mayora	
3c. Tel. No. 973-739-0080	3d. Cell N	lo.		3e. Fax	No.		f. E-Mail /	Address is@plan	nedco	mpani	es.co	m	
4a. Type of Establishment (Factory, Residential Building	, mine, whol	esaler, etc.)			ipal Product or Service ng Services			5a. City a	and State	•	init is lo	2011	-
5b. Description of Unit Involved:								-		nployees		7-11-	
Included: All full-time and regular Excluded: All other employees, offi	ce emple	oyees, superv	isors, a	and gu		d in th	ne Act.	6b. Do a of the repres	employe	ial numbers in the yether Peti	unit wi	sh to be	·
Check One: 7a. Request for re on or about (Date)	)	(If no	o reply re	ceived, s	o state).			d Employer	declined	d recognit	tion	4	
7b. Petitioner is co					and desires certification	on under	r the Act.						
8c. Tel. No.	, e ; e : e : e : e : e : e : e : e : e :									-			
oc. rei. No.	8d. Cell N	0.		8e. Fax N	10.	81	. E-Mail A	ddress					
8g. Affiliation, if any:			8h.	Date of	Recognition or Certifica			on Date of C ntract, if any			ar)		
9. Is there now a strike or picketing	at the Emplo	yer's establishmer	nt(s) invol	ved? No	) If so, approx	ximately	how man	ny employe	es are pa	articipatin	g?		
(Name of Labor Organization)  10. Organizations or individuals other	er than Petiti	oner and those na	med in ite	ms 8 and	19, which have claimed	d recogn	nition as re	the Employ					
individuals known to have a repr None	esentative ii	iterest in any empi	loyees in	tne unit a	escribed in item 55 abo	ove. (if r	ione, so s	rate)					
10a, Name		10b. Address				10	c. Tel. No	).	10d. Co	ell No.			
					0	10	e. Fax No	<b>D</b> .	10f. E-1	Mail Addr	ress		
11. Election Details: If the NLRB co	enducts and	election in this mat	tter, state	your pos	ltion with respect to an	ny such e	election:	11a. Electic	0.00	Vlail	] Mixed	d Manual	/Mail
11b. Election Date(s): 3/20/2020		11c. Election Tim 7:30-8:30		d 2:30	-3:30 pm			n Location( lunchro		d/or sto	orage	room	
12a. Full Name of Petitioner (includ SEIU 32BJ	ling local na				12b. Address (street 494 Broad Street Newark, NJ 07	eet, 3r	nber, city,						•
12c. Full name of national or internat Service Employees Intern			ch Petitio	ner is an	· ·		so state):	41					-
12d. Tel. No. 973-827-3225	12e. Cell N		1	2f. Fax N 862-2	io. 36-3605	12	g. E-Mail	Address					$\neg$
13. Representative of the Petitione 13a. Name and Title: Brent Garren Deputy General Counsel	l er who will a	accept service of	2	s for pur 3b. Addr 25 Wes	Mile Military and an area	er, city, S							
13c. Tel. No. 212-388-3943	13d. Cell N 917-20	08-4287	1	3e. Fax I 212-3	No. 88-2062		f. E-Mail /	Address 1@seiu3	2bj.org	g			
declare that I have read the above	petition a		nents are	true to t	he best of my knowle	edge and	175 M			70.5			
Name (Print) Brent Garren		Signature	it	1	1	Depu	ity Ger	neral Co	unsel			Date 03/09/	/20

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
22-RC-257765	March 10, 2020							

	RC PE	TITION			22	-RC-257	765		March	10, 2020
INSTRUCTIONS: Unless e-Filed employer concerned is located. the employer and all other partic Case Procodures (Form NLRB 4	the petition must be a es named in the petition 812). The showing of	occompanied b on of: (1) the pe Interest should	y both a sh ntition; (2) S only be file	owing of interest (s tatement of Position of with the NLRB ar	sea 6b on forn nd sho	below) and n (Form NL) ould not be	l a certificat RB-505); and served on ti	e of service sh d (3) Description he employer or	owing se n of Rep any othe	rvice on resentation r party.
<ol> <li>PURPOSE OF THIS PETITION bargaining by Pelitioner and Pe requests that the National Lat</li> </ol>	lilioner desires to be ce	dified as represe	entative of th	e employees. The P	otitio	nor alloges	that the follo	wing circums	lances ex	ective ist and
2a. Name of Employer: Cort Business Services (	Corporation	5601	West Si	Establishment(s) invede Avenue	olved	(Street and r	umber, City,	State, ZIP code	9):	
3a. Employer Representative - No	ame and Title:			, NJ 07047 e es 2b - state same						
Dominic Sardilli	and the.	(same		e as 20 - state same	9).			*		
3c. Tel. No. (201) 293-0511	3d. Cell No.			48-7428		31. E-Mail A Dominio		@cort.com		10.5 (10.5)
4a. Type of Establishment (Factory furniture delivery	, mine, wholesaler, etc.,	)	4b. Princip furnitur	al Product or Service e rental	e		5a. City an North Be	d State where u rgen, NJ	nit is loca	led:
5b. Description of Unit Involved: Included: All full-time drivers, hel	pers, warehouser	nen and re	finishers				6a. Numbe	r of Employees	In Unit:	
Excluded: All office clerical emplo	yees, seasonal w	arehousem	en, seasc		nd ot	hers	of the e	ubstantial numb imployees in the inted by the Pet	unit wish	to be
Check One:   7a. Request for re on or about (Date 7b. Petitloner is c	ecognition as Bargainin b) surrently recognized as	(If no reply r	eceived, so	state).	none			fectined recogni		
8a. Name of Recognized or Certi None	fied Bargaining Agent	(If none, so ste	(e) 8b. Ad							
8c. Tel. No.	8d. Cell No.		8e. Fax No	).		8f. E-Mail A	ddress			
8g. Affiliation, if any:		8	h. Date of R	ecognition or Certific	cation			irrent or Most (Month, Day, Yo	eor)	
Is there now a strike or picketing     (Name of Labor Organization)	at the Employer's esta	blishment(s) Inv	olved? No	o If so, appro		SCHOOL SCHOOL SCHOOL	A DESCRIPTION OF STREET	s are participation	-	nr)
Organizations or Individuals off individuals known to have a rep     None								es and other org	anizations	s and
10a. Name	10b. Add	iress			,	10c. Tel. N	0.	10d. Cell No.		
none						10e. Fax N	o.	101. E-Mail Ad	dress	
11. Election Details: If the NLRB	conducts and election in	this matter, sta	ale your posi	tion with respect to a	any su	ch election:	11a. Electio		Mixed	Manual/Mail
11b. Election Date(s): March 27, 2020	7:00 a	ction Time(s): im to 8:30 a	am & 4:0	0 pm to 5:30 p	pm		on Location(	5):		ide Avenue
12a. Full Name of Petitloner (Inci International Brotherhoo			0	12b. Address (street) 195 Montagu Brooklyn, N	ie St	reet, #14		ZIP code):		
12c. Full name of national or international Brotherhood			tioner is an	affiliate or constituen	it (if no	one, so state	):			
12d. Tel. No. (718) 609-6409	12e. Cell No.		121. Fax N			12g. E-Mai				(4)
13. Representative of the Petitio 13a. Name and Title: Joseph J. Vitale, Counsel	ner who will accept so	orvice of all pap	13b. Addr	poses of the represess (street and numbers) Weiss and Simo	ber, di	ty, State and	ZIP code):	, Ste. 2100,	NY, NY	10022
13c. Tel. No. (212) 356-0238	13d. Gell No.			73-8238	+1		gewsny.c	om		
I declare that I have read the ab-		Signature			vlodge				13.	Date
Joseph J. Vitale		Orseph	Q. Ni	tellkus	100000	ounsel				3/10/20

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

Case No.

DO NOT WRITE IN THIS SPACE

Date Filed

RC PETITION 22-RC-258529 3/27/2020 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code). 2a. Name of Employer 44 S. Munn Avenue Planned Lifestyle Services, part of and Affiliated with Planned Companies East Orange, NJ 07018 3a. Employer Representative - Name and Title. 3b. Address (if same as 2b - state same) 150 Smith Road Robert Francis, President Parsippany, NJ 07050 3c. Tel. No. 973-739-0080 3e. Fax No. 3f, E-Mail Address rfrancis@plannedcompanies.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Residential Building janitorial East Orange, NJ 5b. Description of Unit Involved: 6a, Number of Employees in Unit 6 All full-time and regular part-time concierge/front desk Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes All other employees, office employees, supervisors, and guards as described in the Act. Check 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) 8b. Address: N/A 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 10c. Tel. No. 10d. Cell No. 10b. Address 10a. Name 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. | 11a. Election Type Manual Mail Mixed Manual/Mail 1c. Election Time(s): 11d. Election Location(s) 11b. Election Date(s): Ballots go out April 6 N/A N/A 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): SEIU 32BJ 494 Broad Street, 3rd Fl. Newark, NJ 07102 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union 12d. Tel. No. 12f. Fax No. 12g. E-Mail Address 12e. Cell No. 862-236-3605 973-827-3225 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: Brent Garren 25 West 18th Street, 5th Floor New York, NY 10011 Deputy General Counsel 13f. E-Mail Address 13c. Tel. No. 13d Cell No. 13e. Fax No. 212-388-3943 212-388-2062 bgarren@seiu32bj.org 917-208-4287 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature 03/27/20 Brent Garren Deputy General Counsel

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 (NLRA) in processing 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 (NLRA) in processing 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 (NLRA) in processing 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 (NLRA) in processing the National (NLRB) in processing representation and related proceedings or fitigation. 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 control of the proceedings or fitigation. 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

Case No 22-PC-258533 Date Fully

DO NOT WRITE IN THIS SPACE

					KC-23033	3	3/30/20
TRUCTIONS: Unless e-Filed usin bloyer concerned is located. The employer and all other parties no Procedures (Form NLRB 4812)	arned in the petition of: (	(1) the petition; (	(2) Statement of Position for e filed with the NLRB and sl	m (Form NLR hould not be s	a certificate of se B-505); and (3) D	ervice showir	Representation
PURPOSE OF THIS PETITION RE pargaining by Petitioner and Petition requests that the National Labor	ner desires to be certified a Relations Board proceed	as representative	of the employees. The Petiti	oner alleges ti	to be represented that the following	for purposes circumstance	of collective es exist and
Tarrie of Employer.	Marine Control	The Address / or	s) of Establishment(s) involved	tion 9 of the N	lational Labor Re	lations Act.	
anned Building ervices	/Planned Lifestyle	20 West P	alisade Avenue	1 (Street and no	imber, City, State.	ZIP code)	
rvices. Affiliated w/ Plan		Englewood	d, NJ 07631				
Employer Representative - Nam	e and Title.	3b Address (it	(same as 2b - state same)				
obert Francis, President		150 mith					
Tel. No.	3d, Cell No		ax No.		V-2000000		
973-739-0080			ax 140.	rfrancis	aplannedco	mnanies o	com
Type of Establishment (Factory, r	mine, wholesaler, etc.)	4h P	nncipal Product or Service	maners	5a. City and State		
Residential Building			ncierge and janitorial		Englewood	d. NJ	Tocateu
Description of Unit Involved:					6a. Number of Er		nit
cluded:	nost time Con . D	al /Ca :	Φ. Δ.		ACTIVATE CONTRACTOR CONTRACTOR CONTRACTOR		
All full-time and regular	part-time Front De	sk/Concierge	e/i'orters/Matrons/Ma	untenance			
All other employees, offi	ce employees, supe	ervisors, and	guards as described	in the Act.	6b. Do a substant of the employ represented b	ees in the uni	t wish to be
Check One 7a, Request for re	ecognition as Bargaining Re	of no reply received	ed so state)	and	d Employer decline	ed recognition	-
			tative and desires certification	under the Act.			
8a. Name of Recognized or Certif	fied Bargaining Agent (#	none, so state)	8b. Address				
N/A							
		1.1					
8c. Tel. No.	8d. Cell No.	80	Fax No.	100 5 44-3			
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18. SECTION 1001)

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 (NLRA) 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, faiture to supply the information may cause the NLRB to decline to invoke its processes.