

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

22-RC-257460 3/5/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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:**  
Planned Building Services, a part of and related to Planned Companies

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
40 Washington St.  
East Orange NJ 07017

**3a. Employer Representative - Name and Title:**  
Robert Francis, President

**3b. Address (if same as 2b - state same):**  
150 Smith Road  
Parsippany, NJ 07050

**3a. Tel. No.**  
973-739-0080

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Residential Building

**4b. Principal Product or Service**  
Building Services

**5a. City and State where unit is located:**  
East Orange, NJ

**5b. Description of Unit Involved:**  
Included:

All full-time and regular part-time Front Desk Concierges

Excluded:

All other employees, office employees, supervisors and guards as described in the Act

**6a. Number of Employees in Unit:**  
5

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**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:**

**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:**

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
3/20/2020

**11c. Election Time(s):**  
7:30-8:30 am and 2:30-3:30 pm

**11d. Election Location(s):**  
Porter's lunchroom and/or storage room

**12a. Full Name of Petitioner (including local name and number):**  
SEIU 32BJ

**12b. Address (street and number, city, State and ZIP code):**  
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.**  
937-827-3225

**12e. Cell No.**

**12f. Fax No.**  
862-236-3605

**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:**

Brent Garren  
Deputy General Counsel

**13b. Address (street and number, city, State and ZIP code):**  
25 W. 18th Street, 5th Floor  
New York, NY 10011

**13c. Tel. No.**  
212-388-3943

**13d. Cell No.**  
917-208-4287

**13e. Fax No.**  
212-388-2062

**13f. E-Mail Address**  
bgarren@seiu32bj.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)**  
Brent Garren

**Signature**

*Brent Garren*

**Title**

Deputy General Counsel

**Date**

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

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-257627

Date Filed

3/9/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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:**  
565 RIDGE ROAD, LLC d/b/a Waterview Center  
Service & Maintenance

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
536 Ridge Rd, Cedar Grove, NJ 07009

**3a. Employer Representative - Name and Title:**  
Lisa Kranis, Regional Director

**3b. Address (if same as 2b - state same):**  
536 Ridge Rd, Cedar Grove, NJ 07009

**3c. Tel. No.**  
(973) 239-9300

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Health Care

**4b. Principal Product or Service**  
Health Care

**5a. City and State where unit is located:**  
Cedar Grove, New Jersey

**5b. Description of Unit Involved:**

**Included:**

Full-time and regular part-time and per diem recreation assistants.

**Excluded:**

All supervisors under the Act, and all other employees.

**6a. Number of Employees in Unit:**

4

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**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:**

**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)

EMPLOYER NEVER RESPONDED

, 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):**  
3/20/2020

**11c. Election Time(s):**  
10:00-11:00 A.M.

**11d. Election Location(s):**

565 RIDGE ROAD, LLC d/b/a Waterview Center Servi

**12a. Full Name of Petitioner (including local name and number):**  
DISTRICT 1199J, NUHHCE, AFSCME, AFL-CIO

**12b. Address (street and number, city, State and ZIP code):**  
9-25 ALLING STREET, 3RD FLOOR

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

AFSCME

**12d. Tel. No.**  
(973) 624-1199

**12e. Cell No.**

**12f. Fax No.**  
(973) 622-0801

**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:**  
Arnold Shep Cohen, Attorney

**13b. Address (street and number, city, State and ZIP code):**  
60 Park Place, 6th Floor, Newark, NJ 07102

**13c. Tel. No.**  
(973) 642-0161

**13d. Cell No.**

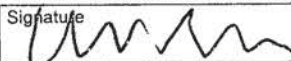
**13e. Fax No.**  
(973) 802-1055

**13f. E-Mail Address**  
asc@oxfeldcohen.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)**  
ARNOLD SHEP COHEN, ESQ.

**Signature**



**Title**  
ATTORNEY

**Date**  
3/6/2020

**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

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-257724

Date Filed

10/10/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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:  
Planned Lifestyle Services, a part of and related to Planned Companies

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
40 Washington Street  
East Orange, NJ 07017

3a. Employer Representative - Name and Title:  
Robert Francis, President

3b. Address (if same as 2b - state same):  
150 Smith Road  
Parsippany, NJ 07050

3c. Tel. No.  
973-739-0080

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
rfrancis@plannedcompanies.com

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

4b. Principal Product or Service  
Building Services

5a. City and State where unit is located:  
East Orange, NJ

5b. Description of Unit Involved:

Included:

All full-time and regular part-time Front Desk Concierges

Excluded:

All other employees, office employees, supervisors, and guards as described in the Act.

6a. Number of Employees in Unit:

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

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:

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:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
3/20/2020

11c. Election Time(s):  
7:30-8:30 am and 2:30-3:30 pm

11d. Election Location(s):  
Porter's lunchroom and/or storage room

12a. Full Name of Petitioner (including local name and number):  
SEIU 32BJ

12b. Address (street and number, city, State and ZIP code):  
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.  
973-827-3225

12e. Cell No.

12f. Fax No.  
862-236-3605

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:

Brent Garren  
Deputy General Counsel

13b. Address (street and number, city, State and ZIP code):  
25 West 18th Street, 5th Floor  
New York, NY 10011

13c. Tel. No.  
212-388-3943

13d. Cell No.  
917-208-4287

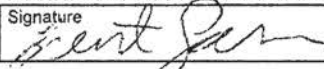
13e. Fax No.  
212-388-2062

13f. E-Mail Address  
bgarren@seiu32bj.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)  
Brent Garren

Signature



Title  
Deputy General Counsel

Date  
03/09/20

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  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-257765

Date Filed

March 10, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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: Cort Business Services Corporation		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5601 West Side Avenue North Bergen, NJ 07047	
3a. Employer Representative - Name and Title: Dominic Sardilli		3b. Address (if same as 2b - state same): (same)	
3c. Tel. No. (201) 293-0511	3d. Cell No.	3e. Fax No. (571) 748-7428	3f. E-Mail Address Dominic.Sardilli@cort.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) furniture delivery		4b. Principal Product or Service furniture rental	5a. City and State where unit is located: North Bergen, NJ
5b. Description of Unit Involved: Included: All full-time drivers, helpers, warehousemen and refinishers Excluded: All office clerical employees, seasonal warehousemen, seasonal helpers, and others		6a. Number of Employees in Unit: 48 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) none 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 none	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: Spanish also needed		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 27, 2020	11c. Election Time(s): 7:00 am to 8:30 am & 4:00 pm to 5:30 pm	11d. Election Location(s): Conference Room at 5601 West Side Avenue	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 814		12b. Address (street and number, city, State and ZIP code): 195 Montague Street, #14 Brooklyn, NY 11201	
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, AFL-CIO			
12d. Tel. No. (718) 609-6409	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: Joseph J. Vitale, Counsel 13b. Address (street and number, city, State and ZIP code): Cohen, Weiss and Simon LLP, 900 Third Ave., Ste. 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 Joseph J. Vitale/KMS	Title Counsel	Date 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  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

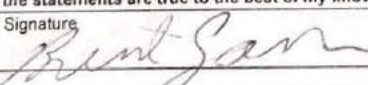
22-RC-258529

Date Filed

3/27/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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.

<b>2a. Name of Employer:</b> Planned Lifestyle Services, part of and Affiliated with Planned Companies		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 44 S. Munn Avenue East Orange, NJ 07018	
<b>3a. Employer Representative - Name and Title:</b> Robert Francis, President		<b>3b. Address (if same as 2b - state same):</b> 150 Smith Road Parsippany, NJ 07050	
<b>3c. Tel. No.</b> 973-739-0080	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> rfrancis@plannedcompanies.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Residential Building		<b>4b. Principal Product or Service</b> janitorial	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time concierge/front desk <b>Excluded:</b> All other employees, office employees, supervisors, and guards as described in the Act.		<b>5a. City and State where unit is located:</b> East Orange, NJ	
<b>6a. Number of Employees in Unit:</b> 6		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 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). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> N/A		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>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)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> Ballots go out April 6		<b>11c. Election Time(s):</b> N/A	
<b>11d. Election Location(s):</b> N/A			
<b>12a. Full Name of Petitioner (including local name and number):</b> SEIU 32BJ		<b>12b. Address (street and number, city, State and ZIP code):</b> 494 Broad Street, 3rd Fl. Newark, NJ 07102	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Service Employees International Union			
<b>12d. Tel. No.</b> 973-827-3225	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 862-236-3605	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Brent Garren Deputy General Counsel		<b>13b. Address (street and number, city, State and ZIP code):</b> 25 West 18th Street, 5th Floor New York, NY 10011	
<b>13c. Tel. No.</b> 212-388-3943	<b>13d. Cell No.</b> 917-208-4287	<b>13e. Fax No.</b> 212-388-2062	<b>13f. E-Mail Address</b> bgarren@seiu32bj.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Brent Garren		<b>Signature</b> 	<b>Title</b> Deputy General Counsel
		<b>Date</b> 03/27/20	

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  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **22-RC-258533** Date Filed **3/30/2020**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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:**  
Planned Building Services/Planned Lifestyle Services. Affiliated w/ Planned Companies

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code)**  
20 West Palisade Avenue  
Englewood, NJ 07631

**3a. Employer Representative—Name and Title**  
Robert Francis, President

**3b. Address (if same as 2b—state same)**  
150 Smith Road  
Parsippany, NJ 07050

**3c. Tel. No.**  
973-739-0080

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
rfrancis@plannedcompanies.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Residential Building

**4b. Principal Product or Service**  
Concierge and janitorial

**5a. City and State where unit is located**  
Englewood, NJ

**5b. Description of Unit Involved:**  
Included:

All full-time and regular part-time Front Desk/Concierge/Porters/Matrons/Maintenance

Excluded:

All other employees, office employees, supervisors, and guards as described in the Act.

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No  
and Employer declined recognition ☐

Check One ☐ **7a. Request for recognition as Bargaining Representative was made on (Date)**  
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)**  
N/A

**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

(Name of Labor Organization)

**If so, approximately how many employees are participating?**

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: **11a. Election Type**

☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s)**

**11c. Election Time(s)**

**11d. Election Location(s)**

Ballots go out April 6

N/A

N/A

**12a. Full Name of Petitioner (including local name and number)**  
SEIU 32BJ

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

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**

973-827-3225

862-236-3605

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

**13a. Name and Title**

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

Brent Garren  
Deputy General Counsel

25 West 18th Street, 5th Floor  
New York, NY 10011

**13c. Tel. No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

212-388 3943

917-208-4287

212-388-2062

bgarren@seiu32bj.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)**

**Signature**

**Title**

**Date**

Brent Garren

Deputy General Counsel

03/26/20

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

Collection 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.