

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

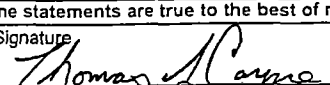
Case No.

22-RC-240760

Date Filed

May 3, 2019

**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.

<b>1. PURPOSE OF THIS PETITION:</b> 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> Digital Realty		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 100 Delawanna Avenue, 2 Peekay Drive, Clifton N.J. 07014	
<b>3a. Employer Representative - Name and Title:</b> Tim Griffin		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 917-284-6439	<b>3d. Cell No.</b> 973-650-4646	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> tgriffin@digitalrealty.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Data Center		<b>4b. Principal Product or Service</b> Building Maintenance Engineers	
<b>5a. City and State where unit is located:</b> Clifton, New Jersey		<b>5b. Description of Unit Involved:</b> Included: Lead Engineers, Engineers, Electricians, HVAC/R Techs, Plumbers Excluded: All Supervisors, Confidential Personal, Security Guards as described by the act	
<b>6a. Number of Employees in Unit:</b> 4		<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>		<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>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<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>			
<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 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			
<b>11b. Election Date(s):</b> May 22, 2019		<b>11c. Election Time(s):</b> 11 A.M.	
<b>11d. Election Location(s):</b> 100 Delawanna Ave, Clifton NJ 07014			
<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Operating Engineers - Local 68		<b>12b. Address (street and number, city, State and ZIP code):</b> 11 Fairfield Place, West Caldwell, N.J. 07006	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Operating Engineers - Local 68, 68A, 68B, 68C, AFL-CIO			
<b>12d. Tel. No.</b> 973-244-5800	<b>12e. Cell No.</b> 973-747-6568	<b>12f. Fax No.</b> 973-227-3785	<b>12g. E-Mail Address</b> tcoyne@local68.org
<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> Thomas J. Coyne - Business Representative		<b>13b. Address (street and number, city, State and ZIP code):</b> 11 Fairfield Place, West Caldwell, N.J. 07006	
<b>13c. Tel. No.</b> 973-244-5816	<b>13d. Cell No.</b> 973-747-5856	<b>13e. Fax No.</b> 973-227-3785	<b>13f. E-Mail Address</b> tcoyne@local68.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Thomas J. Coyne		<b>Signature</b> 	<b>Title</b> Business Representative
		<b>Date</b> 5/03/2019	

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-241450

Date Filed

MAY 14, 2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrbc.gov](http://www.nlrbc.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> Simplex Johnson Controls		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 200 Forge Way NJ Rockaway 07866-	
<b>3a. Employer Representative - Name and Title</b> Mike Suppa		<b>3b. Address</b> (If same as 2b - state same) 200 Forge Way NJ Rockaway 07866-	
<b>3c. Tel. No.</b> (973) 586-8844	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> michael.suppa@jci.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Services		<b>4b. Principal product or service</b> Fire Alarm Install and Repair	
<b>5a. City and State where unit is located:</b> Rockaway, NJ		<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	
<b>6a. No. of Employees in Unit:</b> 73		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**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.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<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>8i. Expiration Date of Current or Most Recent Contract, if any</b> (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)

<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>

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

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> 5-31-19	<b>11c. Election Time(s):</b> 7am-12pm	<b>11d. Election Location(s):</b> The employers break room at 200 Forge Way, Rockaway, NJ, 07866
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<b>12a. Full Name of Petitioner (including local name and number)</b> Michael D Scotto Michael D Scotto IBEW Local 102	<b>12b. Address (street and number, city, state, and ZIP code)</b> 50 Parsippany Road IBEW 102 NJ Parsippany 07054-
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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)  
New Jersey International Brotherhood of Electrical Workers

<b>12d. Tel No.</b> (973) 887-1718	<b>12e. Cell No.</b> (201) 401-1584	<b>12f. Fax No.</b> (973) 887-1976	<b>12g. E-Mail Address</b> mscotto@ibewlocal102.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Lenny Schiro Esq. Attorney Mets, Shiro, and McGovern, LLP		<b>13b. Address (street and number, city, state, and ZIP code)</b> 555 RT 1 S Suite 320 NJ Iselin 08830-	
<b>13c. Tel No.</b> (732) 636-0040	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (732) 836-5705	<b>13f. E-Mail Address</b> lschiro@msmlaborlaw.com

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

<b>Name (Print)</b> Michael D Scotto	<b>Signature</b> Micheal Scotto	<b>Title</b> Business Agent	<b>Date</b> 05/13/2019 12:29:02
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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 will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 22-RC-241450	Date Filed MAY 14, 2019

**Employees Included**

All Full Time and Regular Part Time Service Technicians, Sprinkler Inspectors, Fire Alarm Inspectors, Suppression Employees, and Operations/Installers.

**Employees Excluded**

All Office Personnel, Managers, Supervisors, and Guards as defined in the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

Case No.

22-RD-241951

Date Filed

MAY 22, 2019

**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 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 Sharp Electronics Corporation		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 100 Paragon Drive, Montvale, NJ 07645	
3a. Employer Representative - Name and Title Susan Osgood, VP Human Resources		3b. Address (If same as 2b - state name) same	
3c. Tel. No. 201-529-8447	3d. Fax No.	3e. Cell No.	3f. E-Mail Address osgoods@sharpsec.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Corporate Office		4b. Principal product or service Home and Office Electronics	
5a. Description of Unit Involved Included: Local 81467 IUE-CWA AFL-CIO  Excluded:			5b. City and State where unit is located: Montvale, NJ
6. No. of Employees in Unit 3	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 Peter Wickersty		8b. Affiliation, if any	
8c. Address 10 Madeline Avenue, East Brunswick, NJ 08816		8d. Tel. No. 732-672-6930	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address pwickersty@iue-cwa.org
9. Date of Recognition or Certification 5-16-1956		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 08/04/2019	
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 None	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 type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) 100 Paragon Drive, Montvale, NJ 07645		14b. Tel. No. (b) (6), (b) (7)(C)	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) 100 Paragon Drive, Montvale, NJ 07645		15d. Tel. No. (b) (6), (b) (7)(C)	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)		(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
		Date Filed 5/21/19	

E AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
MENT

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **22-RC-242282** Date Filed **MAY 29, 2019**

**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.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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> First Transit		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 175 Klockner Road NJ Hamilton 08619	
<b>3a. Employer Representative - Name and Title</b> Steven Skoller		<b>3b. Address</b> (If same as 2b - state same) 175 Klockner Road NJ Hamilton 08619	
<b>3c. Tel. No.</b> (609) 587-1942	<b>3d. Cell No.</b> (609) 314-3723	<b>3e. Fax No.</b> (609) 228-5634	<b>3f. E-Mail Address</b> steven.skoller@firstgroup.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Transportation		<b>4b. Principal product or service</b> Passenger Transportation	
<b>5a. City and State where unit is located:</b> Trenton, NJ			
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details			<b>6a. No. of Employees in Unit:</b> 32 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<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</b> (If none, so state).		<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>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<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.</b> (If none, so state)			
<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 an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> June 18, 2019	<b>11c. Election Time(s):</b> 5:30 AM to 6:30 AM, 12:30 PM to 1:30 PM	<b>11d. Election Location(s):</b> Safety Room	
<b>12a. Full Name of Petitioner (including local name and number)</b> Daniel B. Smith Amalgamated Transit Union		<b>12b. Address (street and number, city, state, and ZIP code)</b> 10000 New Hampshire Ave MD Silver Spring 20903	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (If none, so state) Amalgamated Transit Union			
<b>12d. Tel No.</b> (301) 431-7100	<b>12e. Cell No.</b> (202) 714-4219	<b>12f. Fax No.</b> (301) 431-7116	<b>12g. E-Mail Address</b> dsmith@atu.org
<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> Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION		<b>13b. Address (street and number, city, state, and ZIP code)</b> 10000 New Hampshire Ave MD Silver Spring 20903-1790	
<b>13c. Tel No.</b> (301) 431-7100	<b>13d. Cell No.</b> (202) 714-4219	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> dsmith@atu.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Daniel B. Smith	<b>Signature</b> Daniel B. Smith	<b>Title</b> Assistant General Counsel	<b>Date</b> 05/29/2019 10:46:46

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 will cause the NLRB to decline to invoke its processes.

**DO NOT WRITE IN THIS SPACE**

Case

Date Filed

Attachment

**Employees Included**

All full-time and regular part-time drivers working for the Employer at its Hamilton, New Jersey facility.

**Employees Excluded**

All other employees, dispatchers, mechanics, office clerical employees, guards, managers, and supervisors as defined by the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

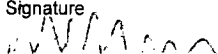
22-RC-242429

Date Filed

May 31, 2019

**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.

<b>2a. Name of Employer:</b> HARAMBEE FAMILY ACADEMY		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 60 Glenwood Avenue, East Orange, NJ 07017	
<b>3a. Employer Representative - Name and Title:</b> EASTER PARKS, DIRECTOR		<b>3b. Address (if same as 2b - state same):</b> 60 Glenwood Avenue, East Orange, NJ 07017	
<b>3c. Tel. No.</b> (973) 675-4411	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> CHILD CARE SERVICES		<b>4b. Principal Product or Service</b> CHILD CARE	<b>5a. City and State where unit is located:</b> EAST ORANGE, NJ
<b>5b. Description of Unit Involved:</b> <b>Included:</b> Full-time, reg. part-time and per diem employees in the titles of Teacher and Custodian <b>Excluded:</b> All other employees under the Act			<b>6a. Number of Employees in Unit:</b> 18 <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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 04/09/19 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.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> NONE		<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>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</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>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>			
<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 an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 6/14/2019		<b>11c. Election Time(s):</b> 7:30-8:30A.M. AND 2:30-4:00P.M.	<b>11d. Election Location(s):</b> HARAMBEE FAMILY ACADEMY
<b>12a. Full Name of Petitioner (including local name and number):</b> WORKERS UNITED/SEIU, LOCAL 617		<b>12b. Address (street and number, city, State and ZIP code):</b> 60 Glenwood Avenue, East Orange, NJ 07017	
<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) 643-8080	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<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> ARNOLD SHEP COHEN, ATTORNEY		<b>13b. Address (street and number, city, State and ZIP code):</b> 60 PARK PLACE, 6TH FLOOR, NEWARK, NJ 07102	
<b>13c. Tel. No.</b> (973) 642-0161	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (973) 802-1055	<b>13f. E-Mail Address</b> asc@oxfeldcohen.com
<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> ARNOLD SHEP COHEN		<b>Signature</b> 	<b>Title</b> ATTORNEY <b>Date</b> 5/31/2019

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.