

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
22-RC-260386Date Filed
5/14/2020

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.

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):
The Cliffs 100 Patterson Plank Road
Jersey City, NJ 07307

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

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

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

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

3d. Cell No.

3e. Fax No.

4b. Principal Product or Service
Front Desk/Concierge

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

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

6a. Number of Employees in Unit:
5

5b. Description of Unit Involved:

Included:
All full-time and regular part-time concierge employees employed at The Cliffs

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

Excluded:
All other employees, confidential, supervisors, and guards as defined by the Act.

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition.
(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 If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____
(Name of Labor Organization)

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:
☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Ballots go out April 29

11c. Election Time(s):
N/A

11d. Election Location(s):
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.
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

Brent Garren

Title

Deputy General Counsel

Date

04/23/20

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 22-RC-260827	Date Filed 5/26/2020

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE • A substantial number of employees wish to be represented for purposes of collective bargaining by PeUoner and PeUoner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and request 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 Eastpointe Condominium Association		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) Scenic Drive, Highlands, New Jersey, 07732	
3a. Employer Representative - Name and Title Chris Christy		3b. Address (If same as 2b - state same) 2510 Enid Court, Baldwin, NY, 11510	
3c. Tel. No. 732-291-9097		3d. Cell No. 316-359-2811	3e. Fax No. 732-291-3805
			3f. E-Mail Address CChristy2510@hotmail.com
4a. Type of Establishment (Factory, retail, wholesaler, etc.) Condominium Association		4b. Principal product or service Housing	
5a. City and State where unit is located: Highlands, New Jersey			5b. City and State where unit is located: Highlands, New Jersey
5b. Description of Unit Involved Included: All full time and regular part time Maintenance Technicians, Senior Maintenance Technician, Cleaners and Concierge Excluded: Technical, Clerical, Professional, Managers and Security Guards as defined in act			6a. No. of Employees in Unit; 10 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by PeUoner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7a. Request for recognition as Bargaining Representative was made on (Date) none and Employer declined recognition on or about none (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. Date of Recognition or Certification 18h.	
8h. Date of Recognition or Certification		8i. Election Data of Current or Most Recent Contract, If any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) Involved? <input type="checkbox"/> If so, approximately how many employees are participating? <input type="checkbox"/> (Name of labor organization) <input type="checkbox"/> has picketed the Employer since (Month, Day, Year) <input type="checkbox"/>			
10. Organizations or individuals other than PeUoner 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.			
11b. Election Date(s): 6/18/20		11c. Election Time(s): 11:00 a.m. to 11:00 a.m.	
11d. Election Location(s): Boiler Room		11e. Election Type: (Z) Manual, (A) Mail, (M) Mixed Manual/Mail 0	
12a. Full Name of Petitioner (Including local name and number) International Union of Operating Engineers Local 68, 68a, 68b, 68c, 68d		12b. Address (Street and number, city, state, and ZIP code) 11 Fairfield Place, West Caldwell, NJ 07006	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) International Union of Operating Engineers			
12d. Tel. No. 973-244-5800		12e. Cell No. 973-722-1560	12f. Fax No. 973-227-3785
			12g. E-Mail Address kkenney@local68.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representative proceeding.			
13a. Name and Title Raymond G. Heineman, Esq, Attorney		13b. Address (street and number, city, state, and ZIP code) Kron Heineman Carlton LLC, 99 Wood Avenue South, Suite 307, Linc. New Jersey 08830	
13c. Tel. No. 732-491-2100		13d. Cell No. 113d.	13e. Fax No. 732-491-2120
			13f. E-Mail Address rheineman@krollfirm.com
I declare that I have read the above Petition and that the statements therein are true to the best of my knowledge and belief.			
Name (Print) Raymond G. Heineman		Title Attorney	
Date May 26, 2020		Date May 26, 2020	

WILLFUL FALSE STATEMENT IN 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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 22-RC-260900	Date Filed May 27, 2020

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

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

2a. Name of Employer Celgene		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 556 Morris Avenue, New Jersey 07901	
3a. Employer Representative - Name and Title Joseph Chimento		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 908-897-4322	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jchimento@celgene.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Pharmaceutical	4b. Principal product or service Medication		5e. City and State where unit is located: Summit, New Jersey

5b. Description of Unit Involved
Included: All full time and regular part time Boiler Operators, Operating Engineers and Chief Engineer
Excluded: Service, Maintenance, Technical, Clerical, Professional, Managers and Security Guards as defined in the Act

6a. No. of Employees in Unit:
10
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) none (Date) (If no reply received, so state). and Employer declined recognition on or about (Date)
☐ 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? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

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

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

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

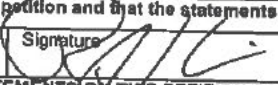
11b. Election Date(s): June 17, 2020	11c. Election Time(s): 9:00 a.m. to 10:00 a.m.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
12a. Full Name of Petitioner (including local name and number) International Union of Operating Engineers Local 68, 68a, 68b, 68c, 68d		11d. Election Location(s): Boiler Room
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers		12b. Address (street and number, city, state, and ZIP code) 11 Fairfield Place, West Caldwell, NJ 07006

12d. Tel No. 973-244-5800	12e. Cell No. 973-722-1560	12f. Fax No. 973-227-3785	12g. E-Mail Address kkenney@local68.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Raymond G. Heineman, Esq, Attorney		13b. Address (street and number, city, state, and ZIP code) Kroll Heineman Carton, LLC, 99 Wood Avenue South, Suite 307, Iselin, New Jersey 08830	
13c. Tel No. 732-491-2100	13d. Cell No.	13e. Fax No. 732-491-2120	13f. E-Mail Address rheinem@krollfirm.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) Raymond G. Heineman	Signature 	Title Attorney	Date May 27, 2020
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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

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