UNITED STATES OF AMERICA

Case No. 5/14/2020	DO NOT WRITE IN	THIS SPACE	
	DO NOT WRITE	Date Filed	
	22-RC-260386	5/14/2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the NATIONAL LABOR RELATIONS BOARD INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the supplyer 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 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 concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing of interest (see 6b below) and a certificate of service showing service on the property of the petition of this Petition to an NLRB office in the Region in which the FORM NLRB-502 (RC) 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 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 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 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 the employer and all other parties named in the petition of: (1) the petition of the petition 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 Represental 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 pargaining by requorier and requorier desires to be certified as representative or the employees. The requorier aneges that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. The Cliffs 100 Patterson Plank Road Planned Lifestyle Services, a part of and Jersey City, NJ 07307 related to Planned Companies 3b. Address (if same as 2b - state same): 3a. Employer Representative - Name and Title 150 Smith Road Parsippany, NJ 07050 Robert Francis, President rfrancis@plannedcompanies.com 3f. E-Mail Address 3e. Fax No. 5a. City and State where unit is located: 3d. Cell No. Jersey City, NJ 3c. Tel. No. 973-739-0080 4b. Principal Product or Service Front Desk/Concierge 6a. Number of Employees in Unit. 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential Building 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? X Yes All other employees, confidential, supervisors, and guards as defined by the Act. and Employer declined recognition Check One: 7a. Request for recognition as Bargaining Representative was made on (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: N/A 8f. E-Mail Address 8e. Fax No. 8d. Cell No. 8i. Expiration Date of Current or Most 8c. Tel. No. 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 8g. Affiliation, if any , has picketed the Employer since (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? $N_{\rm O}$ 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) 10d. Cell No. 10c. Tel. No. None 10b. Address 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type Mixed Manual/Mail Manual X Mail 11d. Election Location(s): 11c. Election Time(s): N/A 11b. Election Date(s): 12b. Address (street and number, city, State and ZIP code): N/A Ballots go out April 29 12a. Full Name of Petitioner (including local name and number). 494 Broad Street, 3rd Fl. SEIU 32BJ 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 12g. E-Mail Address 12f Fax No. 12e. Cell No. 12d. Tel. No. 973-827-3225 862-236-3605 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): 25 West 18th Street, 5th Floor 13a. Name and Title: Brent Garren New York, NY 10011 Deputy General Counsel 3f F-Mail Address 13e. Fax No. 13d. Cell No. 917-208-4287 bgarren@seiu32bj.org 13c. Tel. No. 212-388-3943 212-388-2062 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature 04/23/20 Deputy General Counsel Brent Garren

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PFTITION

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Case No,	22-RC-260827	Dale Flied	5/26/2020	

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In which the employer concerned Is loca					
of service showing servke on the employ					
(Form NLRB-505); and (3) Description of	•		RB 4812). The sh	owing of Int	erest should only be filed
with the NLRB and should not be served	on the employer or any	y other party.			
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2a. Name of Employer	2b. Add	drass(as) of Establishmant(s	s) Involved (Street a	nd number, city	Slate, ZIP code}
Eastpointe Condominium Association	' Scenie	c Drìvé, Highlands, N		32	
3∎, Employer Representative - Name and Title Chris Christy		3b. Address (If same as 2510 Enid Court, Ba		10	
3c. Tel, No,	ell No. 359-281/1	3e. Fax No.		3f. E-Mail Add	
		732-291-3805			O@hotmail.com
4a. Type of Establishment (Factory, <i>mh11.</i> who/eSB Condominium Association	/er, 111t) I 4b Principal prod Housing	duct or service			and Stale where unit is localed:
5b. OHcrlption of Unit Involved					6a. No. of Employees In Unit;
Included: All full time and regular part lime	Maintenance Technicians,	Senior Maintenance To	echnician, Cleaner	s and	10
Concierge					6b. Do a substanUal number (30% or more) of the employees Inthe
Technical, Clerical, Profe	and Security Gu	ards as define	ed in act	unit wish to be hm n ♦ No	
Ch11ckOn11: LJ 7a, Request for recognition as Bargaining RepntsenteUve was made on (D			none and	d Employer dec	
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Ba. Name of Recognized of Certified Bargaining Agent (Ninone, so state).					
Be. Tel No. 8dCo	ell No.	Be. Fax No.		Bf. E-Mail Add	ress
Bg, AlfillaUon, ti any		Dale of RecagniUon or	Certification		Data of Current or Most Recent
	18	8h.		Contract, If an	y (Month, Day, Year)
9. Is there now a strike or picketing at the Employe	r's establishment(s) Involved?	If so, approxi	mately how many en	nployees are pa	rticipaling?
(Name of labor organization)	, has pick	eted the Employer since (/	Month, Day, Year)		
10. Organizations or individuals other than PaUUoner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have e representative interest in any employees in the unit desatted in item Sb above. (If none, so state)					d other organizations, and Individuals
Known to have e representative interest in any emp					a data organizationa and maridadio
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WILLFUL FALSE STA, 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 an, fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain lihese uses upon request Disclosure all this Information to the NLRB is voluntary: however, lallure to supply the information will cause lihe NLRB to dedine D invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

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

INSTRUCTIONS: Unless e-Filed us	sing the Agen	cy'e waheita	unanu mlah mana ata	200900		y 27, 2020
INSTRUCTIONS: Unless e-Filed us in which the employer concerned of service showing service on the	is located Ti	to potition me	www.nirp.gov, subn	it an original of th	is Petition to	an NLRB office in the Region
of service showing service on the	is located. II	ne peuuon mu	st be accompanied	by both a showing	of interest (s	ee 6b below) and a certificate
of service showing service on the (Form NLRB-505); and (3) Descrip-	employer and	all other part	lies named in the pe	tition of: (1) the pe	tition: (2) Sta	tement of Position form
(Form NLRB-505); and (3) Descrip with the NLRB and should not be	tion of Repres	sentation Case	Procedures (Form	NLRB 4812). The :	showing of in	terest should only be siled
with the NLRB and should not be	served on the	employer or a	any other party.	7	one ming of m	terest should only be nied
				ber of employees wish	to be represente	
bargaining by Petitioner and Petitioner d requests that the National Labor Rela	esires to be certi	fied as representa	ative of the employees. T	he Petitioner alleges	that the following	or purposes of collective
requests that the National Labor Rela	tions Board pro					
Celgene		- LU. 1	LOCI 039(62) OI CRIBDIIZUL	nenks) involved (Street	and number, cit	y, State, ZIP code)
3a. Employer Representative - Name and	1 = 111	556	Morris Avenue, Ne	w Jersey 07901		
Joseph Chimento	1 1410		3b. Address (If sam	e as 2b - state same)		
3c. Tel. No.		<u> </u>	Same			
908-897-4322	3d. Cell No.	12	3e. Fax No.		3f. E-Mail Add	tace
			4			ocelgene.com
4a. Type of Establishment (Factory, mine, v	vholesaler, etc.)	4b. Principal pr	roduct or service			
Pharmaceutical		Medication			Summ	and State where unit is located:
5b. Description of Unit Involved						t, New Jersey
Included: All full time and regular	r ned time D	oilor Opprete	0			6a. No. of Employees in Unit:
l and regular	part time b	oliei Operato	irs, Operating Engi	ineers and Chief	Engineer	10
Excluded: Service, Maintenance, Tec	\$ 160 0 E0 0	22				6b. Do a substantial number (30%
Service, Maintenance, Tec	chnical, Clerica	al, Professional	, Managers and Secu	rity Guards as defin	ned in the Act	or more) of the employees in the unit wish to be represented by the
Observe Total						Petitioner? Yes / No
Check One: 7a. Request for re-	cognition as Barg	gaining Represent	ative was made on (Date	none a	nd Employer dec	lined recognition on or about
	(Date)	(If no reply receive	ed en eletel			lined recognition on or about
7b. Petitioner is cu	rently recognize	d on Bosselsten I		es certification under the	a Ant	
8a. Name of Recognized or Certified Barg	jaining Agent (ii	none, so state).	8b. Address	S COLUMNIA C	a ACL	
9- V-I M-			80 3000000			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	tone
8g. Affiliation, if any			\$1000 B 1000 B 1		OI. L-Wall Add	1632
og. Armadon, if any		- 2 20 20 20 20 20 20 20 20 20 20 20 20 2	8h. Date of Recognition	or Certification	Ai Expiration I	Date of Current or Most Recent
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9. is there now a strike or picketing at the En	nployer's establis	hment(s) involved	1? If so, appr	oximately how many er	molovees are no	dicinatina?
(Name of labor organization)	90 30	, has nic	keted the Employee alone	Marth D. M.		Still Assessed Co 1711
10. Organizations or individuals other than P.	etilioner and thos					
Organizations or individuals other than P known to have a representative interest in an	y employees in t	he unit described	in item 55 above (16	med recognition as rep	resentatives and	other organizations and individuals
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10a. Name	10b. Add	ress		10c. Tel. No.		
				100, 181, 140,		10d. Cell No.
				10e. Fax No.		
						10f. E-Mail Address
11. Election Details: If the NLRB conducts any such election	an election in this	matter, state you	r position with respect to	44- 51-44- 5		
any such election. 11b. Election Date(s):				11a. Election Type:	: Manual _	Mail Mixed Manual/Mail
June 17, 2020	11c. Ele	ection Time(s):		11d. Election Local	tion(s):	
	9:00 a.m	n. to 10:00 a.m.		Boiler Room		
12a. Full Name of Petitioner (<i>including local name and number</i>) International Union of Operating Enginees Local 68, 68a, 68b, 68c, 68d			Yr	12b. Address (stree	et and number c	ity, state, and ZIP code)
12c. Full name of national or International labor organization of which Petitioner International Union of Operating Engineers			11 Fairfield Place,	West Caldwell.	NJ 07006	
International Union of Operating Engineers	or organization o	f which Petitioner	Is an affiliate or constitue	ent (if none, so state)		
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070 044 0000	12e. Cell No.		12f. Fax No.		12g. E-Mail Add	iress
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13. Representative of the Petitioner who w	ili accept servic	e of all papers fo	or purposes of the repre	sentation proceeding	1.	
13a. Name and Title Raymond G. He	ineman, Esc	Attorney		nd number, city, state, a		
40 - 3-141		q, r morney	Kroll Heineman Carton, LL	C. 99 Wood Avenue South.	Suite 307 Isalia A	law lama, 00070
13c. Tel No. 732-491-2100	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	
			732 404 2420	- I	rheineman@kro	
I declare that I have read the above petition	and that the st	atements are tru	e to the best of my kno	wledge and belief		AIII III.OUII
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Raymond G. Heineman			Title			
	X////		Title Attorney		Date	
WILLFUL FALSE STATEMENT	X////	ITION CAN BE D	Attorney	Management	14 (1000) (1000) (1000)	0

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. 74942-4010 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