UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN	THIS SPACE	
Case No.	Date Filed	
22-RC-249329	OCT 2.	2019

										1 - 0 -	-, -0-
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition named in 1 12). The sh	must be accomp the petition of: (owing of interes	panied by 1) the pet t should o	both a shi tion; (2) S only be file	owing of interest (s tatement of Position of with the NLRB ar	see 6b n forn nd sho	below) and n (Form NLI ould not be	l a certificat RB-505); and served on ti	e of service s d (3) Descript ne employer o	howing se ion of Rep or any othe	ervice on resentation er party.
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desire	s to be certified a	s represer	ntative of th	e employees. The P	etitio	ner alleges	that the folio	owing circum	stances e	
2a. Name of Employer:			2b. Addr	ess(es) of l	Establishment(s) invo	olved ((Street and r	number, City,	State, ZIP co	de):	
Prime Auto Group, d/b/a	World Jo	еер	681 S	581 Shrewsberry Avenue, Shrewsberry, New Jersey 07702							
3a. Employer Representative - Nan	ne and Title	:	3b. Addr	ess (if sam	e as 2b - state same	:):			,		
Joseph Wajda, General M	anager		Same								
3c. Tel. No.	3d. Cell No).	1	3e. Fax No			3f. E-Mail A	ddress			
(732) 918-1380							jwajda@	2)drivepri	me.com		
4a. Type of Establishment (Factory, I	nine, whole	saler, etc.)		•	al Product or Service		,	1	d State where		ited:
Auto Dealership		·		Auto Sa	ales and Service	ce		ļ <u> </u>	rry, New Je		
5b. Description of Unit Involved: Included:								6a. Numbe	r of Employee	s in Unit:	
All full time auto technici	ans at th	e Shrewshe	rrv Ne	w Jersey	/ location				16		
Arrocher employees, includi			- /	-		***		6b. Do a si	ıbstantial num	ber (30% c	or more)
parts employees, sales empl								of the e	mployees in th	ne unit wis <u>ł</u>	<u></u> to be
Check One: 7a. Request for rec						meu			nted by the Pe leclined recogn		- 163 [INU
on or about (Date)	_	(lf n	o reply re	ceived, so	state).			. •			
7b. Petitioner is cur 8a. Name of Recognized or Certifie						on und	der the Act.				
None	o bargaiiii	ng Agent (ii non	e, so state) OD. Au	uress.						
			· · · · · · · · · · · · · · · · · · ·		,						
8c. Tel. No.	8d. Cell No) .		8e. Fax No			8f. E-Mail A	ddress			
8g. Affiliation, if any:			8h	Date of Re	ecognition or Certific	ation			rrent or Most (Month, Day, \	/ear)	_
9. Is there now a strike or picketing a	t the Emplo	yer's establishme	nt(s) invol	ved?	If so, appro	oximat	ely how mar	ny employees	are participat	ting?	
(Name of Labor Organization)					- ALERTA	.1	has picketed	the Employe	er since (Mont	h, Day, Ye	ar)
10. Organizations or individuals othe	r than Petition	oner and those na	amed in ite	ms 8 and 9	9, which have claime	ed reco	ognition as re	epresentative	s and other or	rganization	s and
individuals known to have a repre										•	
10a. Name		10b. Address					10c. Tel. N	0.	10d. Cell No.		
						i	10e. Fax N	0.	10f. E-Mail A	ddress	
11. Election Details: If the NLRB co	nducts and	election in this m	atter, state	your posit	ion with respect to a	ny suc	h election:	11a. Election	n Type:		
			, 0.010	, p		,		× Manua		Mixed	Manual/Mail
11b. Election Date(s):		11c. Election Tir	me(s):				11d. Election	on Location(s	_		
October 16, 2019		7:30 a.m	9:30 a	m.			Dealers	hip Back	Shop area	a	
12a. Full Name of Petitioner (include	ling local na				12b. Address (stree					•	
United Service Workers U	Jnion Lo	ocal 355, IU	JAT 1		138-50 Queen	ns B	oulevard	l, Briarwo	ood, New	York 1	1435
12c. Full name of national or internat		•			ffiliate or constituent	t (if no	ne, so state)):	•		
International Union of Jou	urneyme	n and Allied	<u>d T</u> rade	s							
12d. Tel. No.	12e. Cell N	lo.		12f. Fax N			12g. E-Mai				
718-658-4848]			718-52			<u> </u>	10L@iuja	it.org		
13. Representative of the Petitione	r who will	accept service o	f all pape								
13a. Name and Title:	mar fa	tha I Inian	1		ess (street and numb		-		Sta 200	Elmafor	d NV
Gary P. Rothman, Esq., Atto				10523	n Rocco LaRufi	1a, L			, sic 200,	CHISIOF	u, 19 I
13c. Tel. No.	13d. Cell N	No.		13e. Fax N			13f. E-Mail				
914-478-2801				914-47		.1	1	an(<i>a</i>),rothi	nanrocco.	com	
I declare that I have read the above Name (Print)	e petition a	nd that the state		e true to th	ie dest of my know	/ledge		_			Date
Gary P. Rothman		1] /K	位下	Comment of the commen			or the Un	ion		10/2/19

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Caso No.	Date Filed							
22-RC-249495	OCT 7.	20 1 9						

												7/7/			100		, 201
INSTRUCTIONS: Unless e-Filed un amployer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRS 48)	he petition named in i 12). The she	must be the peth awing a	accomp tion of: (1 of interest	enied b i) the pe should	y bo titlo only	(h a sh n; (2) 5 r be fik	owing tatem ed wkl	p of inter ent of Po h the NL	est (see 6 esition for RB and si	b belo m (Found r	w) and m NLI not be	i e certifica RB-505); a: served on	ite of . nd (3) the o	service : Descrip aployer	howing : tion of Ri or any of	service apresen her pan	on Itation fy.
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ionor dasire:	s to be c	erilied a	s represe	enteli	ve of t	e emp	ployees. 1	The Petitic	er enq	leges :	that the fol	niwoli	g ckcun	stances	olioclivo exist ar	nd
2s. Name of Employer:				2b. Add	tess	(es) of	Establ	ishment(s) involved	(Stree	i and r	number, Cit	y. Sim	e. ZIP co	ide):		
SERV Centers of New Jerse	y Southe	m Reg	jion	380	Sco	tch R	oad,	Buildin	ıg B, Ew	ring, f	4J 08	628					
3a. Employer Representative - Nam	ne and Title:	:		3b. Add	less	(il sam	e es 2	b - state	19me)								
Kelly Rufe, Director				380 \$	Scot	ch Ro	oad, E	Ewing,	NJ 0886	528							
3c. Tel No. 609-394-0212	3d. Cell No	_			30.	Fax No) .			31, E	-Mail A	ddress					
4a. Type of Establishment (Factory, 1		saler, et	(c.)		4b.	Princip	ai Pro	duct or S	BIVICE			5a. City a					
behavioral health group h	iomes				b	ehavio	oral h	ealth c	are						w Jers		
5b. Description of Unit Involved: Included: All residential counselor, Senior residential counselor, community support service counselors, and maintenance employed at employer's facilities in Mercer County 52																	
Excluded: 6b. Do a substantial number (30% or more) All managerial employees, quards and supervosirs as defined by the Act of the employees in the unit wish to be										·							
Check One: 7a. Request for rec	cognition as	Bargain							D/4/19		504	d Employer					
on or about (Date) 7b. Petilianer is cui		nized a	(ii ni Barouini	o reply re ina Reac	OCON YASAN	ied, 50 Isilve s	state). und des	sices ceri	ification ur	wier the	e Art						
Bs. Name of Recognized or Certific	ed Bargaini	ng Age	nt <i>(H none</i>	, so stat	lo)	8b. Ar				-301 57	o rui,						
None																	
8c. Tel No.	8d. Cell No	D.			8e.	Fax No	3.			81 E-Mail Address							
Bg. Affiliation, If any:			_	8	8h. Date of Recognition or Certification 8t. Expiration Date of Curront or Most Recent Contract, If any (Month, Day, Year)												
9. Is there now a strike or picketing a	t the Emplo	yer's es	tablishme	ni(s) knyd	olved	? NO	₹	If so.	approxima	alaly bo	M ITER	y employe	05 A/O	participa	tina?		
(Name of Labor Organization)				• •		140	ب	ι ΄		-		the Emplo		•		(aar)	
10. Organizations or individuals other	r than Pott	oner an	those na	rmod in i	toms	8 and	9, whi	ch havo d				•	-	•		-	
individuals known to have a repre	asentative in	nierasi in	any emp	Noyees i	n tho	unit de	scribo	d in item	5b above.	(ll non	10 , 50 5	talo)					
10a, Nama		10b. A	ddress					10c. Tel, No.		10d	10d Cell No.						
											Fax N				E-Mail Address		
11. Election Details: If the NLRB co Request mail ballot because o		of facili	lies		la ya	ur pasi	tion wi	th respec	d to any su			118, Electi Manu	ed 😧		Mixe	d Manu	iaMVa:
11b Election Date(s)- 10/29/2019		11c. E	lection Tin	TO(\$):						11d.	Election	n Location	(8).				
12a. Full Name of Petitioner (Includ	lina local me	mo 224	Aleman II.				125	Addess	(elmet	1		. Stale and	- מול	- del			
AFSCME New Jersey Cour	_	***************************************	nonioury.								. •	uare Roa		•	NJ 0869	0	
12c. Full name of national or internat	lional labor (organiza	lion of wh	ich Petit	ione	os an a	offdiate	or const	tuent (if n	one, sc	sialel						
American Federation of Sta																	
12d Tol. No 609-586-9093	12e. Coll N		, <u></u>	ipai si		, Fax N	io.			129	E-Ma	Address					
13. Representative of the Patitions	ir who will i	accept i	MIVICE D	f all pap	ers I	or pur	poses	of the re	presentat	lion pr	oceed	ing.					
Paul L. Kleinbaum, Esq.					1		•			•		ZIP code) road St., S	Suite	1402, N	ewark N	J 0710:	2
13c. Tel. No.	13d. Cell N	Vo.			134	. Fax I	No.			136	E-Mail	Address					
973-623-1822 I declare that I have read the above	1		the state	ments =	9	73-623	3-2209	-	knowleda	pk	leinba	um@zazz	eli-la	w,com			
Maria (Defect)			Signatur		iΠ	17	1	iny	Ti	to I	- I	<u> </u>				Dala	1.4
LINNI L. KIRING	MMM			Moli	γV			2			440	1144				1417) {4

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 Edyation. The routino uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, faiture to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT	WRITE IN THIS SPACE
Case No.	Date Filed
22-RC-250011	OCT 15, 2019

									
INSTRUCTIONS: Unless e-Filed us									
in which the employer concerned is									
of service showing service on the									
(Form NLRB-505); and (3) Descript	_		•	RB 4812). The si	howing of into	erest should only be filed			
with the NLRB and should not be s	erved on the o	employer or an	y other party.						
1, PURPOSE OF THIS PETITION: RC-CEI bargaining by Petitioner and Petitioner de	RTIFICATION OF ealres to be certifi	REPRESENTATI ed as representativ	VE - A substantial number (ve of the employees. The F	or empløyses wish to Petitioner alleges ti	o be represented nat the following	i for purposes of collective			
requests that the National Labor Relat	ions Board proc	eed under its pro	per authority pursuant to	Section 9 of the Na	tional Labor Re	istions Act			
2s. Name of Employer			dress(es) of Establishment			State, ZIP code)			
Guarini Fire Protection LLC	Tiu -	132 N	Mallory Avenue, Jerse		<u> </u>				
3a. Employer Representative – Name and Keith Woods, Member	1108		3b. Address (if same as same	20 ~ state same)					
3c. Tel. No. 3d, Cell No. 3e Fax No. 3l, E-Meil Address									
201-656-1530	.		1		keith@guar				
4a, Type of Establishment (Factory, mins, w	holesaler, elc.)	4b. Principal pro	duct or service			and State where unit is located:			
contractor		sprinkler insta	allation and inspection	n	Jersey	City NJ			
5b. Description of Unit Involved	····		- 			6a. No. of Employees in Unit:			
Included: All full-time and regular par	t-time journeyn	nan and apprent	ice sprinklerfitters empl	oyed by the Empl	oyer at its	8			
Jersey City, NJ, facility:						6b. Do a substantial number (30% or more) of the amployees in the			
Excluded: All office clerical employ	ree, professio	nal employees	s, guards and supervi	sors as defined	in the Act.	unit wish to be represented by the			
						Petilloner? Yes 7 No			
Check One; 78. Request for re	-		ative was made on (Date) _	8	nd Employer dec	tined recognition on or about			
		(If no reply receive							
8a. Name of Recognized or Certified Bar			epresentative and desires 8b. Address	certification under th	e Act				
None	Semme Shaut to	1 11011e, 30 State).		enue, Brooklyn, NY	11249				
Bc. Tel No.	8d Cell No.		Se, Fax No.		8f. E-Mail Add	ireas			
8g, Affiliation, if any	<u> </u>		8h, Date of Recognition of	r Certification		Date of Current or Most Recent			
					Contract, if an	y (Month, Day, Year)			
9. Is there now a strike or picketing at the E	mployer's establ	shment(s) involved	17 No If so, approx	imately how many e	imployees are po	articipating?			
(Name of labor organization)			keted the Employer since (
10. Organizations or individuals other than	Petitioner and the					d 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. A	Idress		10c, Tel. No.		10d, Cell No.			
TOB. Namo	1.05.7	-1,055		1.00					
				10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB conduction any such election.	ts an election in U	his matter, state yo	pur position with respect to	11a, Election Typ	e: / Manual	Mail Mixed Manual/Mail			
11b. Election Date(s);		Election Time(s):		11d. Election Loc 1132 Mallory Ave		N.I 07304			
11/7/19 12s. Full Name of Petitioner (including		o 7:30 A.M.				city, state, and ZIP code)			
Sprinkler Fitters and Apprentices Local t	No. 696			141-43 East Will	ow Street,Milibu	ım, New Jersey 07041			
12c. Full name of national or international United Association Of Journeymen And									
12d. Tel No.	12e. Cell No.		12f, Fax No.		12g. E-Mail	Address			
(973) 379-7448	1	de et all		20040102 2202		<locai696org@yahoo.com></locai696org@yahoo.com>			
13. Representative of the Petitioner wh			**						
13a. Name and Title Raymond (3. Heinem	nan, Esq.	13b. Address (street at 99 Wood Ave., South, Suit			1			
13c. Tel No.	13d, Cell No.		13e. Fax No.		131, E-Mail A				
732-481-2104	732-266-8287		732-491-2120	adadaa aad bakar		krolifirm.com			
I declare that I have read the above per	Bon and that the	e statemente are		wiedge and belief.					
b ' ' '	Signatur		Title		Date	15 2010			
Raymond G. Heineman WILLFUL FALSE STATEM	A ANDRES	PETITION CAN B	Attorney	D IMPRISONMENT		15, 2019 (LE 18, SECTION 1001)			
TILLPUL PALCE BIAIPS	- N. I. S.								

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of 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, 2005). 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

DO NOT WRITE	IN THIS SPACE		
Case No. 22-RC-250017	October	ر وا	2019

	TITION						tober 10, 201	
INSTRUCTIONS: Unless e-Filed us								
in which the employer concerned								
of service showing service on the	• . •	•		•		· • •		
(Form NLRB-505); and (3) Descrip	tion of Represe	entation Ca	ase Proce	edures (Form NL	RB 4812). The sh	owing of int	erest should only be fi	led
with the NLRB and should <u>not</u> be	served on the e	employer o	or any oth	er party.				
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of								ı
requests that the National Labor Rela								
2a. Name of Employer				` '	t(s) involved (Street a		, State, ZIP code)	
Staples				<u>.</u>	Dayton, NJ 0881	0		
3a. Employer Representative – Name and	d Title		l l	Address (If same as	: 2b – state same)			
Mike Murphy 3c. Tel. No.	3d. Cell No.		san	Fax No.		3f. E-Mail Add		
609-409-1873	Su. Cell No.			9-409-1768	Į	SI, CHVIZII AUUI	1633	
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Principa			<u></u>	5a. City a	and State where unit is locat	led:
Office supplies	. ,	Delivery of	•			Dayton	,NJ	
5b. Description of Unit Involved							6a. No. of Employees in U	nit:
Included: Delivery Drivers							38	(000)
							6b. Do a substantial number or more) of the employees	
Excluded: All other employees including war	ehouse /dock employ	ees,supervisor	s,dispatchers	,managers,office clerica	al and guards as defined	in the act.	unit wish to be represented	
							Petitioner? Yes ✓ No	
Check One: 7a. Request for re	ecognition as Barg	aining Repre	sentative w	as made on (Date) 1	0/15/2019 and	i Employer deci	lined recognition on or about	t .
T 10/15/2	(Date) (If no reply red	ceived, so s	state). Stated r	no , and wou	ld not giv	e fax na	
8a. Name of Recognized or Certified Bar				8b. Address	certification under the	AGL		
	J	,	,	2003 Route 13	0 Suite B			
8c. Tel No.	8d Cell No.		8e.	Fax No.		8f. E-Mail Add	ress	
8g. Affiliation, if any	<u> </u>		l 8h D	ate of Recognition or	Certification	Si Evoiration I	Date of Current or Most Rece	ent
og. / dililatori, ii arry			0	ate of recognition of	Crancaton		y (Month, Day, Year)	
9. Is there now a strike or picketing at the E	mployer's establis	hment(s) invo	olved? -nc	If so, approx	imately how many en	ployees are pa	rticipating?	
(Name of labor organization)			-	he Employer since (I				:_
10. Organizations or individuals other than known to have a representative interest in a						esentatives and	d other organizations and inc	lividuals
10a. Name	10b. Add	iress			10c. Tel. No.		10d. Cell No.	
					10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conduct any such election.	s an election in this	s matter, state	e your posi	tion with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manua	ıl/Mail
11b. Election Date(s): October 29,2019		ection Time(s to 8:00 am			11d. Election Locat at employers facility		in the meeting room	
12a. Full Name of Petitioner (including le International Brotherhood of Teamsters L	ocal name and nu					t and number, o	city, state, and ZIP code)	
12c. Full name of national or international la International Brotherhood of Teamsters	abor organization o	of which Petit	ioner is an	affiliate or constituen	(if none, so state)			
12d. Tel No. 732-297-2701	12e. Cell No.			Fax No. 821-6233		12g. E-Mail Ad	ldress	
13. Representative of the Petitioner who	will accept service	ce of all pap			entation proceeding			
13a. Name and Title Paul Montal	•		13b	·	f number, city, state, a			
13c. Tel No. 908-298-880	13d. Cell No.		13e	. Fax No. -298-9333	TOP TO CET, AND THE	13f. E-Mail Add	dress	
I declare that I have read the above petit	ion and that the s	tatements a			ledge and belief.			
	gnature,		Title			Date		
Ron Lake	Los La	ke		; retary Treasurer B.A	v. 701	10\15\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 ef 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 OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
22-RC-250062	OCT 17, 2019

				<u></u>	22-NC-250		1001	17, 2019	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be named in the pet	e accompanied i ition of: (1) the p	by both a si etition; (2) S	nowing of interest (se Statement of Position	e 6b below) and form (Form NL)	a certificat RB-505); and	e of service showing se 1 (3) Description of Rep	ervice on presentation	
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratory	tioner desires to be	certified as repres	entative of t	he employees. The Pet	titloner alleges :	hat the follo	owing circumstances e		
2a. Name of Employer: CAREPOINT HEALTH HOSPITAL	CHRIST			Establishment(s) Involv DE AVENUE, J					
3a. Employer Representative - Nat JENNIFER DOBIN, EVI HUMAN RESOURCE O	% CHIEF			ne as 2b - state same): DE AVENUE, J		ΓY, NJ 0	7306		
3c. Tel. No. (973) 795-8200		3e. Fax N	0.	3f. E-Mail A	ddress				
4a. Type of Establishment (Factory, HEALTH CARE	mine, wholesaler, e	tc.)		Product or Service TH CARE		5a. City an JERSE	d State where unit is loci Y CITY, NEW	ated: JERSEY	
6b. Description of Unit Involved: Included: SEE ATTACHED RIDEI	3	-11.111	-			6a. Numbe 220	r of Employees in Unit:		
Excluded: All other employees unde						of the e represe	bstantial number (30%) mployees in the unit wis nted by the Petitioner?	h_to be	
Check One: 7a. Request for recon or about (Date) 7b. Petitioner is cu		(If no reply	received, so			i Employer o	eclined recognition		
8a. Name of Recognized or Certific	ed Bargaining Age	ent (If none, so sta	ete) 8b. A	ddress:					
8c. Tel. No.	8d. Cell No.		8e, Fax N	0.	8f. E-Mail Address				
8g. Affiliation, if any:	/		Bh. Date of Recognition or Certification Bl. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
Is there now a strike or picketing a (Name of Labor Organization)	at the Employer's e	stablishment(s) inv	volved? No	If so, approx	-	• • •	s are participating? or since (Month, Day, Ye	ər)	
Organizations or individuals other individuals known to have a representation.	r than Petitioner ar esentative interest	d those named in n any employees	items 8 and in the unit de	9, which have claimed escribed in item 5b abo	recognition as re	presentativo			
10a. Name	10b. /	Address			10c. Tel. No	D .	10d. Cell No.		
					10e. Fax N) .	10f. E-Mail Address		
11. Election Details: If the NLRB co	onducts and election	n in this matter, sta	ate your pos	ition with respect to any	y such election:	11a. Electio		Manual/Mail	
11b. Election Date(s): 10/31/2019	11c. E 2:30	election Time(s): 0 - 3:30 P.M.	AND 6:	30 - 7:30 P.M.	11d. Election CAREP	on Location(s OINT H): EALTH CHRIST	HOSPITA	
12a. Full Name of Petitioner (included DISTRICT 1199J, NUHI	ding local name and ICE, AFSCM	d number): IE, AFL-CIC)	12b. Address (street 9-25 ALLING	and number, city STREET, 3	, State and RD FLC	PiP code): OOR, NEWARK,	NJ 07102	
12c. Full name of national or interna AFSCME	tional labor organiz	ation of which Pet	itioner is an	affiliate or constituent (if none, so state)	:			
12d. Tel. No. 973-624-1199	12e. Cell No.		1	2-0801	12g. E-Mai				
13. Representative of the Petition 13a. Name and Title: ARNOLD SHEP COHEN,		service of all pa	13b. Addi	poses of the represer less (street and numbe KK PLACE, 6 TH	r, city, State and	ZIP code):	NJ 071 0 2		
13c, Tel. No. 973-642-0161	13d. Cell No.	······································		2-1055	1 -	Address feldcohe	n.com		
I declare that I have read the above Name (Print)	e petition and tha	t the statements Signature	are true to	the best of my knowle	Title			Date	
ARNOLD SHEP COHE	N	1 1/\ M	$\mathcal{V} \setminus \mathcal{V} \setminus \mathcal{V}$	\wedge	ATTORNI	EΥ		10/16/19	

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.

RIDER TO RC PETITION

5b. Description of Unit Involved: Included:

Full-time and regular part-time and per diem employees in the titles of Registration, dietary, Transport, Recreation Department, File Clerk, Housekeeping, Clinical Partner, Unit Clerk, Unit Secretary, Telesitter, Patient Access, Maintenance, Phlebotomist and Pharmacy Tech.

FORM MLR8-502 (RC) (Z-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE!	n this space
Caso No.	Date Filed
22-RC-250428	OCT 22, 2019

						2-110-200	120		10012	2, 2019	
INSTRUCTIONS: Unless e-Filed us employer concerned is focated. Th the employer and all other parties Case Procedures (Form NLRB 481	e pelifion n named in th	iust be accomp a pallion of: (1	sinled by	both a she tion: (2) Sta	wing of interest (see 6 Itement of Position for	ib below) and rm (Form NLF	a certificate IS-5051: and	of service s (3) Descripti	howing san lon of Reon	vice on esentation	
PURPOSE OF TRIS PETITION: R bargaining by Petitioner and Petitioner and Petitioner and Petitional Laboratory	oner desiros	to be certified a	s represel	Native of the	employess. The Petiti	oner alleges	hat the follo	wing circum	atances exi		
2a, Name of Employer:			2b. Addr	011(61) of E	stablishment(s) involves	(Street and r	umber, City,	State, ZIP co	de):		
SERV Centers of New Jerse	y Southen	n Region	380 9	Scotch Ro	ad, Building B, Ev	80 LM ,gniv	628				
Ja, Employar Representative - Nam	ne and Tide:	···	3b. Addr	oss (il same	as 2b - stalo same)						
Kelly Rufe, Director			380 S	cotch Ro	ad, Ewing, NJ 088	628					
3c Tol No. 609-394-0212	3d, Cell No.			3e. Fax No.		3. E-Mail A	ddross				
4a. Type of Establishment (Factory, n	uina whales	ales ate 1	{	4h Bannus	Product or Service	ل	I for Chairman	Stale where	and in large	adi.	
behavioral health group h		arm, etc./			ral health care			County, No			
5b. Description of Unit Involved:				Deliavio	iai (icalui cale			al Employee			
Included: All residential counselo	rs and mail	ntenance emp	loyed at	employert	facilities in Mercer (County	52				
Excluded: All residential senior of the Act						efined by	6b. Oo a su of the e- represe	bstantial num maloyees in t nted by the P	ber (30% or he unit wish etilloner? (y	more) to be Yes No	
Chack One: 7 7a. Request for rec	signilion as f	Sargaining Rapo	stonizilve	was made a	on [Date] 10/4/19	90	d Employer d	aclined recog	rition		
on or about (Date) 7b. Pettioner is cui	rendy recog	ιυ) ruzed as Baryah	ning Repri	nanci, 10 I Sentalive a	une). nd desires certification u	under the Act.					
8a. Name of Recognized or Certific	d Bargaink	g Agent (If non	6, 50 SIEN) 80. Ad							
None											
Bc. Tel No.	Bd, Cell No			Bo, Fax No		8f E-Mail /	8f E-Mail Address				
8g. Afrisation, if any:	<u> </u>		87	. Dale of Re	cognition or Centricallo	n 81. Expiration Recent Con	on Date of Cu ntract, If any	munt or Most (Month, Day,	Yest)		
8. Is there now a suite or picketing a	t the Employ	er's establishm	ent(s) knyo	Ned? NO	If so, approxim	naidly how ma	ny amployee:	s are participa	sling?		
(Name of Labor Organization)					- bart	, has picketer	the Employ	er sunce (Mon	th, Day, Yes	r)	
10 Organizations or individuals othe Individuals known to have a repri								es and other o	noilesinagu	s and	
10a, Namo		10b. Address		100			10c. Tel. No. 10d Call No.				
j	-										
						100, Fax N	0.	10/. E-Mail /	Address		
11, Election Details: If the NLRB co Request mail ballot because o						such election		n Type	Mized	Manuel/Mol	
11b Election Date(s)		11c. Election T	ima(3):			11d, Elect	on Location(1)			
11/13/19									<u></u>		
12a. Full Name of Petitioner (Inche AFSCME New Jersey Cour	_	me end number,):		125. Address (street n. 2653A Whitehorse			·	N.1 08690		
12c. Full name of national or interna		manipulion of	hich O. C.	1000 P 20 1			<u> </u>	-1 -1			
American Federation of St		_					,				
12d Tol No 609-586-9093	126. Col N		erpai Cli	12L Fax N	9.	12g. E-Ma	Address				
13. Representative of the Petition	et who will i	SCEEP! BETVICE	of all pap	ers for pur	oses of the represent	lation process	Dag.				
132. Name and Title Paul L. Kleinbaum, Esq.		• •		13b. Addn	ess (street and number, Fagella Nowak Kieln	city, State and	(ZIP code)	ມ ່ານ 1402, N	iewark NJ	07102	
1 No. 1 No.	1752 255			140		1266-514					
13c, Tel. No. 973-623-1822	13d. Call N	10.		13e. Fax 1 973-623		13/. E-Ma		ali-law.com			
decists that have road the above	e petition a	nd that the stat	lamente :					air:47.00(1)			
Name (Print)		Signatu		وسرر		T199		Λ		Data	
Steven M.	7014					_Exe	cutiu	e //ir	echir	10/21/1	

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 Leber Relations Act (NRA), 25 U.S.C. § 151 at sec. The principal use of the information is to assist the National Leber Relations Board (NILRB) in processing representation and related proceedings or linguison. The routine uses for the information are budy set to the in Federal Register, 71 Fed. Reg. 7494243 (Dec. 13, 2006). The MLRB will further explain these uses upon request. Disclosure of this information to the NILRB is voluntary, however, takene to supply the information may cause the NILRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
22-RC-250480	OCT	23,	2019					

INSTRUCTIONS: Unless e-Filed of employer concerned is located. I the employer and all other partie Case Procedures (Form NLRB 48	The petitions named in 112). The si	n must be accom the petition of: (howing of interes	panied l 1) the po t should	oy both a etition; (2) i only be i	showing of interest (s Statement of Positio filed with the NLRB ar	see 6b on form nd sho	below) and (Form NL ould not be	d a certifica RB-505); an served on	te of service : Id (3) Descrip the employer	showing tion of R or any o	service on epresentation ther party.	
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pe	tioner desir	es to be certified a	s repres under i	entative of ta proper	the employees. The P authority pursuant to	Petition Section	ner alleges on 9 of the	that the fol National La	lowing circum bor Relations	nstances s Act.		
				enate Pl		olved (Street and I	number, City	, State, ZIP co	ode):		
Services and Planned Building Services Jersey City, NJ 07306												
Robert Francis, President			150 8	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 A	ddress.	· · · · · · · · · · · · · · · · · · ·			
4a. Type of Establishment (Factory, Residential	mine, whole	esaler, etc.)		4b. Principal Product or Service Building Services				5a. City and State where unit is located: Jersey City, NJ				
5b. Description of Unit Involved: Included: All building service emple Excluded:	oyees, ii	ncluding supe	erinter	ndents &	& concierge/fror	nt-de	sk emp	7	er of Employee			
Supervisors and guards as								of the e	employees in the Pented by the Pe	he unit wi	s <u>h</u> to be	
Check One: 7a. Request for reconnect (Date) 7b. Petitioner is cur		(If n	o reply r	eceived, so	o state).	on unde		d Employer (declined recog	nition		
8a. Name of Recognized or Certific None	ed Bargain	ing Agent (If none	, so stat	(e) 8b. A	Address:			·	····			
8c. Tel. No.	8d. Cell N	0.	:	Be. Fax N	Vo.	1	8f. E-Mail Address					
8g. Affiliation, if any:			81	8h. Date of Recognition or Certification			8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
9. Is there now a strike or picketing a	t the Emplo	yer's establishmer	nt(s) invo	lved? No) If so, approx	ximate	ly how man	y employee:	are participat	ting?		
(Name of Labor Organization)						, ha	as picketed	the Employe	er since (Monti	h, Day, Y	ear)	
10. Organizations or individuals other individuals known to have a repre None									es and other or	ganizatio	ns and	
10a. Name		10b. Address	·····				10c. Tel. No.		10d. Cell No.			
				,			10e. Fax No.		10f. E-Mall Address			
11. Election Details: If the NLRB co	nducts and	election in this ma	tter, stat	e your pos	ition with respect to an	ny such	election:	1 1a. Election	Туре:			
										Mixed	d Manual/Mail	
11b. Election Date(s): 11c. Election Time(s): 10/26/19 2:30 pm - 4:00 pm				om 25 S			1d. Election Location(s): 15 Senate Place - Game Room					
12a. Full Name of Petitioner (includ SEIU 32BJ	ing local na	me and number):			12b. Address (street 494 Broad Street Newark, NJ 07	eet, 3	Brd Fl.	State and Z	'IP code):			
12c. Full name of national or internati Service Employees Interna			ich Petiti	oner is an	affiliate or constituent ((if none	s, so state):					
12d. Tel. No. 937-827-3225	12e, Cell N	lo.		12f. Fax 1 862-23	No. 16-3605	1	l2g. E-Mail.	Address			-	
				pers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 25 W. 18th Street, 5th Floor New York, NY 10011								
13c. Tel. No.	c. Tel. No. 13d. Cell No.			13e. Fax No. 212-388-2062			13f, E-Mail Address bgarren@seiu32bj.org					
declare that I have read the above			nents ar			edge a	•					
Name (<i>Print</i>) Brent Garren		Signature	-/	20		Title Dep	outy Ger	ieral Cou	ınsel		Date 10/22/19	

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

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 vofuntary; 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

-4	_	

Case No.

DO NOT WRITE IN THIS SPACE Date Filed

- 250477

INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other partie Case Procedures (Form NLRB 48	The petition n s named in th	nust be accomp ne petition of: (panied b	y both a s atition; (2)	howing of Interest (s Statement of Position	ee 65 n fort	below) and (Form N	d a certifica RB-505); ar	te of service showin id (3) Description of	g service on Representation		
PURPOSE OF THIS PETITION: bargaining by Politioner and Petitioner and Pe	tioner desires	to be certified a	s repres	onlative of	the employees. The P	etitlo	ner alleges	that the fol	lowing circumstance	f collective as exist and		
2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):												
SERV Centers of New Jersey Southern Region				Scotch I	Road, Building B,	Ewi	ng, NJ 08	3628				
3e. Employer Representative - Name and Title: 3b. 4				tross (if sai	ne as 2b - stato same).						
Kelly Rufe, Director			380	0 Scotch Road, Ewing, NJ 088628								
3c, Tol. No.	3d. Cell No.			3o. Fax N	o.		3f. E-Mail Address					
609-394-0212 4a. Type of Establishment (Factory.	indian state (ass	ate ata l		45 0	and Danet and an Comme			Ir or	75.1	to acts di		
behavioral health group l		Bier, etc.)		4b. Principal Product or Service				5a. City and State where unit is located: Mercer County, New Jersey				
5b, Description of Unit Involved:	nortics -			benav	ioral health care		6a. Number of Employees in Unit:					
Included: All residential senior co	ounselors							10	or or cripioyees in on			
Excludad: All residential counse defined by the Act						visors	s as	of the	ubstantial number (30 amployees in the unit ented by the Petitione	wish to be		
Check One: 7a. Request for recon on or about (Date)	cognition as B			e was made ecelved, so		9	an	d Employer	declined recognition			
☐ 7b. Petitioner is cu		ized as Bargain	ing Repr	esentalive	and desires certification	on und	der the Act.					
88, Name of Recognized or Certific					ddress;							
None												
8c. Tel. No.	Bd. Gell No.			8e. Fax No.			8f E-Mail Addross					
8g. Affiliation, if any:	•		81	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 a	I the Employe	r's establishme	nt(s) invo	olved? NO	▼ if so, approx	ximal	ely how ma	ny employee	s are participating?			
(Name of Labor Organization)						, in	nas picketed	the Employ	er since (Month, Day,	Year)		
Organizations or individuals othe individuals known to have a representation.	r than Petition sentative into	er and those na rost in any emp	med in it loyaes in	ems 8 and the unit do	9, which have staimed escribed in item 5b abo	d reco ove. (/	gnition as r If none, so	eprosentativi stato)	os and other organiza	lions and		
10a. Name	· [0b. Address		······································			10c. Tel. N	D	10d. Cell No.			
							10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB co Request mail ballot because of	nducts and ele f number of	facilities and	itter, stat délivery	o your post of resider	tion with respect to an ntial care services	y sucl	h election:			ed Manual/Mail		
116. Election Date(s): 11/13/19	1	1c. Election Tim	10(5):	110			11d. Election Location(s):					
	ling local nom	a and number!			1105 Address (description			- 	71D d-1			
12a. Full Name of Petitioner (including local name and number): AFSCME New Jersey Council 63					12b. Address (street and number, city, State and ZIP code): 2653A Whitehorse-Hamilton Square Road, Hamilton, NJ 08690							
12c. Full name of national or internati	ional Jahor ore	anization of whi	ich Rotitie	DD01 (C 30 5	officials or constituent (iil aaa	10. TO:C(2/0)	·				
American Federation of Sta					initiate of ochsulaem (ii non	o, su si <i>bio)</i>	•				
12d Tol. No.	12e. Coll No.		pai Liii	121, Fax N	0.		12g. E-Ma I	Address				
609-586-9093						- 1	·					
13. Representative of the Petitioner who will accept service of all papers					ars for purposes of the representation proceeding.							
13a, Name and Title. Paul L. Kleinbaum, Esq.			13b. Address (street and number, city									
Za:					Zazzali Fagella Nowak Kleinbaur			aum, 570 Broad St., Suite 1402, Newark NJ 07102				
13c. Tol. No.	13d, Cell No.			13e. Fax No.			13f. E-Mail Address					
973-623-1822			973-623			pkleinbaum@zazzali-law.com						
I doclare that I have road the above Name (Print)	potition and			o true to th	to best of my knowle		and belief.			Date		
Steven Tul	//u	Signaturo				Titte	2011	Lue 1	Pinclor	10/23/19		