

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

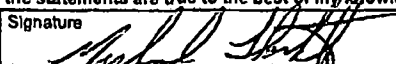
22-RC-247854

Date Filed

SEP 9, 2019

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: FirstTransit		2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 221 Henderson Road Monmouth Junction NJ 08852	
3a. Employer Representative - Name and Title: Paul O'Brien Regional Vice President		3b. Address (if same as 2b - state same): 896 Frelinghuysen Ave. Newark NJ 07114	
3c. Tel. No. 732-316-9819	3d. Cell No. 732-674-3443	3e. Fax No.	3f. E-Mail Address Paul.O'Brien@firstgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal Product or Service Transportation of people	5a. City and State where unit is located: Monmouth Junction NJ
5b. Description of Unit involved: Included: All full & part time Mechanics / Technicians / Utility Workers Excluded: All managers, bus drivers, office clerks, dispatchers, guards defined by the act			6a. Number of Employees in Unit: 7 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 8-15-2019 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification N/A	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? <input checked="" type="checkbox"/> No <input type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) None			
10a. Name N/A	10b. Address		10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s):		11c. Election Time(s):	11d. Election Location(s): 221 Henderson Road Monmouth Junction
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 469		12b. Address (street and number, city, State and ZIP code): 3400 Highway 35 Suite 7 Hazlet, NJ 07730	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Teamsters Local Union No. 469 affiliated with the International Brotherhood of Teamsters			
12d. Tel. No. 732-888-0100	12e. Cell No.	12f. Fax No. 732-888-1740	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: Michael Tkatch Business Agent		13b. Address (street and number, city, State and ZIP code): 3400 Highway 35 Suite 7 Hazlet, NJ 07730	
13c. Tel. No. 732-888-0100 ext 114	13d. Cell No. 732-425-5055	13e. Fax No. 732-888-1740	13f. E-Mail Address mtkatch@teamsters469.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) Michael Tkatch		Signature 	Title Business Agent Date 8-16-2019

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 22-RC-247910	Date Filed SEP 10, 2019

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 Quest Diagnostics Incorporated		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) One Malcom Avenue, Teterboro, NJ 07608	
3a. Employer Representative - Name and Title Richard C. Alnor, Regional Manager		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (201) 393-5801	3d. Cell No.	3e. Fax No.	3f. E-Mail Address richard.c.alnor@questdiagnostics.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health Care		4b. Principal product or service Collecting and Testing Medical Specimina	
		5a. City and State where unit is located: New York, Brooklyn, Queens, Bronx, NY	
5b. Description of Unit Involved Included: All full-time and regular part-time drivers/couriers employed by the Employer at its Manhattan, Bronx, Brooklyn, and Queens, NY "mini-hub" facilities, who are not currently recognized as included in the certified bargaining unit at the Teterboro, NJ facility. Excluded: excluding all office clerical employees, professional employees, dispatchers, field operations employees, package preparation employees, fleet maintenance employees, mailroom employees/clerks, confidential employees, managerial employees, guards and supervisors as defined by the Act, and all other employees.			6a. No. of Employees in Unit: 18 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) None and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name None		10b. Address	
		10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		11b. Election Date(s): October 4, 2019	
11c. Election Time(s): 6:45 am to 7:15 am and 2:45 pm to 3:15 pm		11d. Election Location(s): One Malcom Avenue, Teterboro, NJ 07608	
12a. Full Name of Petitioner (including local name and number) International Brotherhood of Teamsters, Local 11		12b. Address (street and number, city, state, and ZIP code) 810 Belmont Avenue, North Haledon, NJ 07508	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)			
12d. Tel No. 973-636-0093	12e. Cell No.	12f. Fax No.	12g. E-Mail Address teamstersloca11@gmail.com
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.		13b. Address (street and number, city, state, and ZIP code) Kroll Heineman Carton, LLC, 99 Wood Avenue S, Suite 307, Iselin, NJ 08830	
13c. Tel No. 732-491-2100	13d. Cell No.	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 are true to the best of my knowledge and belief.			
Name (Print) Raymond G. Heineman	Signature 	Title Attorney	Date September 10, 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 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.

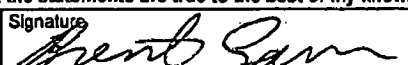
22-RC-248478

Date Filed

SEP 18, 2019

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 Companies, PBS and Planned Lifestyle, a single employer		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Xchange at Secaucus Junction 400 Riverside Station, Secaucus, NJ 07094	
3a. Employer Representative - Name and Title: Robert Francis, President & CEO		3b. Address (if same as 2b - state same): 150 Smith Road Parsippany, NJ 07050	
3c. Tel. No. 973-739-0080	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Building Services		4b. Principal Product or Service	5a. City and State where unit is located: Secaucus, NJ
5b. Description of Unit Involved: Included: All F-T and regular P-T building service employees, including sanitation and frontdesk Excluded: Office clericals, supervisors, and guards as defined in the Act			6a. Number of Employees in Unit:
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <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.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state): None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
			10e. Fax No.
			10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 10/1 and 10/5		11c. Election Time(s): 6:30 am-8:30 am; 2:30 pm-4:30 pm	
		11d. Election Location(s): Building 1000, lunch room	
12a. Full Name of Petitioner (including local name and number): Local 32BJ		12b. Address (street and number, city, State and ZIP code): 494 Broad Street 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. 973-824-3225	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Brent Garren		13b. Address (street and number, city, State and ZIP code): 25 W. 18th Street, 5th Floor New York, NY 10011-1991	
13c. Tel. No. 212-388-3943	13d. Cell No. 917-208-4287	13e. Fax No. 212-388-2062	13f. E-Mail Address bgarren@seiu32bj.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Brent Garren		Signature 	Title Deputy General Counsel
			Date 09/18/19

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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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 22-RD-248668	Date Filed SEP 19, 2019

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: 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 Monmouth Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 300 Second Ave NJ Long Branch 07740	
3a. Employer Representative - Name and Title Juliet Gossett Human Resources		3b. Address (If same as 2b - state same) 300 Second Ave NJ Long Branch 07740	
3c. Tel. No. (732) 923-5000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Juliet.Gossett@rwjbh.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Healthcare	
5a. City and State where unit is located: Long Branch, NJ		5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	
6a. No. of Employees in Unit: 22		6b. 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? 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.

8a. Name of Recognized or Certified Bargaining Agent International Union of Operating Engineers Local 68 Michael B McGlynn Business Repres		8b. Address 11 Fairfield Place NJ West Caldwell 07006	
8c. Tel No. (973) 244-5808	8d. Cell No.	8e. Fax No. (973) 227-3785	8f. E-Mail Address mmcglynn@iuoe-68.org
8g. Affiliation, if any AFL-CIO		8h. Date of Recognition or Certification 08/15/2019	

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

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

11. **Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail
11b. Election Date(s): 10/23/2019
11c. Election Time(s): 15:30
11d. Election Location(s): Monmouth Medical Center Long Branch, NJ 07740

12a. Full Name of Petitioner (b) (6), (b) (7)(C)
Monmouth Medical Center
12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C)
I.U.O.E Local 68 Operating Engineers

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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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
13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 09/19/2019 16:20:54
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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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Attachment

Employees Included
22

Employees Excluded
0

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 22-RD-249064	Date Filed SEP 27, 2019

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:** 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
MEADOWLANDS RACING & ENT.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1 RACE TRACK RD. EAST RUTHERFORD N.J.

3a. Employer Representative - Name and Title
LINDSAY NEWHART

3b. Address (If same as 2b - state same)
SAME

3c. Tel. No.
201-842-5050

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
LNEWHART@PLAYMEADOWLANDS.COM

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
HORSE RACING & SPORTSBOOK

4b. Principal product or service
CAMBLING

5a. City and State where unit is located:
S. CON

5b. Description of Unit Involved
Included: **40 MEADOWLANDS RACING AND ENTERTAINMENT**

Excluded: **CASHIERS**

6a. No. of Employees in Unit:
40

6b. 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? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent
LABOR INT'L UNION OF N. AMERICA

8b. Address
121 E 24TH ST. N.Y. N.Y. 10010

8c. Tel. No.
212-925-9634

8d. Cell No.
LOCAL 108

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification
UNKNOWN

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
UNKNOWN

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 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)
FANDELL SPORTSBOOK

10a. Name
FANDELL SPORTSBOOK

10b. Address
BETHAIR INTERACTIVE P.O. BOX 158 JERSEY CITY N.J.

10c. Tel. No.
877-485-0662

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):
TBD

11c. Election Time(s):
7:30

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11d. Election Location(s): **1 RACE TRACK RD. E. RUTHERFORD N.J. 07073**

12a. (b) (6), (b) (7)(C), (b) (6), (b) (7)(C)

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
CARRIERS INTERNATIONAL UNION OF NORTH AMERICA LOCAL 108

12d. Tel. No.
212-925-9634

12e. Cell No.

12f. Fax No.
212-925-0941

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
(b) (6), (b) (7)(C)

13b. Address (street and number)
(b) (6), (b) (7)(C)

13c. Cell No.

13d. Fax No.

13e. 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)

Signature
(b) (6), (b) (7)(C)

Title
(b) (6), (b) (7)(C)

Date
9/26/2019

WILLFUL FALSE STATEMENTS

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-248796

Date Filed
SEP 25, 2019

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 Cubitac Cabinetry Corp.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 101 Railroad Ave, Suite #2, Ridgefield, NJ 07657	
3a. Employer Representative - Name and Title Joel Weiss, President		3b. Address (if same as 2b - state same) same	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address info@cubitac.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) factory	4b. Principal product or service cabinetry and furniture	5a. City and State where unit is located: Ridgefield NJ
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6a. No. of Employees in Unit: 85	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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6b. Description of Unit Involved
Included: All full-time and regular part-time production and maintenance employees employed by the Employer at its Ridgefield, NJ, facility:
Excluded: All office clerical employee, professional employees, guards and supervisors as defined in the Act.

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). United Production Workers Union, Local 17-18	8b. Address 735 Wythe Avenue, Brooklyn, NY 11249
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8c. Tel. No. (718) 875-2140	8d. Cell No.	8e. Fax No.	8f. E-Mail Address info@local1718.org
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8g. Affiliation, if any Independent	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) October 5, 2019
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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)

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): 10/17/19	11c. Election Time(s): 6:30 to 7:30 A.M.	11d. Election Location(s): 101 Railroad Ave, Suite #2, Ridgefield, NJ 07657
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12a. Full Name of Petitioner (including local name and number) Keystone Mountain Lakes Regional Council of Carpenters	12b. Address (street and number, city, state, and ZIP code) 1803 Spring Garden Street, Philadelphia, PA 19130
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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)
United Brotherhood of Carpenters


12d. Tel. No. (215) 569-0340	12e. Cell No.	12f. Fax No. (215) 569-1197	12g. E-Mail Address e.eggie-local623@usa.net
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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.	13b. Address (street and number, city, state, and ZIP code) 99 Wood Ave., South, Suite 307, Iselin, NJ, 08830
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13c. Tel. No. 732-491-2104	13d. Cell No. 732-266-8287	13e. Fax No. 732-491-2120	13f. E-Mail Address rheineman@krollfirm.com
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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 Sept. 25, 2019
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