NATIONAL LABOR RELATIONS BOARD   Case   Determined   Proceedings   Determined   Procession   P	UNITED STATES OF AMERICA		DO NOT V	VRITE IN THIS SPACE
ORGANIZATION OR ITS AGENTS  O4-CB-228724  11   2   18  INSTRUCTIONS: File an original of this charge with the NLRB Regional Director of the region in which the alleged unfair labor practice occurred or is occurring.  I. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT  a. Name Health Professionals and Allied Employees 5621  D. Union Representative to Contact Emma R. Rebhorn, Esquire  C. Address  110 Kinderkamack Road, Emerson, NJ 07630  C. C. Address  110 Kinderkamack Road, Emerson, NJ 07630  A. Tel. No.  C. (201) 262-5005  Ext. 137  I. Fax No.  (201) 262-5005  Ext. 137  I. Fax No.  (201) 262-4035  Genthal Under Labor Pelations Act, and these unfair barber practices affecting commerce within the meaning of section (8(b)), subsection(s) (1)(4) of the National Labor Relations Act, and these unfair barber partices are unfair practices affecting commerce within the meaning of the Act and method and practices affecting commerce within the meaning of the Act and the Past Recognization within the meaning of the Act and method and practices affecting commerce within the meaning of the Act and method and practices affecting commerce within the meaning of the Act and method and practices affecting commerce within the meaning of the Act and method and correct employees in the exercise of rights protected by Section 7 of the Act by engaging in the following conduct, for arbitrary or discriminatory reasons or in bad fathr.  I. refusing to arbitrate the grievance of DISADIVAN regarding employees' accumulation of paid time off 2. refusing to defend Tabor and the Act and the Past Act and Past Act and Past Act and Past Act and Past Act Act Act No.  Act Pax No.  G. Employer and causing Tabor resignative to contact Emma Act Act Act No.  Active Statistical Content Woodbury  Active Statistical Content Woodbury  Active Statistical Content Woodbury  Active Statistical Content Active State, and ZIP code)  D. Full name of party filing charge  D. Full name of party filing charge  D. Full name of party filing charge  D. P	NATIONAL LABOR RELATIONS BOARD	)	Case	Date filed
1. LBDR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT  a. Name Health Professionals and Allied Employees 5621  b. Union Representative to Contact Emma R. Rebhorn, Esquire  b. Union Representative to Contact Emma R. Rebhorn, Esquire  c. Address  110 Kinderkamack Road, Emerson, NJ 07630  d. Tel. No. (201) 262-5005 Ext: 137 1. Fax No. (201) 262-6005 Ext:		ABOR	04-CB-228724	11 2 18
1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT  Health Professionals and Allied Employees 5621  D. Union Representative to Contact Emma R. Rebhorn, Esquire  d. Tel. No. (201) 262-5005 Ext. 137 Ext.	•	e NLRB Regional Di	rector of the region in whi	ch the alleged unfair labor practice
b. Union Representative to Contact Emma R. Rebhorn, Esquire    C. Address		OD ITO ACENTO ACA	INICT MULICILION ADOC TO DE	COLOUT
Emma R. Rebhorn, Esquire    C. Address		OR IIS AGENTS AGA		
c. Address 110 Kinderkamack Road, Emerson, NJ 07630  d. Tel. No.  (201) 262-5005  Ext: 137  f. Fax No.  (201) 262-4335  g. e-Mail erebhorn@hpae.org erebhorn@hpae.org erebhorn@hpae.org erebhorn@hpae.org ferebhorn@hpae.org ferebhorn@hpae.org ferebhorn@hpae.org g. e-Mail erebhorn@hpae.org erebhorn@hpae.org erebhorn@hpae.org ferebhorn@hpae.org ferebhorn@hpae.org ferebhorn@hpae.org ferebhorn@hpae.org g. e-Mail erebhorn@hpae.org g. e-Mail products ferebhorn@hpae.org g. e-Mail erebhorn@hpae.org g. e-Mail ere		621	· ·	i
110 Kinderkamack Road, Emerson, NJ 07630  (201) 262-5005 (973) 951-6281 (973) 951	riculti i rolessionais and Allied Employees e	7021	Emma V. Nebriom, E	.squii c
110 Kinderkamack Road, Emerson, NJ 07630  (201) 262-5005 (973) 951-6281 (974) 951-6281 (974) 951-6281 (974) 951-6281 (975) 951-9528 (973) 951-6281 (974) 951-6281 (973) 951-6281 (974) 951-6281 (973) 951-6281 (974) 951-6281 (973) 951-6281 (974) 951-6281 (973) 951-6281 (974) 951-6281 (973) 951-6281 (974) 951-6281 (973) 951-6281 (974) 951-6281 (973) 951-6281 (974) 951-6281 (973) 951-6281 (974) 951-6281 (973) 951-6281 (974) 951-6281 (973) 951-6281 (973) 951-6281 (974) 973-981 (973) 951-6281 (973) 951-				
110 Kinderkamack Road, Emerson, NJ 07630  (201) 262-5005 (973) 951-6281 (973) 951	c Address		d Tol No	To Coll No.
Ext. 137  1. Fax No. g. e-Mail (201)262-4355  1. Fax No. g. e-Mail (201)262-235  1. Fax No.		0		
h. The above-named labor organization or its agents have engaged in and are engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (1)(A) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act, or act and the Postal Bacor practices within the meaning of the Act, or act and the Postal Bacor practices of rights protected by Section 7 of the Act by engaging in the following conduct, for arbitrary or discriminatory reasons or in bad faith:  1. refusing to arbitrate the grievance of the prevance of the facts of false allegations against that the temployer, and causing the section 7 of the Act by engaging in the following conduct, for arbitrary or discriminatory reasons or in bad faith:  2. refusing to arbitrate the grievance of the prevance of the prevance of the post	110 Kinderkamack Road, Emerson, NJ 0763	0	1 ' '	(973) 951-0201
(201)262-4335 erebhorn@hpae.org  h. The above-named labor organization or its agents have engaged in and are engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (1)(A) of the National Labor Relations Act, and these unfair labor practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.  2. Basis of the Change (set Infrite clear and conscise statement of the facts constituting the alleged unfair labor practices). Since about the past six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by engaging in the following conduct, for arbitrary or discriminatory reasons or in bad faith:  1. refusing to arbitrate the grievance of protection of the facts constituting the allegations of the facts of false allegations against by the Employer, and causing resign from position with the Employer  2. refusing to defend the face of false allegations against by the Employer, and causing resign from position with the Employer  3. Name of Employer  Inspira Medical Center Woodbury  4a. Tel. No.  4b. Cell No.  4c. Fax No.  4d. e-Mail jaworskie@ihn.org  5. Location of Plant involved (street, city, state, and ZIP code)  5. Employer representative or service  Representative  7. Type of Establishment (factory, mine, wholesaler)  4c. Early Jaworski, Human Resources  Representative  9. Number of Workers employed  12. DECLARATION  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and ZIP code)  (b) (6), (b) (7)(C)  11. DECLARATION  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  1 (c) (6), (b) (7				
h. The above-named labor organization or its agents have engaged in and are engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (1)(A) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)  Since about the past six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by engaging in the following conduct, for arbitrary or discriminatory reasons or in bad faith:  1. refusing to arbitrate the grievance of \$QTOS_NOW_TIME_PROPERTY_PROPERT				1 -
8(b), subsection(s) (1)(A) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the rate unfair labor practices.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)  Since about the past six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by engaging in the following conduct, for arbitrary or discriminatory reasons or in bad faith:  1. refusing to arbitrate the grievance of (a)(0)(0)(7)(0) regarding employees' accumulation of paid time off 2. refusing to defend (a)(0)(0)(0)(0) regarding employees' accumulation of paid time off 3. Name of Employer  3. Name of Employer  Inspira Medical Center Woodbury  4a. Tel. No.  4b. Cell No.  4c. Fax No.  4d. e-Mail  javorskie@ihn.org  5. Location of Plant involved (street, city, state, and ZIP code)  509 North Broad Street, 'Woodbury, NJ 08096  7. Type of Establishment (factory, mine, wholesaler)  Hospital  10. Full name of party filing charge  11. Tel. No.  4b. Employer representative to contact  Emily Jaworski, Human Resources  Representative  7. Type of Establishment (factory, mine, wholesaler)  Acute care  11. Tel. No.  (b) (6), (b) (7)(C)  11. Fax No.  11dMail  (b) (6), (b) (7)(C)  11dMail  (b) (6), (b) (7)(C)  11dMail  (b) (6), (b) (7)(C)  7el No.  (c) (b) (6), (b) (7)(C)  4ddress:  (b) (6), (b) (7)(C)  Fax No.  (c) (6), (b) (7)(C)  (c) (d) (d), (b) (7)(C)  (c) (d) (d), (b) (7)(C)  (c) (d), (d), (d), (d), (d), (d), (d), (d)				1
the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.  2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)  Since about the past ist months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by engaging in the following conduct, for arbitrary or discriminatory reasons or in bad faith:  1. refusing to arbitrate the grievance of (a) (a) (b) (7) (c) regarding employees' accumulation of paid time off  2. refusing to defend (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c				
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)  Since about the past six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by engaging in the following conduct, for arbitrary or discriminatory reasons or in bad faith:  1. refusing to arbitrate the grievance of (a)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)			-	
Since about the past six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by engaging in the following conduct, for arbitrary or discriminatory reasons or in bad faith:  1. refusing to arbitrate the grievance of (b) (6) (b) (7)(C) regarding employees' accumulation of paid time off  2. refusing to defend (company) in the face of false allegations against (company) by the Employer, and causing (company) resign from (company) position with the Employer  3. Name of Employer  Inspira Medical Center Woodbury  4a. Tel. No.  4b. Cell No.  4c. Fax No.  4d. e-Mail jaworskie (company) jaworski, Human Resources Representative  7. Type of Establishment (factory, mine, wholesaler)  Hospital  Acute care  1200  150 Full name of party filing charge (b) (6), (b) (7)(C)  11a. Tel. No.  (b) (6), (b) (7)(C)  11b. Cell No.  (b) (6), (b) (7)(C)  11c. Fax No.  11d. e-Mail (b) (6), (b) (7)(C)  11d. Address of party filing charge (street, city, state, and ZIP code)  (b) (6), (b) (7)(C)  11 Address of party filing charge (street, city, state, and ZIP code)  (b) (6), (b) (7)(C)  12. DECLARATION  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (c) (6), (b) (7)(C)  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (c) (d), (b) (7)(C)  (c) (d), (b) (7)(C)  (c) (d), (b) (7)(C)  (c) (d), (d), (d), (d), (d), (d), (d), (d)				
rights protected by Section 7 of the Act by engaging in the following conduct, for arbitrary or discriminatory reasons or in bad faith:  1. refusing to arbitrate the grievance of O(6)(0)(0)(7)(C) regarding employees' accumulation of paid time off  2. refusing to defend of the face of false allegations against ob the Employer, and causing resign from position with the Employer  3. Name of Employer  1. Inspira Medical Center Woodbury  4a. Tel. No.  4b. Cell No.  4c. Fax No.  4d. e-Mail jaworskie (in) in org  5 Location of Plant involved (street, city, state, and ZIP code)  509 North Broad Street, Woodbury, NJ 08096  7. Type of Establishment (factory, mine, wholesaler)  4c. Emily Jaworski, Human Resources Representative  7. Type of Establishment (factory, mine, wholesaler)  4c. Emily Jaworski, Human Resources Representative  9. Number of Workers employed Acute care  1200  10. Full name of party filing charge  (b) (6), (b) (7)(C)  11a. Tel. No.  (b) (6), (b) (7)(C)  11b. Cell No.  (b) (6), (b) (7)(C)  11c. Fax No.  11d. e-Mail  (b) (6), (b) (7)(C)  11d. Fax No.  11d. e-Mail  (c) (6), (b) (7)(C)  11d. e-Mail  (d) (d) (d)	- ·			
faith: 1. refusing to arbitrate the grievance of (D)(B), (D)(T)(C) regarding employees' accumulation of paid time off 2. refusing to defend (D)(B), (D)(T)(C) regarding employees' accumulation of paid time off 3. Name of Employer  1. Name of Employer  1. No. (D) (A) (D) (T)(C) responding in the face of false allegations against (D) (B), (B) (T)(C)  1. Name of Employer  1. Address:  1. refusing to arbitrate the grievance of (D)(B), (D)(T)(C)  1. refusing to defend (D)(B), (D)(T)(C)  1. refusing to arbitrate the grievance of (D)(B), (D)(T)(C)  1. refusing to arbitrate the grievance of (D)(B), (D)(T)(C)  1. refusing to arbitrate the grievance of false allegations against (D) (D)(B), (D)(T)(C)  1. refusing to defend (D)(B), (D)(T)(C)  1. responding time of paid time of (A) (D)(B), (D)(T)(C)  1. refusing to defend (D)(B), (D)(T)(C)  1. regarding employer (D)(B), (D)(T)(C)  1. refusing to defend (D)(B), (D)(T)(D)  1. refusing to def		-		
1. refusing to arbitrate the grievance of (a) (b) (b) (7) (c) regarding employees' accumulation of paid time off 2. refusing to defend (assessing in the face of false allegations against (a) by the Employer, and causing (a) resign from (a) position with the Employer  3. Name of Employer Inspira Medical Center Woodbury  4c. Fax No.			,	
2. refusing to defend position with the Employer  3. Name of Employer  Inspira Medical Center Woodbury  4a. Tel. No.  4b. Cell No.  4c. Fax No.  4d. e-Mail  jaworskie@ihn.org  5. Location of Plant involved (street, city, state, and ZIP code)  5. Suppose of Establishment (factory, mine, wholesaler)  Hospital  10. Full name of party filing charge  (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and ZIP code)  (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  Address:  (b) (6), (b) (7)(C)  Date:  Fax No.  Cell No.  (b) (6), (b) (7)(C)  Fax No.  Cell No.  (c) (6) (6), (6), (7)(C)  Fax No.  Cell No.  (b) (6), (b) (7)(C)  Cell No.  (c) (6), (b) (7)(C)  Fax No.  Cell No.  (d) (6), (b) (7)(C)  Fax No.  Cell No.  (d) (6), (b) (7)(C)  Fax No.  Cell No.  (d) (6), (b) (7)(C)  Fax No.  Cell No.  (e-Mail)		(7)(C) regarding em	plovees' accumulation of	paid time off
position with the Employer  3. Name of Employer Inspira Medical Center Woodbury  4c. Fax No.  4d. e-Mail jaworskie@ihn.org  5. Location of Plant involved (street, city, state, and ZIP code)  5. Note of Employer representative to contact  Emily Jaworski, Human Resources Representative  7. Type of Establishment (factory, mine, wholesaler) Hospital  Acute care  1200  10. Full name of party filing charge  (b) (6), (b) (7)(c)  11a. Tel. No. (b) (6), (b) (7)(c)  11c. Fax No.  11d e-Mail (b) (6), (b) (7)(c)  11d e-Mail (b) (6), (b) (7)(c)  12. DECLARATION  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(c)  12. DECLARATION  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(c)  1 Date:  (c) (6), (b) (7)(c)  Fax No.  Date:  (b) (6), (b) (7)(c)  Fax No.  (c) (6), (b) (7)(c)  Fax No.				
3. Name of Employer Inspira Medical Center Woodbury Inspira Medical Center Woodbury  4c. Fax No.  4d. e-Mail jaworskie@ihn.org  5. Location of Plant involved (street, city, state, and ZIP code) 509 North Broad Street, Woodbury, NJ 08096  7. Type of Establishment (factory, mine, wholesaler) Hospital  8. Principal product or service Acute care  1200  10. Full name of party filing charge (b) (6), (b) (7)(C)  11c. Fax No.  11d. Tel. No. (b) (6), (b) (7)(C)  11d. Fax No.  11d. F		negations against	by the Employer, and	cadaling and resign from
Inspira Medical Center Woodbury  4c. Fax No.  4d. e-Maii jaworskie@ihn.org  5. Location of Plant involved (street, city, state, and ZIP code) 509 North Broad Street, Woodbury, NJ 08096  7. Type of Establishment (factory, mine, wholesaler) Hospital  10. Full name of party filing charge (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C)  12. DECLARATION  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  11. Address: (b) (6), (b) (7)(C)  12. DECLARATION  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  11. Address: (b) (6), (b) (7)(C)  12. DECLARATION  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  12. DECLARATION  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  13. Tel No.  14. d. e-Maii [b) (6), (b) (7)(C)  14. Tel No.  15. DECLARATION  16. Employer representative to contact  29. Number of Workers employed  1200  11b. Cell No. (b) (6), (b) (7)(C)  11c. Fax No.  11d. e-Maii (b) (6), (b) (7)(C)  12. DECLARATION  14d. e-Maii (b) (6), (b) (7)(C)  12. DECLARATION  14d. e-Maii (b) (6), (b) (7)(C)  11d. Tel No. (c) (6), (b) (7)(C) (d) (6), (b) (7)(C) (d) (6), (b) (7)(C) (d) (6), (b) (7)(C) (eignature of representative or person making charge)  15. Cell No. (c) (6), (b) (7)(C) (d) (6), (b) (7)(C) (d) (6), (b) (7)(C) (eignature of representative or person making charge)  16. Employer representative to contact  1700 11a. Tel. No. (b) (6), (b) (7)(C) (c) (6), (b) (7)(C) (d) (6), (b) (7)(C) (d) (6), (b) (7)(C) (d) (6), (b) (7)(C) (d) (6), (b) (			4a. Tel. No.	4b. Cell No.
5. Location of Plant involved (street, city, state, and ZIP code) 5. Sog North Broad Street, Woodbury, NJ 08096  7. Type of Establishment (factory, mine, wholesaler) Hospital 10. Full name of party filing charge (b) (b) (c) (b) (7)(C) 11. Address of party filing charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  11. Cell No.  (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (c) (aignature of representative or person making charge)  Print/type name and title or office, if any (b) (6), (b) (7)(C)  Address:  (b) (6), (b) (7)(C)  Date:  (c) Address:  (b) (6), (b) (7)(C)  Pax No.  (c) Employer representative to contact  Emily Jaworski, Human Resources  Representative to contact  Emily Jaworskie (b) sources  Representative or service  9. Number of Workers employed  12. DECLARATION  11. Tel. No.  (b) (6), (b) (7)(C)  11. Address:  (b) (6), (b) (7)(C)  Date:  (c) (aignature of representative or person making charge)  Print/type name and title or office, if any  (b) (6), (b) (7)(C)  Pax No.  (c) (aignature of representative or person making charge)  Print/type name and title or office, if any  (c) (b) (6), (b) (7)(C)  Date:  (d) (e) Address:  (e) Address:  (D) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	` *			
jaworskie@ihn.org  5. Location of Plant involved (street, city, state, and ZIP code)  5. Suppose the stablishment (factory, mine, wholesaler) Hospital  10. Full name of party filing charge (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  11. Address: (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  11. Address: (b) (6), (b) (7)(C)  12. DECLARATION  Date: (c) (aignature of representative or person making charge)  Date: (b) (6), (b) (7)(C)  Print/type name and title or office, if any (b) (6), (b) (7)(C)  Date: (c) Address: (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Inspira Medical Center Woodbury		4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP code)  509 North Broad Street, Woodbury, NJ 08096  7. Type of Establishment (factory, mine, wholesaler) Hospital  10. Full name of party filing charge  (b) (6), (b) (7)(C)  11a. Tel. No.  (b) (6), (b) (7)(C)  11c. Fax No.  11d. e-Mail  (b) (6), (b) (7)(C)  11d. Address of party filing charge (street, city, state, and ZIP code)  (b) (6), (b) (7)(C)  12. DECLARATION  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  1 Tel No.  (c) (6), (b) (7)(C)  1 Tel No.  (d) (6), (b) (7)(C)  Address:  (b) (6), (b) (7)(C)  Date:  Fax No.  (b) (6), (b) (7)(C)  Fax No.  (c) (6), (b) (7)(C)  (d) (6), (b) (7)(C)  (e-Mail				1
Emily Jaworski, Human Resources Representative  7. Type of Establishment (factory, mine, wholesaler): Hospital  10. Full name of party filing charge (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  Tel No.  (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  Tel No.  (b) (6), (b) (7)(C)  (c) (an individual (b) (6), (b) (7)(C)  Address: (b) (6), (b) (7)(C)  Date: (c) Fax No.  (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No. (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No. (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No. (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No. (b) (6), (b) (7)(C)  Address: (c) (6), (6), (7)(C)	5. Location of Plant involved (street, city, state, and ZIP c	ode)	6. Employer representative	
Representative  7. Type of Establishment (factory, mine, wholesaler) Hospital  8. Principal product or service Acute care  1200  10. Full name of party filing charge (b) (6), (b) (7)(C) an individual  11a. Tel. No. (b) (6), (b) (7)(C)  11c. Fax No.  11d e-Mail (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (signature of representative or person making charge)  Print/type name and title or office, if any  Cell No. (b) (6), (b) (7)(C)  Address: (b) (6), (b) (7)(C)  Party Fax No.  Date: Fax No.  e-Mail	,	•	1	1
7. Type of Establishment (factory, mine, wholesaler) Hospital  10. Full name of party filing charge (b) (6), (b) (7)(C) an individual  11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (signature of representative or person making charge)  Address: (b) (6), (b) (7)(C)  Date:  Fax No.  (e-Maii	309 North Bload Street, Woodbary, No 0009	0	1	man resources
Hospital  10. Full name of party filing charge (b) (6), (b) (7)(C) an individual  11a. Tel. No. (b) (6), (b) (7)(C)  11c. Fax No.  11d. e-Mail (b) (6), (b) (7)(C)  11d. Fax No.  11d. E-Mail (b) (6), (b) (7)(C)  11d. Fax No.  11d. Tel. No. (b) (6), (b) (7)(C)  11d. Fax No.  11d. Tel. No. (b) (6), (b) (7)(C)  11d. Fax No.  11d. Tel. No. (b) (6), (b) (7)(C)  11d. Fax No.  11d. Tel. No. (b) (6), (b) (7)(C)  11d. Fax No. (b) (6), (b) (7)(C)  11d. Fax No. (c) (6), (b) (7)(C)  11d. Tel. No. (d) (6), (b) (7)(C)  11d. Tel. No. (e) (6), (b) (7)(C)  11d. Tel. No. (b) (6), (b) (7)(C)  11d. Tel. No. (b) (6), (b) (7)(C)  11d. Tel. No. (c) (6), (b) (7)(C)  11d. Tel. No. (d) (6), (b) (7)(C)  11d. Tel. No. (e) (6), (b) (7)(C)  11d. Tel. No. (b) (6), (b) (7)(C)  11d. Tel. No. (b) (6), (b) (7)(C)  11d. Tel. No. (b) (6), (b) (7)(C)  11d. Fax No. (c) (6), (b) (7)(C)  11d. Tel. No. (d) (6), (b) (7)(C)  11d. Tel. No. (e) (6), (b) (7)(C)  11d. Tel. No. (b) (6), (b) (7)(C)  11d. E-Mail (b) (6), (b) (7)(C)	7. There of Entablishment (forters, prince substanted		O. Number of Merican employed	
10. Full name of party filing charge (b) (6), (b) (7)(C) an individual  11a. Tel. No. (b) (6), (b) (7)(C)  11c. Fax No.  11d. e-Mail (b) (6), (b) (7)(C)  11d. Fax No.  11d. e-Mail (b) (6), (b) (7)(C)  12. DECLARATION  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  12. DECLARATION  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (signature of representative or person making charge)  Print/type name and title or office, if any (c) (b) (6), (b) (7)(C)  Address: (b) (6), (b) (7)(C)  Date: Fax No.  (e-Mail	, , , , , , , , , , , , , , , , , , , ,		t or service	
(b) (6), (b) (7)(C) an individual  (b) (6), (b) (7)(C)  11c. Fax No.  11d. e-Mail (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (signature of representative or person making charge)  Address: (b) (6), (b) (7)(C)  Date:  Fax No.  Date:  Fax No.  Fax No.  Fax No.	<u> </u>	Acute care		
11c. Fax No. 11d e-Mail (b) (6), (b) (7)(C)  11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C)  12. DECLARATION  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (c) (b) (6), (b) (7)(C) an individual (b) (6), (b) (7)(C)  (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f			11a. Tel. No.	
(b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  (c) (b) (6), (b) (7)(C) an individual  (d) (6), (b) (7)(C)  (e) (e) (e) (fan)  (b) (6), (b) (7)(C)  (c) (e) (fan)  (d) (fan)  (d) (fan)  (e) (fan)  (fan)	(b) (b), (b) (7)(C) an individual		(b) (6), (b) (7)(C)	(b) (b), (b) (7)(C)
(b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  (c) (b) (6), (b) (7)(C) an individual  (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f			11c. Fax No.	11d e-Mail
11. Address of party filing charge (street, city, state, and ZIP code)  (b) (6), (b) (7)(C)  12. DECLARATION  1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (signature of representative or person making charge)  (b) (6), (b) (7)(C) an individual  (c) (b) (6), (b) (7)(C)  Print/type name and title or office, if any  Cell No.  (b) (6), (b) (7)(C)  Address:  (b) (6), (b) (7)(C)  Pate:  Fax No.  (e-Mail				(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C) an individual  (c) (6), (b) (7)(C)  (signature of representative or person making charge)  Print/type name and title or office, if any  Address:  (b) (6), (b) (7)(C)  Date:  (c) (b) (6), (b) (7)(C)  Fax No.  (e-Mail	11. Address of party filing charge (street, city, state, and Z	IP code)		
12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C) an individual  (c) (6), (b) (7)(C)  (signature of representative or person making charge)  Print/type name and title or office, if any  Address:  (b) (6), (b) (7)(C)  Date:  Fax No.  (e-Mail				
I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C) an individual  (c) (6), (b) (7)(C) an individual  (d) (6), (b) (7)(C)  (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) (c), (b) (1)(c)	12 DECLARAT	TION	
(b) (6), (b) (7)(C)  (signature of representative or person making charge)  Address:  (b) (6), (b) (7)(C) an individual  (c) (6), (b) (7)(C)  Print/type name and title or office, if any  (d) (6), (b) (7)(C)  Print/type name and title or office, if any  (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				
(b) (6), (b) (7)(C)  (signature of representative or person making charge)  Address:  (b) (6), (b) (7)(C) an individual  (c) (6), (b) (7)(C)  Print/type name and title or office, if any  (b) (6), (b) (7)(C)  (c) (b) (6), (b) (7)(C)  Pare:  Fax No.  Fax No.  e-Mail	i deciare that I have read the above charge and	tnat the statements	therein are true to the bes	
(signature of representative or person making charge)  Print/type name and title or office, if any  Cell No. (b) (6), (b) (7)(C)  Fax No.  Print/type name and title or office, if any  Cell No. (b) (6), (b) (7)(C)  Fax No.  e-Mail	(b) (6), (b) (7)(C)	(b) (6) (b) (7	<b>VO</b> I an individual	
Address: (b) (6), (b) (7)(C)   Date: 11   Z   18   e-Mail	(signature of representative or person making charge)			
(b) (6), (b) (7)(C) e-Mail		Finiviype nar		(b) (6), (b) (7)(C)
e-Mail		_	Date:	Fax No.
e-Mail	(b) (6), (b) (7)(C)		11/2/18	
/b\ /6\ _/b\ /7\/C\			1-1,0	
1 LEUL EALSE STATEMENTS ON THIS CHARGE CAN BE DUNISHED BY EINE AND IMPRISONMENT (U.S. CODE TITLE 18. SECTION 1991)				(b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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			DO N	OT WRIT	E IN TH	IIS SPACE
NATIONAL LABOR RELATIONS BOARD	. C	Case Date filed				
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		04-CB-231103				11/13/18
INSTRUCTIONS: File an original of this charge with the NLRB Regional Director of the region in which the alleged unfair labor practice occurred or is occurring.						
1. LABOR ORGANIZATION OR	LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT      D. Union Representative to Contact					
Teamsters Local 776			David Licht	sentative	to Contai	• .
c. Address 2552 Jefferson Street, Harrisburg, PA 17110			d. Tel. No. (717)233-87	66	Cell No.	
			f. Fax N (717)233-60	23	e-Mail	
<ul> <li>The above-named labor organization or its agents have en 8(b), subsection(s) (1)(A) of the National Labor Relations A the meaning of the Act, or are unfair practices affecting cor</li> </ul>	Act, and the	se unfa	ir labor practices	are unfair	r practice	s affecting commerce within
2. Basis of the Charge (set forth a clear and concise statemen	nt of the fac	ts cons	tituting the allege	ed unfair le	abor prac	tices)
(b) (6), (b) (7)(C) filed grievances regarding and incident and the handling of the incident as it pertained to representation by union officials and the handing of the incident which resulted in termination of employment with UPS. (b) (6), (b) (7)(C) was deliberately misled by union officials and crucial materials related to claim at panel hearing were deliberately mishandled by Local 776 and its (b) (6), (b) (7)(C). Willfully denying (b) (6), (b) (7)(C) the representation guaranteed to (c) under the act.						
3. Name of Employer-			4a. Tel. No. 4b. Cell		Cell No.	
United Parcel Service			800-742-5877 4d. e-		e-Mail	
5. Location of Plant involved (street, city, state, and ZIP code)	)		6. Employer rep	presentativ	e to cont	act
1821 S.19th St. Harrisburg, PA 17101			Darren Pray	<u>,                                      </u>		
	Principal prestribution		r service	9. Numb 500+	er of Wo	rkers employed
10. Full name of party filing charge	Stribution		11a. Tel. No.	300+	11b	Cell No. 6), (b) (7)(C)
(b) (6), (b) (7)(C)		ł	11c. Fax No.	<del></del> :	11d	e-Mail 6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and ZIP c	ode)				(D) (	<u></u>
(b) (6), (b) (7)(C)						
12. DECLARATION						
I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  Jacques J. Brown, Sr. Lit. Tel No.						
By: Jacques J. Brown, Consultant				ι.		NO. 3-426-1652
Cell No. 347-812-2811				No.		
(signaturLoop Rodae of representative or person making charge	(signaturLoop Rodae of representative or person making Print/type charge any)			ffice, if	Fax t	
Address:	٠		Date:		e-Ma	ail
2063 Rancho Valley Drive, Suite #186, Pomona C	CA 91766	<b>.</b>	November 2018	er 13,		own@dlmc.net

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice 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.

INTERNET FORM NLRB-508 (2-08)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

	DO NOT WRITE IN THIS SPACE					
Case	04-CB-231185	Date Filed 11/15/18				

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	nfair labor p	ractice occurr	ed or is occurring.	
1. LABOR ORGANIZATION OR ITS	S AGENTS AGAINST WHICH	CHARGE I	S BROUGHT		
a. Name		b. Union R	epresentative	to contact	
IBEW Local 98		Brian Burrows			
		Title: Pro	esident		
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.	
1701 Spring Garden st		(215) 563	5592		
PA philadelphia 19130		f. Fax No. (215) 561-	2168	g. e-Mail	
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A), (2) are unfair practices affecting commerce within the meaning of the Ac meaning of the Act and the Postal Reorganization Act.	of the Natio	nnal Labor F	elations Act	and these unfair labor practices	
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair labo	r practices)		
See additional page					
Name of Employer		4a. Tel. N	0.	b. Cell No.	
Various Employers				1	
		c. Fax No.		d. e-Mail	
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	ver representative to contact	
5. Education of plant involved (street, only, state and 21/2 code)			0. 2,5.0,	or representative to commen	
			Title:		
7. Type of establishment (factory, mine, wholeseler, etc.)	Identify principal product	or service	9. Numbe	er of workers employed	
10. Full name of party filing charge		11a. Tel. N (b) (6), (b) (		b. Cell No.	
(b) (6), (b) (7)(C)	c. Fax No.		d. e-Mail		
44 Address of and Give phone (street all state and 7/D and a				(b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)					
12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to	the best of my knowledge and belie		el. No. (b) (6), (	b) (7)(C)	
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)		ell No.	•	
(signature of representative or person making charge) (Print/type	name and title or office, if any Title:	" F	x No.		
(b) (6), (b) (7)(C)	(date) 11/13/201		-Mail (b) (6)	, (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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.

## **Basis of the Charge**

### 8(b)(1)(A) and 8(b)(2)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by operating a hiring hall in a manner that was arbitrary, discriminatory or in bad faith.

UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS	SPACE
NATIONAL LABOR RELATIONS BOARD		Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION	OR ITS	04 CD 221612	11/2	3/18
AGENTS INSTRUCTIONS: File an original of this charge with the	NUPR Porional Dir	04-CB-231612	1	
occurred or is occurring.				illiali tanor practica
1, LABOR ORGANIZATION C	OR ITS AGENTS AGA			
a. Name		b. Union Representative to		
UNITE HERE, Local 54	İ	Donna DeCaprio, S	ecretary i re	asurer
			r	
c. Address		d. Tel. No.	e.e. Cell No.	
1014 Atlantic Ave		(609) 344-5400,	(609) 43	2-4880
Atlantic City, NJ 08401	•	Ext 139		
•		f. Fax No.	g. e-Mall	
		(609) 572-5118	ddecap	rio@unitehereloca
		a	154.com	
h. The above-named labor organization or its agents have	engaged in and are	engaging in unfair labor prac	lices within the	meaning of section
8(b), subsection(s) (1)(A) of the National Labor Relation the meaning of the Act, or are unfair practices affecting	is ACI, and these units	or ispor practices are unfair f	practices affecti Postal Regions	ng commerce within
Basis of the Charge (set forth a clear and concise staten	nent of the facts con-	tituting the alleged unfair lah	or practices)	IZOUVII AVI.
Since about the past six months, the Union ha		_	,	e of rights
protected by Section 7 of the Act by refusing t				
mostings as to some on the United To Tendenty	o permit employ	35 (b) (b), (b) (7)(C)	to participa	ion's
meetings or to serve on the Union's negotiation				
abandonment of the bargaining unit since it w	on the election in	n May 2018, for arbitrar	y or discrimi	natory reasons or
in bad faith.				
3. Name of Employer		4a. Tel. No.	4b. Cell No.	
Golden Nugget Atlantic City		(609) 437-3309		
		4c. Fax No.	4d. e-Mail	1
		· · · · · · · · · · · · · · · · · · ·		n@gnacm.com
5. Location of Plant involved (street, city, state, and ZIP co	de)	<ol><li>Employer representative</li></ol>	to contact	
600 Huron Avenue Atlantic City, NJ 08401		Patricia Fineran		
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product	or service	9. Number o	f Workers employed
Hotel and casino	Hospitality and		1500+	<u> </u>
10. Full name of party filing charge		11a. Tel. No.	11b. Cell No	ş
(b) (6), (b) (7)(C) An Individual		(b) (6), (b) (7)(C)	l	
		11c. Fax No.	11d e-Mail	
;			(b) (6	(b) (7)(C)
		<u> </u>		,, (S) (. )(S)
11. Address of party filing charge (street, city, state, and Zit	P code)			
(b) (6), (b) (7)(C)				
·	12, DECLARAT	ION		
I declare that I have read the above charge and	that the statements	therein are true to the bos	t of my knowle	dge and belief.
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tel No.	
(b) (6), (b) (7)(C)	(1 ) (0)	(1 ) (7)(0)		
By: /	(b) (b),	(b) (7)(C) <sub>An</sub>		
11-21/2018	III III III III III III III III III II		(b) (6), (b	) (/)(C)
(sigr	Print/lype nar	me and title or office, if any	Cell No.	:
· · · · · · · · · · · · · · · · · · ·			<b></b>	<del> </del>
Address:	<u> </u>	Date:	Fax No.	
(b) (6), (b) (7)(C)		l		
			e-Mail	(b) (7)(C)
		1	(b) (b),	(b) (7)(C)

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

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

INTERNET FORM NLRB-508 (2-08)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

**CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS** 

	7 01417 CACINI 1 010 E11 47 0.0.0 0012			
DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
04-CB-231653	11/27/18			

FORM EXEMPT UNDER 44 H S C 3512

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged ur	nfair labor pra	ctice occurre	d or is occurring.				
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH	CHARGE IS	BROUGHT					
a. Name		b. Union Rep	resentative t	o contact				
Local 54		Ralph Pac	luano					
	ļ	Title: Grie	vance/Arbitra	ation Officer				
c. Address (Street, city, state, and ZIP code)		d. Tel. No. (609) 344-54	400	e. Cell No.				
1014 Atlantic Ave		f. Fax No.		g. e-Mail				
NJ Atlantic City 08401-7405		1. Fax 140.		g. C-Mail				
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A), (2), (3) are unfair practices affecting commerce within the meaning of the Atmeaning of the Act and the Postal Reorganization Act.	of the Natio	nal Labor Re	lations Act. a	nd these unfair labor practices				
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair labor p	oractices)					
See additional page								
3. Name of Employer		4a. Tel. No.		b. Cell No.				
Harrah's Philadelphia Casino and Racetrack		(484) 490-19	900					
narrair's Philadelphia Casino and Nacetrack		c. Fax No.		d. e-Mail				
5. Location of plant involved (street, city, state and ZIP code)		L	6. Employ	er representative to contact				
777 Harrahs Blvd			Tim Krish	-				
PA Chester 19013-4597			Title: HR					
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	r of workers employed				
Casinos & Gaming	Gambling - drinks- food		2000					
10. Full name of party filing charge		11a. Tel. No		b. Cell No. (b) (6), (b) (7)(C)				
(b) (6), (b) (7)(C)		(b) (6), (b) (7) c. Fax No.	(0)	d. e-Mail				
				(b) (6), (b) (7)(C)				
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)								
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.  Tet. No.  (b) (6), (b) (7)(C)								
(b) (6), (b) (7)(C) Cell No.								
(signature of representative or person making charge) (Print/type	(b) (b), (l	(r)(C)						
(b) (6), (b) (7)(C) Address	e-N	Mail (b) (6	), (b) (7)(C)					

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

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### **Basis of the Charge**

### 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

### 8(b)(1)(A) and 8(b)(2)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by operating a hiring hall in a manner that was arbitrary, discriminatory or in bad faith.

### 8(b)(3)

Within the previous six months, the above-named labor organization has failed and refused to bargain in good faith with the employer.

FORM NLRB-508 (6-18) . . . . . -

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE					
Case 04-CB-231719	Date Filed 11/26/18				

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR IT	S AGENTS A	AGAINST WHICH CHAR	GE IS BROU	GHT	
a. Name (b) (6), (b) (7)(C) local APWU			b. Union Re	epresentative	to contact
c. Address (Street, city, state, and ZIP code)			d. Tel. No. 302-323-0		e. Cell No.
			f. Fax. No.		
			g. e-mail apwutwyn	n@yahoo.c	om
<ul> <li>h. The above-named labor organization has engaged in and is engaged (list subsections) (U) (A) practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.</li> </ul>		of the Natio	nal Labor Re	elations Act, a	nd these unfair labor
2. Basis of the Charge (set forth a clear and concise statement of th	e facts const	ituting the alleged unfair l	abor practice	es)	
The (b)(6), (b)(7)(c) of our local union unfairly fought to remove m convinced the (b) (6), (b) (7)(C) hat I violated the contract whenot giving me my qualifying exam within 10 days of me being and qualified.	en I was aw	arded the job The Po	stal service	actually vio	nce step process and lated the contract by e test after a month
3. Name of Employer		4a, Tel. No.	b. Cell No.		c. Fax No.
United States Postal Service Wilmington Delaware Processing and Distribution Center		d. e-mail			
Location of plant involved (street, city, state and ZIP code)     147 Quigley Blvd.     Wilmington, DE 19850			6. Employe	er representati	ve to contact
Type of establishment (factory, mine, wholesaler, etc.)     Postal Distribution Center		rincipal product or service Packaged Mail	<u>                                     </u>	9. Number of about 400	of workers employed
10. Full name of party filing charge (b) (6), (b) (7)(C)	Ectter dire	T dollaged than		1 400	
11. Address of party filing charge (street, city, state and ZIP code)		11a. Tel. No. (b) (6), (b) (7)(C)	b. Cell No (b) (6), (b)		c. Fax No.
(b) (6), (b) (7)(C)		d. e-mail (b) (6), (b) (7)(C)			
12. DECLARATION Tel. No.					
(b) (6), (b) (7)(C) Cell No.					
charge) (Print/type name and title or office, if any) Fax No.					
Address (b) (6), (b) (7)(C)		Date 4/26/18		e-mail	

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

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FORM NLRB-508 (6-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
04-CB-231749	11/27/18				

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring

THE TROCTIONS. THE AIT ONG THAT WILLTING REGIONAL DIRECTOR TO		
1. LABOR ORGANIZATION OF	R ITS AGENTS AGAINST WHI	
a. Name	8	b. Union Representative to contact
C. Address (Street, city, state, and ZIP code)	502	Donald Wanamker
		d. Tel. No. e. Cell No.
168 West Ridge Pike		6.10-454-0847 610-909-3502
Suite 107B, LIMERICA	L. PA	610-454-0382
19468		g. e-mail
h. The above-named labor organization has engaged in and is e	ngaging in unfair labor practice	s within the meaning of section 8(b), subsections (1) and
(list subsections) (A)		f the National Labor Relations Act, and these unfair tabor
practices are practices affecting commerce within the meaning the Act and the Postal Reorganization Act.	g of the Act, or these unfair labo	or practices affecting commerce within the meaning of
Basis of the Charge (set forth a clear and concise statement of the Charge (set forth a clear and concise statement of the clear and concise statement of the clear and con	of the facts constituting the alleg	and unfair labor ameticae)
Since on or about [biological 2018, the above-named labor		
reasonable evidence during the arbitration of (b) (6), (b	) (7)(C) discharge grievan	
arbitrator. During contract negotiations	(b) (6), (b) (7)(C)	The Company
offerd to extinguish my Lact contract to be ratified. My (6)(6)	Chance agreem	ventin exchange for the
contract to be ratifyed, My (6) (6)	was prese	nt and witness to this, and
did nothing,		
3. Name of Employer)	\$00 - 52	5. Cell No. c. Fax No. 247-580- 2100
10.1910	d. e-mail	3 1 3 10   20 1 300 0.00
METALS USA		
5. Location of plant involved (street, city, state and ZIP code)		6. Employer representative to contact
50 Cabot Blud E. Langhor	ne.PA 1904	7 George Monaghan
		General Manager
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal produc	
Factory	steel	45-46
10. Full name of party filing charge (b) (6), (b) (7)(C)	-	
<u></u>	11a. Tel. No.	b Coll No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
	d. e-mail(b)	(6), (b) (7)(C)
10 000 101	ON .	
12. DECLARATION   12. DECLARAT	rge and that the statements	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	6), (b) (7)(C)	Cell (b) (6), (b) (7)(C)
(signature of representative or person making charge)	(Print/type name and tille or of	
(b) (6), (b) (7)(C)	Ar initigot hame and the Or of	F da No.
	11 - 1	14-2018 (b) (6), (b) (7)(C)
Address	(/-/	7-2-10

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

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST LABOR ORGANIZATION
OR ITS AGENTS

DO NOT WRITE IN THIS SPACE					
Case	04-CB-231766	Date Filed			
	04-CB-231700	11/27/18			

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT				
a. Name	l	b. Union Representativ	_	
n mALGAMATED Work # 2327 c. Address (Street, city, state, and ZIP code)		Sandra.J.W	ban	
c. Address (Street, city, state, and ZIP code)		d. Tel. No.	e. Cell No.	
598 Shilon Pike	<u>-</u>	856-451-980 F. Fax. No.	<u>l</u> .	
Bridgeton, NS 08302		436 451-9911 g. e-mail		
		49W2327OM	indspana com	
h. The above-named labor organization has engaged in and is engaging in unfair I				
(list subsections) (A)	of the Nation	al Labor Relations Act,	and these unfair labor	
practices are practices affecting commerce within the meaning of the Act, or the	ese unfair labor practices	affecting commerce wi	thin the meaning of	
the Act and the Postal Reorganization Act.	15°-18'-19			
Since in or around (1966-1977) 2018, the above named labor organization has to process a grievance concerning the termination of employee (1966). (1967)	s failed in its duty of fa	air representation by	failing and refusing	
3. Name of Employer	4a. Tel. No.	b. Cell No.	c. Fax No.	
l A A A A A A A A A A A A A A A A A A A	854. 455. gar	F1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	556455 5492	
(milliplana il mator granings	d. e-mail	11	1834 150 -112	
5. Location of plant involved (street, city, state and ZIP code)		6. Employer representa	ative to contact	
	302	U man m	2(1	
The property of the	500	yehura m	19/1	
		Han	notati	
7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify pri	ncipal product or service	9. Numbe	r of workers employed	
Musing Hom B Petrals Mingry)	Aune.			
10. Full name of party filing charge (b) (6), (b) (7)(C)				
	11a. Tel. No.	b. Cell No.	c. Fax No.	
(b) (6), (b) (7)(C)	o) (6), (b) (7)(C)	~	AVA	
d. e-mail				
	n/A			
(b) (6), (b) (7)(C)	tatamanta	Tel. No.		
bove charge and that the statements of my knowledge and belief.				
(b) (6), (b) (7)(C)			Cell No.	
(Printitype name and title or office, if any) Fax No.				
, and yet a second seco				
(b) (6), (b) (7)(C)	Date	e-mail		

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INTERNET FORM NLRB-508 (2-08)

the NLRB to decline to invoke its processes.

#### FORM EXEMPT UNDER 44 U.S.C 3512

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

	1 011111 21121111 1 0110211 11 01010 00111		
DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
04-CB-231808	11-28-18		

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	ntair labor prac	tice occurre	ed or is occurring.	
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH	CHARGE IS	BROUGHT		
a. Name		b. Union Rep	resentative 1	to contact	
TUHNA/PASNAP		John Campbell-Orde			
		Title: Senio	or Staff Repr	resentative	
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.	
3305 N Park Ave		(215) 227-51	23	(202) 302-4019	
PA Philadelphia 19140-5212		f. Fax No.		g. e-Mail John@pasnap.com	
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Natio	onal Labor Rela	ations Act. a	ind these unfair labor practices	
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair labor p	ractices)		
See additional page					
3. Name of Employer		4a. Tel. No.		b. Cell No.	
Temple University Hospital		(215) 707-25	00		
		c. Fax No.		d. e-Mail Cheryl.Devose@tuhs.temple.edu	
Location of plant involved (street, city, state and ZIP code)	1	l	6 Employ	er representative to contact	
3401 N Broad St			Cheryl De		
PA Philadelphia 19140-5189			Title: Dire	ctor of Employee Relations	
Type of establishment (factory, mine, wholesaler, etc.)  8. Identify principal productions are also as a second control of the		<b>i</b>		er of workers employed	
Healthcare	Healthcare	AA. Tal No.	7500	L Call Na	
10. Full name of party filing charge		11a. Tel. No. (b) (6), (b) (7)(		b. Cell No.	
(b) (6), (b) (7)(C)		c. Fax No. (b) (6), (b) (7)(	C)	d. e-Mail (b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state and ZIP code.)  (b) (6), (b) (7)(C)					
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to	the best of my knowledge and belie	Tel.	No. (b) (6), (b	o) (7)(C)	
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Cell	No.		
(signature of representative or person making charge) (Print/type	name and title or office, if any Title:	Fax	No. (b) (6), (b	b) (7)(C)	
(b) (6), (b) (7)(C)	(date)11/27/201	8 19:38:30	ail	(b) (7)(C)	

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

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## **Basis of the Charge**

### 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

FORM NLRB-508 (6-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
Case		Date Filed		
04-CB-231884	11/28/18			

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR IT	S AGENTS A	GAINST WHICH CHARG	E IS BROUG	SHT		
a. Name District 1199c, National Union of Hospital and Healtcare Employees			b. Union Representative to contact Salima Pace			
c. Address (Street, city, state, and ZIP code) 1319 Locust St Philadelphia PA 10107			d. Tel. No. 215-735-1	300	e. Cell No.	
Philadelphia, PA 19107		f. Fax. No. 215-735-9878				
			g. e-mail			
h. The above-named labor organization has engaged in and is enga (list subsections) (A) practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		of the Nation	nal Labor Re	lations Act, a	nd these unfair labor	
2. Basis of the Charge (set forth a clear and concise statement of the Within the past six months, the Union has violated its duty (b) (6). (b) (7)(C) in an arbitrary, discriminatory, and/or perfunc	of fair repre	sentation by processin	-	-	ng the discharge of	
3. Name of Employer 4a. Tei. No		4a. Tel. No.	b. Cell No. c. Fax No.		c. Fax No.	
Children's Hospital of Philadelphia		215-590-1000				
		d. e-mail				
5. Location of plant involved (street, city, state and ZIP code) 3401 Civic Center Blvd Philadelphia, PA 19104		6. Employer representative to contact Nancy L. Goldstein, Outside Counsel				
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital		y principal product or service 9. Number of workers at Acute Care 5000+		of workers employed		
10. Full name of party filing charge (b) (6), (b) (7)(C), An Individual						
11. Address of party filing charge (street, city, state and ZIP code)		11a. Tel. No.	b. Cell No. c. Fax No. (b) (6), (b) (7)(C)		c. Fax No.	
(b) (6), (b) (7)(C) d. e-mail (b) (6), (b) (7)(C						
12. DECLARATION  I declare that I have read the above charge and that the statements  ((b) (6), (b) (7)(C)  Let to the best of my knowledge and belief.			1	Tel. No.		
(b) (6), (b) (7)(C) ue to the best of my knowledge and belief.  (b) (6), (b) (7)(C) An Individual		1 _	Cell No. (b) (6), (b) (7)(C)			
making charge) (Print/type name and title or office, if any)			F	ax No.		
Address (b) (6), (b) (7)(C) Date 11/28/2018			e-mail (b) (6), (b) (7)(C)			

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

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UNITED STATES OF AMERICA		DO NOT WE TE IN THIS SPACE			
NATIONAL LABOR RELATIONS BOARD		Case Date filed			
CHARGE AGAINST LABOR ORGANIZATION OR ITS		04-CB-232073	11/29/18		
AGENTS					
INSTRUCTIONS: File an original of this charge with the NLRB Regional Director of the region in which the alleged unfair labor practice occurred or is occurring.					
1. LABOR ORGANIZATION O	R ITS AGENTS AGA	INST WHICH CHARGE IS BR	OUGHT		
a. Name	b. Union Representative to Contact				
International Alliance of Theatrical Stage Empl	oyees,	Michael Barnes, President			
Moving Picture Technicians, Artists And Allied					
8					
c. Address	d. Tel. No.	e. Cell No.			
2401 South Swanson Street, Philadelphia, PA	(215) 952-2106	(215) 880-3162			
		f. Fax No. (215) 952-2109	g. e-Mail mbarnes@iatse8.com		
h. The above named labor organization or its agents have s	and and are				
h. The above-named labor organization or its agents have engaged in and are engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (1)(A), (2) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.					
Since about the past six months, IAT	SE Local 8 h	as restrained and o	coerced employees in the		
exercise of the rights protected by Se	ection 7 of the	Act, by failing to re	efer (b) (6), (b) (7)(C) to jobs		
and by expelling for arbitrary or					
3. Name of Employer		4a. Tel. No.	4b. Cell No.		
17 Bridges Entertainment Partners			(323) 828-8150		
		4c. Fax No.	4d. e-Mail		
5. Location of Plant involved (street, city, state, and ZIP cod	le)	Employer representative to contact			
20th St. and Sansom St., Philadelphia, PA		Charles Deaux			
7. Type of Establishment (factory, mine, wholesaler)	Principal product or service		Number of Workers employed		
Films	Entertainment	t ·	20-30		
10. Full name of party filing charge			11b. Cell No.		
(b) (6), (b) (7)(C), An Individual			(b) (6), (b) (7)(C)		
		11c. Fax No.	11d e-Mail		
			(b) (6), (b) (7)(C)		
11. Address of party filing charge (street, city, state, and ZIP code)					
(b) (6), (b) (7)(C)					
12. DECLARATION					
(b) (6), (b) (7)(C) we charge and that the statements therein are true to the best of my knowledge and belief.					
			Tel No.		
By:	(b) (c) (b) (7)	/O) A 1 11 1 1			
(sign		(C) An Individual	Call No		
(signature in the state of the	Print/type nai	me and title or office, if any	Cell No. (b) (6), (b) (7)(C)		
Address:		Date:	Fax No.		
		Date.	Fax NO.		
(b) (6), (b) (7)(C)		11-70-10	e-Mail		
		11-29-18	(b) (6), (b) (7)(C)		

## WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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.