

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
04-RC-259213

Date Filed
4/16/20

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: Abington Manor, LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 100 Edella Road Clarks Summit, PA 18411	
3a. Employer Representative - Name and Title: Mike Moran Administrator		3b. Address (if same as 2b - state same): SAME	

3c. Tel. No. (570)586-1002	3d. Cell No. (570)766-9615	3e. Fax No. (570)586-7349	3f. E-Mail Address mike.moran@genesishcc.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Skilled Nursing Home Facility	4b. Principal Product or Service Patient Care	5a. City and State where unit is located: Clarks Summit, PA
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5b. Description of Unit Involved: All Regular Full time and Regular Part Time Licensed Practical Nurses (LPN's), Included: All Regular Full Time and Regular Part Time Casual Licensed Practical Nurses (LPN's), Excluded: All Regular Full Time and Regular Part Time Per Diem (LPN's) and PRN (LPN) Employees All Other Employees, Supervisors and Guards as Defined by the Act		6a. Number of Employees in Unit: 19	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
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 4/16/2020 on or about (Date) (If no reply received, so state) and Employer declined recognition
 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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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 and election in this matter, state your position with respect to any such election: The Petitioner Request an Armor-Globe Election
11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): 5/1/2020	11c. Election Time(s): 6:00 AM- 8:00 AM and 2:00 PM-4:00 PM	11d. Election Location(s): Break Room on first Floor (Basement Level) of Facility
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12a. Full Name of Petitioner (including local name and number): Retail, Wholesale and Department Store Union Local 262 (RWDSU/UFCW) Local 262	12b. Address (street and number, city, State and ZIP code): 711 Fairfield Avenue Kenilworth, NJ 07033
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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):
Retail, Wholesale & Department Store Union, United Food & Commercial Workers (RWDSU-UFCW)

12d. Tel. No. (908)298-8824	12e. Cell No. (732)887-6042	12f. Fax No. (908)298-8822	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: Paul Bazemore Organizer		13b. Address (street and number, city, State and ZIP code): 711 Fairfield Avenue Kenilworth, NJ 07033	
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13c. Tel. No. (917)653-2932	13d. Cell No. (917)653-2932	13e. Fax No. (908)298-8822	13f. E-Mail Address pbazemore@rwdsu.org
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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) Paul Bazemore	Signature 	Title Organizer	Date 4/16/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
04-RC-259218

Date Filed
4-16-20

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: Abington Manor, LLC	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 100 Edella Road Clarks Summit, PA 18411
3a. Employer Representative - Name and Title: Mike Moran Administrator	3b. Address (if same as 2b - state same): SAME

3c. Tel. No. (570)586-1002	3d. Cell No. (570)766-9615	3e. Fax No. (570)586-7349	3f. E-Mail Address mike.moran@genesishcc.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Skilled Nursing Home Facility	4b. Principal Product or Service Patient Care	5a. City and State where unit is located: Clarks Summit, PA
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5b. Description of Unit Involved: Included: All Regular Full Time and Regular Part Time Casual Certified Nursing Assistants CNA's, All Regular Full time and Regular Part Time Certified Nursing Assistants (CNA's), All Regular Full Time and Regular Part Time Per Diem Certified Nursing Assistants (CNA's), and Restorative Aides Employees Excluded: All Other Employees, Supervisors and Guards as Defined by the Act	6a. Number of Employees in Unit: 37	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
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 4/16/2020 on or about (Date) _____ (if no reply received, so state). and Employer declined recognition
 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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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 and election in this matter, state your position with respect to any such election: The Petitioner Request an Armor-Globe Election **11a. Election Type:** Manual Mail Mixed Manual/Mail

11b. Election Date(s): 5/1/2020	11c. Election Time(s): 6:00 AM- 8:00 AM and 2:00 PM-4:00 PM	11d. Election Location(s): Break Room on first Floor(Basement Leve)l of Facility
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12a. Full Name of Petitioner (including local name and number): Retail, Wholesale and Department Store Union Local 262 (RWDSU/UFCW) Local 262	12b. Address (street and number, city, State and ZIP code): 711 Fairfield Avenue Kenilworth, NJ 07033
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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):
Retail, Wholesale & Department Store Union, United Food & Commercial Workers (RWDSU-UFCW)

12d. Tel. No. (908)298-8824	12e. Cell No. (732)887-6042	12f. Fax No. (908)298-8822	12g. E-Mail Address (b) (6), (b) (7)(C)
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13a. Name and Title: Paul Bazemore Organizer	13b. Address (street and number, city, State and ZIP code): 711 Fairfield Avenue Kenilworth, NJ 07033
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13c. Tel. No. (917)653-2932	13d. Cell No. (917)653-2932	13e. Fax No. (908)298-8822	13f. E-Mail Address pbazemore@rwdsu.org
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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) Paul Bazemore	Signature 	Title Organizer	Date 4/16/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No. 04-RD-258773 Date Filed 4/6/20

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 7 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 Quad 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 4371 County Line Road Chalfont, PA 18914

3a. Employer Representative - Name and Title James Goff Plant Director 3b. Address (If same as 2b - state same) Same

3c. Tel. No. 215-997-5380 3d. Fax No. N/A 3e. Cell No. N/A 3f. E-Mail Address Jgoff@quad.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory 4b. Principal product or service Direct Marketing

5a. Description of Unit Involved Included: Imaging, Converting, Mailing, Mailing Admin, Production Support, Materials, Roll-Roll, Material Admin Excluded: N/A 5b. City and State where unit is located: Chalfont, PA

6. No. of Employees in Unit 303 7. 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? [X] Yes [] No

8a. Name of Recognized or Certified Bargaining Agent GCC/IBT Local 16N 8b. Affiliation, if any Teamsters

8c. Address 1310 E. Sedgley Ave. Philadelphia PA, 19134 8d. Tel. No. 215-739-1704 8e. Cell No. N/A 8f. Fax No. 215-744-4260 8g. E-Mail Address GCU.Phila@verizon.net

9. Date of Recognition or Certification 6/18/2008 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) June 18, 2020

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? [] Yes [X] No 11b. If so, approximately how many employees are participating? N/A

11c. The Employer has been picketed by or on behalf of (Insert Name) N/A a labor organization, of (Insert Address) N/A since (Month, Day, Year) N/A

12. Organizations or individuals other those named in items 8 and 11c, 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 5 above. (If none, so state) N/A

12a. Name N/A 12b. Address N/A 12c. Tel. No. N/A 12d. Fax No. N/A 12e. Cell No. N/A 12f. E-Mail Address N/A

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13a. Election Type: [X] Manual [] Mail [] Mixed Manual/Mail

13b. Election Date(s) April 8 or April 22 2020 13c. Election Time(s) 5 AM - 9 AM 13d. Election Location(s) Engineering Training Room at Quad in Chalfont PA

14. Full Name of Petitioner (b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C) 14b. Tel. No. N/A 14c. Fax No. N/A 14d. Cell No. (b) (6), (b) (7)(C) 14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15a. Name N/A 15b. Title N/A

15c. Address (Street and number, city, state, ZIP code) N/A 15d. Tel. No. N/A 15e. Fax No. N/A 15f. Cell No. N/A 15g. E-Mail Address N/A

I declare that I have read the above petition and its contents to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C) Title (b) (6), (b) (7)(C) Date Filed March 18, 2020

WILLFUL FALSE STATEMENTS

AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RD-259223	Date Filed 4/16/20

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 Thomas Jefferson University		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 130 s 9th st. PA Philadelphia 19107-	
3a. Employer Representative - Name and Title Joseph Byham VP of Public Safety		3b. Address (If same as 2b - state same) 130 s 9th st. PA Philadelphia 19107-	
3c. Tel. No. (215) 503-3997	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Joseph.byham@jefferson.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc) Healthcare Facilities		4b. Principal product or service Hospital/medical college	
			5a. City and State where unit is located: Philadelphia, PA

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: 89
		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 Law Enforcement Officers Professional Association (b) (6), (b) (7)(C)		8b. Address 18 n 7 h st ste 1 PA Stroudsburg 18360-	
8c. Tel No. (570) 872-9150	8d Cell No. (b) (6), (b) (7)(C)	8e. Fax No.	8f. E-Mail Address (b) (6), (b) (7)(C)@leopa.org
8g. Affiliation, if any none		8h. Date of Recognition or Certification 04/15/2019	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 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): ASAP	11c. Election Time(s): ASAP	11d. Election Location(s): 111 s 11th st Philadelphia, pa 19107	

12a. Full Name of Petitioner (b) (6), (b) (7)(C) Thomas Jefferson University		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) None		

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

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 04/16/2020 00:43:01
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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
Security Officers

Employees Excluded
Supervisors

DO NOT WRITE IN THIS SPACE	
Case	Date Filed