

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-244150	Date Filed 7/1/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, ~~submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located.~~ 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: ACM Excel	2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 5176 Harding highway Mayslanding NJ, 08330
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3a. Employer Representative - Name and Title: Geoff Berns/Melanie Charlesworth	3b. Address (if same as 2b - state same): same
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3c. Tel. No. 609-625-1364	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Architectural panel fabrication	4b. Principal Product or Service Panel Systems	5a. City and State where unit is located: Mayslanding NJ.
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6b. Description of Unit Involved: Included: Panel fabricaters full&part time, Shop CNC operators/full&part time,packing &shippin	6a. Number of Employees in Unit: 7
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Excluded: Owners & office staff,	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) 06-25-2019 and Employer declined recognition on or about (Date) 06-28-2019 (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) SMART LU# 27	8b. Address: 322 Squankum-Yellowbrook rd, po box 847 Farmingdale NJ 07727
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8c. Tel. No. 732-919-1999	8d. Cell No. 609-377-4515	8e. Fax No. 732-938-7901	8f. E-Mail Address gnowatcki@smwlu27.org
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8g. Affiliation, if any: International Association SMART	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? _____, 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:
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): <u>July 25, 2019</u>	11c. Election Time(s): <u>7:00 AM to 8:00 AM</u>	11d. Election Location(s): <u>The Shop</u>
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12a. Full Name of Petitioner (including local name and number): International Association SMART LU# 27	12b. Address (street and number, city, State and ZIP code): 322 Squankum-Yellowbrook rd, po box 847 Farmingdal NJ
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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):
International Association of Sheet Metal Air Rail Transportation Workers

12d. Tel. No. 732-919-1999	12e. Cell No. 609-377-4515	12f. Fax No. 732-938-7901	12g. E-Mail Address gnowatcki@smwlu27.org
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13a. Name and Title: George Nowatcki/ Organizer	13b. Address (street and number, city, State and ZIP code): 322 Squankum-Yellowbrook rd Farmingdale nj 07727
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13c. Tel. No. 732-919-1999	13d. Cell No. 609-377-4515	13e. Fax No. 732-938-7901	13f. E-Mail Address gnowatcki@smwlu27.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) George Nowatcki	Signature <i>George Nowatcki</i>	Title Organizer	Date 06-25-2019
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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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	04-RC-244253
Date Filed	7/2/19

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 ESS Support Services LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 800 Kings Highway N, Suite 405, Cherry Hill, NJ 08034	
3a. Employer Representative - Name and Title Tom Basehore, Regional Manager		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 856-482-0300 x 3263	3d. Cell No. N/A	3e. Fax No. 856-334-1772	3f. E-Mail Address TBasehore@ESS.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Educational Staffing		4b. Principal product or service Paraprofessional Services	5a. City and State where unit is located: Winslow, NJ

5b. Description of Unit Involved Included: See attached A Excluded: See attached A		6a. No. of Employees in Unit: 150
		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: 7a. Request for recognition as Bargaining Representative was made on (Date) 7/2/19 and Employer declined recognition on or about No Reply (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). 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? 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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): 7/15/19 - 7/26/19	11c. Election Time(s): mail ballot returned in two weeks	11d. Election Location(s): US postal mail
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12a. Full Name of Petitioner (including local name and number)
United Electrical Radio and Machine Workers of America (UE) c/o Karen Hardin

12b. Address (street and number, city, state, and ZIP code)
One Gateway Center, Suite 1400, Pittsburgh, PA 15222

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Electrical, Radio and Machine Workers of America (U.E.)

12d. Tel No. 412-471-8919	12e. Cell No. 440-645-8072	12f. Fax No. 412-471-8999	12g. E-Mail Address karen.hardin@ueunion.org
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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 Michael J. Healey		13b. Address (street and number, city, state, and ZIP code) 247 Ft. Pitt Boulevard, Fourth Floor, Pittsburgh, PA 15222	
13c. Tel No. 412-391-7711	13d. Cell No. 412-760-0342	13e. Fax No. 412-281-9509	13f. E-Mail Address mike@unionlawyers.net

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 J. Healey	Signature 	Title Attorney	Date July 2, 2019
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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 will cause the NLRB to decline to invoke its processes.

Attachment A:

All full-time and regular part time paraprofessional classroom aides, primary classroom assistants and classroom assistants including one on one aides and non instructional aides, employed by the Employer in the Winslow, NJ Area School District;

Excluding all office clerical employees and guards, managerial employees and supervisors as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-244290	Date Filed 7/2/19

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 Pone Electric, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7 Vine Lane PA Levittown 19054-	
3a. Employer Representative - Name and Title Mike Pone		3b. Address (If same as 2b - state same) 7 Vine Lane PA Levittown 19054-	
3c. Tel. No. (267) 249-1642	3d. Cell No.	3e. Fax No.	3f. E-Mail Address poneelectric@comcast.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electronic Instr. & Controls	4b. Principal product or service Electrical Services	5a. City and State where unit is located: Levittown, PA	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 3
Included: See Attached Page 2 for additional details		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"/>
Excluded: See Attached Page 2 for additional details		

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).		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? _____ 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.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): July 5, 2019	11c. Election Time(s): 9:00 a.m.	11d. Election Location(s): Employer's Office
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12a. Full Name of Petitioner (including local name and number) Richard Donovan International Brotherhood of Electrical Workers, Local Union No. 269	12b. Address (street and number, city, state, and ZIP code) 670 Whitehead Road NJ Lawrenceville 08648-
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Electrical Workers	

12d. Tel No. (609) 394-8129	12e. Cell No. (215) 787-7953	12f. Fax No. (609) 599-2998	12g. E-Mail Address rdonovn@ibew269.com
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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 Andrew L. Watson, Attorney Pellettieri, Rabstein & Altman		13b. Address (street and number, city, state, and ZIP code) 989 Lenox Drive, First Floor NJ Lawrenceville 08648-	
13c. Tel No. (609) 520-0900	13d. Cell No. (609) 520-0900	13e. Fax No. (609) 896-1265	13f. E-Mail Address awatson@pralaw.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) Richard Donovan	Signature Richard Donovan	Title Small Work Representative	Date 06/28/2019 12:27:30
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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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DO NOT WRITE IN THIS SPACE

Case

Date Filed

04-RC-244290

7/2/19

Attachment

Employees Included
Electricians

Employees Excluded
None

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-244824	Date Filed 7/15/19

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 New Penn Motor Express, LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2300 Garry Road NJ Cinnaminson 08077-
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3a. Employer Representative - Name and Title Dan Schmidt	3b. Address (if same as 2b - state same) 625 South Fifth Avenue PA Lebanon 17042-
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3c. Tel. No.	3d. Cell No. (717) 269-6513	3e. Fax No.	3f. E-Mail Address dschmidt@newpenn.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service Terminal and Transportation	5a. City and State where unit is located: Palmyra, NJ
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5b. Description of Unit Involved	6a. No. of Employees in Unit: 12
Included: See Attached Page 2 for additional details	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"/>
Excluded: See Attached Page 2 for additional details	

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 07/15/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received

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 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): July 31, 2019	11c. Election Time(s): 2:00 p.m. to 6:00 p.m.	11d. Election Location(s): Employee Breakroom at Employer's facility.
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12a. Full Name of Petitioner (including local name and number) Shawn Dougherty Teamsters Local 107	12b. Address (street and number, city, state, and ZIP code) 12275 Townsend Road PA Philadelphia 19154-
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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)
International Brotherhood of Teamsters

12d. Tel No. (215) 552-0070	12e. Cell No.	12f. Fax No. (215) 552-0071	12g. E-Mail Address sdougherty@teamsters107.com
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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 Lance Geren Attorney for Teamsters Local 107 O'Donoghue & O'Donoghue, LLP	13b. Address (street and number, city, state, and ZIP code) 325 Chestnut Street, Suite 600 PA Philadelphia 19106-
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13c. Tel No. (215) 629-4970	13d. Cell No. (202) 805-6148	13e. Fax No. (215) 629-4996	13f. E-Mail Address lgeren@odonoghuelaw.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) Lance Geren	Signature Lance Geren	Title Attorney for Teamsters Local 107	Date 07/15/2019 07:21:28
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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 will cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE

Attachment

Case	04-RC-244824	Date Filed	7/15/19
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Employees Included

All full-time and regular part-time clerical employees employed by the Employer at its 2300 Garry Road, Cinnaminson, New Jersey facility.

Employees Excluded

All other employees, managerial employees, guards and supervisors within the meaning of the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **04-RC-244892** Date Filed **7/15/19**

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: HHS
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 9990 Verree Road, Philadelphia, PA 19115

3a. Employer Representative - Name and Title: Lisa Molnar, President Human Capital Mgmt
3b. Address (if same as 2b - state same): 12495 Silver Creek Road, Dripping Spring, TX 78620

3c. Tel. No. 512-478-1888
3d. Cell No.
3e. Fax No. 512-591-0125
3f. E-Mail Address Lisam@hhs1.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare and Support Services
4b. Principal Product or Service Housekeeping & laundry service
5a. City and State where unit is located: Philadelphia, PA

5b. Description of Unit Involved:
Included: All full-time and regular part-time housekeeping and laundry employees.
Excluded: All other employees, supervisors and guards as defined by the Act.
6a. Number of Employees in Unit: 13
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) July 11, 2019 and Employer declined recognition on or about (Date) no reply received (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) 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? 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) 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: Request that employees be permitted to self-release in order to vote.
11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): July 24, 2019
11c. Election Time(s): 2 p.m. to 4 p.m.
11d. Election Location(s): conference rm. at 9990 Verree Rd., Phila. PA

12a. Full Name of Petitioner (including local name and number): Retail, Wholesale and Department Store Union, Local 108
12b. Address (street and number, city, State and ZIP code): 1576 Springfield Avenue, Maplewood, NJ 07040

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food and Commercial Workers Union International Union

12d. Tel. No. 973-762-7224
12e. Cell No.
12f. Fax No. 973-762-6065
12g. E-Mail Address cnhalljr108@aol.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Wendy Chierici, Esquire
13b. Address (street and number, city, State and ZIP code): 230 S. Broad Street, Suite 1400, Phila. PA 19102

13c. Tel. No. 215-732-0101
13d. Cell No. 215-298-3808
13e. Fax No. 215-732-7790
13f. E-Mail Address wchierici@spearwilderman.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) Wendy Chierici Signature Wendy Chierici Title Union Counsel Date 7/15/2019

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-244895	Date Filed 7-16-19

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:
Prizer Painter Stove Works

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
318 June Ave, Blandon PA 19510

3a. Employer Representative - Name and Title:
Gregory Rollin / General Manager

3b. Address (if same as 2b - state same):
318 June Ave, Blandon PA 19510

3c. Tel. No. 610.376.7479 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address**

4a. Type of Establishment (Factory, mine, wholesaler, etc.):
Factory

4b. Principal Product or Service:
stoves, refrigerators,

5a. City and State where unit is located:
Reading PA

5b. Description of Unit Involved:
Included:
Assembly, manufacturing, paint, polish, shipping, break press, welders and fridge department
Excluded:
Office, management, supervisors and all others excluded under the act.

6a. Number of Employees in Unit:
120

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) 7.15.19 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) **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: William Dorward **10b. Address:** 1301 S Columbus Blvd Philadelphia PA 19147 **10c. Tel. No.** 215.952.1899 **10d. Cell No.** 610.633.6494
10e. Fax No. **10f. E-Mail Address:** bdorward2@lu19.com

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): August 9th 2019 **11c. Election Time(s):** 2:30 pm **11d. Election Location(s):** 318 June Ave, Blandon PA 19510

12a. Full Name of Petitioner (including local name and number): SMART Local 19 **12b. Address (street and number, city, State and ZIP code):** 1301 S Columbus Blvd Philadelphia PA 19147

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
(smart) Sheet Metal air rail & transportation workers international association

12d. Tel. No. 215.952.1999 **12e. Cell No.** 610.633.6494 **12f. Fax No.** 215.952.0250 **12g. E-Mail Address:** bdorward2@lu19.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: William Dorward / Area Marketing Representative **13b. Address (street and number, city, State and ZIP code):** 1301 S Columbus Blvd Philadelphia PA 19147

13c. Tel. No. 215.952.1999 **13d. Cell No.** 610.633.6494 **13e. Fax No.** 215.952.0250 **13f. E-Mail Address:** bdorward2@lu19.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) William Dorward Signature *William Dorward* Title Area Marketing Representative Date 7.15.19

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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
04-RC-245061	7/17/19

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: PHMC (Public health management Corporation)	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1500 Market street suite 1500 Philadelphia, PA 19102
---	---

3a. Employer Representative - Name and Title: Robert Heiningner Medical Director	3b. Address (if same as 2b - state same):
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3c. Tel. No. 215-985-2500	3d. Cell No. 1-267-315-4445	3e. Fax No. 215-985-2500	3f. E-Mail Address rheiningner@phmc.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Community Health	4b. Principal Product or Service Community Health	5a. City and State where unit is located: Philadelphia
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5b. Description of Unit involved: Included: Medical assistants & non-professional staff	6a. Number of Employees in Unit: 51
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Excluded: All other employees guards and supervisor as defined by the Act	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: 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) SEIU 668 Randall Bacon #	8b. Address: 2589 Interstate Drive, Harrisburg, PA 17110
---	--

8c. Tel. No. 717-657-7677	8d. Cell No. 412-708-8566	8e. Fax No. 717-657-7662	8f. E-Mail Address randall.bacon@seiu668.org
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8g. Affiliation, if any: Service employees International Union	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? 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: _____ 11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): 7/31/19, 8/1/19	11c. Election Time(s): multiple see attached	11d. Election Location(s): multiple see attached
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12a. Full Name of Petitioner (including local name and number): Randall E. Bacon II Service employees International Union Local 668	12b. Address (street and number, city, State and ZIP code): 2589 Interstate Drive, Harrisburg, PA 17110
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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):
Service Employees' International Union

12d. Tel. No. 202-730-7600	12e. Cell No.	12f. Fax No.	12g. E-Mail Address Seiu.org/
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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: Randall Bacon II Organizing Director	13b. Address (street and number, city, State and ZIP code): 2589 Interstate Drive, Harrisburg, PA 17110
--	---

13c. Tel. No. 412-708-8566	13d. Cell No. 412-708-8566	13e. Fax No. 717-657-7662	13f. E-Mail Address randall.bacon@seiu668.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) Randall E. Bacon II	Signature Randall Bacon II	Title Organizing Director	Date 7/17/19
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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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-245349	Date Filed 7/24/19

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:
JWT Wholesale Tire Company

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
4667 Somerton Road, Unit H
Trevose, PA 19053

3a. Employer Representative - Name and Title:
Steve Ira, General Manager

3b. Address (if same as 2b - state same):
Same

3c. Tel. No. (267) 778-9923 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address**

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Wholesaler

4b. Principal Product or Service
Tires

5a. City and State where unit is located:
Trevose, PA

5b. Description of Unit Involved:
Included:
All drivers employed at the Employer's Trevose, PA facility.

Excluded:
All other employees, guards and supervisors defined in the Act.

6a. Number of Employees in Unit:
12

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 07/22/19 and Employer declined recognition on or about (Date) no reply received (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)
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? 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)
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: On site election at earliest possible date. **11a. Election Type:** Manual Mail Mixed Manual/Mail

11b. Election Date(s): Wednesday July 30, 2019 **11c. Election Time(s):** Between 3 p.m. and 6 p.m. **11d. Election Location(s):** Employer's facility

12a. Full Name of Petitioner (including local name and number):
Teamsters Local 929, affiliated with IBT and Teamsters Joint Council No. 53

12b. Address (street and number, city, State and ZIP code):
4345 Frankford Avenue
Philadelphia, PA 19124

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters

12d. Tel. No. (215) 288-1430 **12e. Cell No.** **12f. Fax No.** 215-288-8128 **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:
John Bryan, Recording Secretary

13b. Address (street and number, city, State and ZIP code):
Same

13c. Tel. No. **13d. Cell No.** 267-972-9910 **13e. Fax No.** **13f. E-Mail Address** john.bryan@teamsterslocal929.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) Neal Goldstein Signature [Signature] Title Counsel Date 07/22/19

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

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-245703	Date Filed 7/30/19

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:
Mountain View Care & Rehabilitation Center

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
2309 Stafford Avenue, Scranton, PA. 18505

3a. Employer Representative - Name and Title:
Donna Molinaro Administrator

3b. Address (if same as 2b - state same):
Same

3c. Tel. No.: (570)341-0050

3d. Cell No.:

3e. Fax No.: (570)341-0051

3f. E-Mail Address: ceo@mountainviewscranton.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.):
Nursing Home

4b. Principal Product or Service:
Patient Care

5a. City and State where unit is located:
Scranton, PA.

6b. Description of Unit Involved:
Included: All Regular Full Time & Part Time Laundry, HouseKeeping, Floor Techs & activity Aides Employees

6a. Number of Employees in Unit:
19

Excluded: All Other Employees, Supervisors and Guards as defined by the Act

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 07/30/19 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):

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? _____ 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 Armour-Globe Election**

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

11b. Election Date(s): 8/14/19

11c. Election Time(s): 6:00AM - 8:00AM & 2:00PM - 4:00PM

11d. Election Location(s): In the Chapel Room at Employers Facility

12a. Full Name of Petitioner (including local name and number):
Retail, Wholesale & Department Store Union (RWDSU)

12b. Address (street and number, city, State and ZIP code):
370 Seventh Avenue Suite 501 New York, NY 10001

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.: (917)653-2932

12e. Cell No.: (917)653-2932

12f. Fax No.: (212)779-2809

12g. E-Mail Address: pbazemore@rwdsu.org

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):
370 Seventh Avenue Suite 501 New York, NY 10001

13c. Tel. No.: (917)653-2932

13d. Cell No.: (917)653-2932

13e. Fax No.: (212)779-2809

13f. E-Mail Address: pbazemore@rwdsu.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) Paul Bazemore

Signature 

Title Organizer

Date 07/30/19

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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

LABOR AGREEMENT

THIS LABOR AGREEMENT, entered into this 08 day of September, 2017, by and between GARDA CL ATLANTIC, INC. ("GCLA") hereinafter referred to as "GCLA" or "Company", and INTERNATIONAL UNION, SECURITY POLICE AND FIRE PROFESSIONALS OF AMERICA ("SPFPA") and its Amalgamated Local 506, hereinafter designated as "Union", made and entered into for the purpose of fixing the scale of wages, schedule of hours and certain rules and regulations affecting employees covered pursuant to the terms hereof.

PREAMBLE

- A. It is the intention and purpose of the parties to improve labor relations among the Company, its employees and the Union, and to further the advancement of the armored car industry.
- B. Towards this end, it is the intention of the parties to set forth in this agreement, the rates of pay, hours of work and other conditions of employment, for all employees coming under the jurisdiction of the Union and covered by this agreement; to provide procedures for the equitable adjustment of grievances; and to prevent lock-outs, strikes, work stoppages or any other interference with the operation of the Company during the life of the agreement.
- C. It is understood that the Company shall not unfairly coerce employees in the performance of their duties.
- D. Employees are required to conduct themselves in a professional manner and to comply with generally understood principles of moral conduct, integrity and work ethics, at all times.
- E. It is with this understanding that this agreement is entered into between the Union, the Company, and its employees.

IN CONSIDERATION of the mutual promises and covenants herein set forth and contained, the parties hereto agree as follows:

ARTICLE 1 - RECOGNITION:

The Company recognizes the Union as the exclusive representative for purposes of collective bargaining for all Drivers, Driver/Guards, Driver/Messengers, ATM Drivers, and Vault/Route Custodians performing Guard

duties as defined in Section 9(b)(3) of the National Labor Relations Act, as amended; who are employed by the Employer at its 500 Corporate Drive, Rear Building 5, Reading, PA facility. Excluding all other employees, including cash processing tellers, money room employees, office clerical employees, professional employees and supervisors as defined in the Act and pursuant to NLRB Case No. 4-RC-21516 dated February 2, 2009.

ARTICLE 2 - BULLETIN BOARD, ACCESS AND SHOP STEWARDS:

(a) Shop Stewards - Company recognizes the right of the Local Union to designate Stewards and alternates from the Company's seniority list. The authority of the Stewards and alternates so designated shall be limited to and shall not exceed the following duties and activities:

(i) The investigation and presentation of grievances to the Company or the designated Company representative in accordance with the collective bargaining agreement;

(ii) The transmission of such messages and information, which shall originate with, and be authorized by, the Local Union or its officers provided such information and/or message:

(I) Has been reduced to writing; or

(II) If not reduced to writing, are of a routine nature and do not involve work stoppages, slowdowns, refusal to handle goods, or any other interference with the Company's business.

The Union agrees to these limitations upon the authorized Stewards and alternates. The Union shall not be liable for unauthorized acts of the Stewards.

The Steward or the alternate shall be permitted reasonable time to investigate, present grievances and process grievances. Where mutually agreed to by the Local Union and the Company, the Steward and/or the alternate may investigate grievances off the property or other than during their regular schedule with the exception of during an unpaid meal break applicable to all persons involved. The Company recognizes the right of the Steward and/or his or her alternate to be represented by another Steward or alternate should such Steward or alternate reasonably contemplate disciplinary action.

(b) Bulletin Board and Access - Subject to prior notice and approval by the Company, the Company agrees that authorized union representatives will have access to designated areas of the Company's facility for the purpose of providing representation of bargaining unit members and the carrying out of other legitimate Union business. It is understood that the Company will not unreasonably withhold visitation approval as contemplated herein.

Upon execution by the parties, this Agreement shall be effective as of July 2, 2016, and shall remain in full force and effect through midnight, July 1, 2019.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by the respective officers thereunto duly authorized this ____ day of _____, 2017.

FOR THE UNION:
INTERNATIONAL SECURITY POLICE AND
FIRE PROFESSIONALS OF
AMERICA, AMALGAMATED Local 506

By: Paul A. Crawford

Its: INTERNATIONAL V.P., REGION 1

By: [Signature]

Its: PRESIDENT
LOCAL 506 SPPA

By: _____

Its: _____

FOR THE COMPANY:
GARDA CL ATLANTIC, INC.

By: [Signature]

Its: REGIONAL DIRECTOR
EMPLOYEE & LABOR RELATIONS

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RM-245364	Date Filed 7/24/19

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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner:
St. Mary Medical Center

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
1201 Langhorne-Newtown Road, Langhorne, PA 19047

3a. Employer/Petitioner Representative - Name and Title:
Dr. Larry Brilliant, President

3b. Address (if same as 2b - state same):
Same

3c. Tel. No.
215-710-2006

3d. Cell No.
215-990-8829

3e. Fax No.
610-988-0868

3f. E-Mail Address
LBrilliant@stmaryhealthcare.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Hospital

4b. Principal Product or Service
Health Care

5a. Description of Unit Involved:
Included:
See Exhibit A
Excluded:
See Exhibit A

5b. City and State where unit is located:
Langhorne, PA

6. Number of Employees in Unit:
821

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable
 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) 06/18/19
 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

8a. Name of Recognized or Certified Bargaining Agent - Name
N/A

8b. Affiliation, if any:

8c. Address:

8d. Tel. No.

8e. Cell No.

8f. Fax No.

8g. E-Mail Address

9. Date of Recognition or Certification
N/A

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

11. 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) _____

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)
 Pennsylvania Association of Staff Nurses and Allied Professionals.

12a. Name and affiliation if any
PASNAP

12b. Address
1 Fayette Street, Suite 475
Conshohocken, PA 19428

12c. Tel. No.
12d. Cell No.
215-360-1251

12e. Fax No.
12f. E-Mail Address
610-567-2915
mark@pasnap.com

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: _____

13a. Election Type:
 Manual Mail Mixed Manual/Mail

13b. Election Date(s):
Aug. 22 & Aug 23

13c. Election Time(s):
6:30a-9:30a; 11:00a-2:00p; 6:30p-9:30p

13d. Election Location(s):
Medical Staff Conference Room

14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title:
Michael G. Tierce

14b. Address (street and number, city, State and ZIP code):
1818 Market Street, 29th Floor, Philadelphia PA 19103

14c. Tel. No.
215-751-2865

14d. Cell No.
215-990-8829

14e. Fax No.
610-988-0868

14f. E-Mail Address
mgt@stevenslee.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) Michael G. Tierce Signature  Title Attorney Date 7/28/19

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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Exhibit A to RM Petition

Unit Description:

Included: All full-time, part-time, per diem and pool Registered Nurses employed by the Employer at its facility located at 1201 Langhorne-Newtown Road, Langhorne, PA 19047

Excluded: All other employees, physicians, other professional employees, technical employees, service and maintenance employees, skilled maintenance employees, business office clerical employees, guards and supervisors, as defined by the Act.