UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRIT	E IN THIS SPACE	E
Case No.	04-RC-237167	Date Filed	3/06/19

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INSTRUCTIONS: Unless e-Filed						
in which the employer concerne						
of service showing service on t						
(Form NLRB-505); and (3) Desc				RB 4812). The sh	owing of inte	rest should only be filed
with the NLRB and should <u>not</u> l	e served on the	employer or an	y other party.			
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition- requests that the National Labor R	er desires to be certifi	ed as representativ	e of the employees. The i	Petitioner alleges that	at the following	circumstances exist and
2a. Name of Employer		2b. Ad	dress(es) of Establishment			
US Foods, Inc.		12 P/	200 Hoover Ave A Allentown 18109-			
3a. Employer Representative - Name	and Title		3b. Address (If same as			
Ky Lamarca			1200 Hoover Ave PA Allentown 1810	9-		
3c. Tel. No.	3d. Cell No.	•	3e. Fax No.		3f. E-Mail Addre	PSS PSS
(856) 241-4200	un principal de la constant de la co	4b Densinal ass			Fo Cityo	Clata where walt is leasted:
4a. Type of Establishment (Factory, mir Retail (Grocery)	ie, wnoiesaier, etc.)	4b. Principal prod	duct or service Food Delivery		Sa. City ai	nd State where unit is located: Allentown, PA
5b. Description of Unit Involved	·	<u></u>	FOOd Delivery			6a. No. of Employees in Unit:
	ditional datails					116
Included: See Attached Page 2 for ad	ollional details					6b. Do a substantial number (30%
Excluded: See Attached Page 2 for ad						or more) of the employees in the unit wish to be represented by the
Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [7] No [7]						
Check One:	or recognition as Baro	aining Representa	tive was made on (Date)	and		ned recognition on or about
<u> </u>		(If no reply received	· -			
			epresentative and desires of	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 Addre	966
o. 1011to.	00 001110		J CE. P BA NO.		or. E-mail riddie	
8g. Affiliation, if any			8h. Date of Recognition or	Certification		ate of Current or Most Recent
					Contract, ii any	(Month, Day, Year)
9. Is there now a strike or picketing at the	ne Employer's establis	hment(s) involved	? No If so, approx	imately how many em	plovees are part	icipating?
(Name of labor organization)			eted the Employer since (f	•		
Organizations or individuals other the known to have a representative interest					esentatives and	other organizations and individuals
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB cond any such election.	lucts an election in thi	s matter, state you	r position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail
11b. Election Date(s): March 25, 2019	11c. El 10am to	ection Time(s): 7pm		11d. Election Locati Driver Check In Area	- 1-7	
12a. Full Name of Petitioner (Includin Matt Weidman Teamster Local 773	g local name and nu	ımber)		12b. Address (stree 3614 Lehigh St Suite PA Whitehall 18052-	t and number, ci A	ty, state, and ZIP code)
12c. Full name of national or internation International Brotherhood Of Teamsters	al labor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)		
12d. Tel No. (484) 506-7509	12e. Cell No. (484) 506-7509		12f. Fax No.		12g. E-Mail Add mweidman@tea	dress amster773.org
13. Representative of the Petitioner v	vho will accept servi	ce of all papers fo	or purposes of the repres	entation proceeding		
13a. Name and Title			13b. Address (street and	d number, city, state, a	and ZIP code)	
13c. Tel No.	13d. Cell No.	· · · · · · · · · · · · · · · · · · ·	13e. Fax No.		13f. E-Mail Add	ress
I declare that I have read the above p	etition and that the	statements are tru	ue to the best of my know	ledge and belief.		
Name (Print)	Signature		Title		Date	
Matt Weidman	Matt Weidman		Business Agent / Organi	zer	03/4/2019 1	5:29:22

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

DO NOT WRITE	IN THIS SPACE
Case	Date Filed
04-RC-237167	3/06/19

Employees Included

All full-time and regular part-time, blue collar, non professional CDL A, CDL B, Shuttle, Backhaul, Day Utility, Jockeys and Mechanics

Employees Excluded

All other employees including but not limited to managers, supervisors, first level supervisors, warehouse employees, building maintenance, custodians and guards as defined in the act.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE	Date Filed
Case No.	Date Filed
04-RC-237380	3/11/19

	 					04-RC-2			3/1	1/19;
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other partie Case Procedures (Form NLRB 48	s named in 12). The st	the petition of: (nowing of interes	panied p 1) the pe t should	y both a s tition; (2) only be fil	nowing of Interest (see 6 Statement of Position for ed with the NLRB and st	b below) an m (Form Ni nould not be	d a certifica .RB-505); an served on t	le of service st d (3) Description he employer of	howing se on of Rep rany othe	ervice on resentation er party.
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioner and Petitioner and Petitioner and Petitioner requests that the National Laboratory	ioner desire	es to be certified a	s represe	entative of t	he employees. The Petitic	oner alleges	that the foll	owina circume	tanicos ov	lective dist and
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) involved	(Street and	number, City	State, ZIP code	e):	
Jefferson University Hosp			111 5	111 South 11th Street, Philadelphia, PA 19107						
3a. Employer Representative - Nar			3b. Add	ress (if san	ne as 2b - state same):					
James Kerrigan, Director	Jefferso	n Security	Same							
3c. Tel. No. 215-955-0368	3d. Cell N	0.		3e. Fax N	0.	3f. E-Mail		jefferson.e	du	
4a. Type of Establishment (Factory,	mine whole	eglar eta l		Ab Princip	al Product or Service	Tarrics.		d State where u		444
University Hospital	wine, whole	salar, alc.)		Health			Philadelp		init is icca	tea:
5b. Description of Unit Involved: Included:							6a. Numbe	r of Employees	in Unit:	
All full time and regualr p	art time	security offi	cers				90			
Excluded:							6b. Do a si	ibstantial numb	er (30% or	r more)
Jefferson Police officers, Check One: 7a. Request for rec							represe	nted by the Pet	itioner? 🔀	Yes No
on or about (Date)		(lf n	o repty re	eceived, so	state).		o Emproyer o	leclined recogni	non	
7b. Petitioner is cui 8a. Name of Recognized or Certific	rently reco	gnized as Bargain	ing Repr	esentative (and desires certification un	nder the Act.				
International Union, Secu				1 1	tdress: 5 West Vanaago S	troot				
Professio	1119, 1 01	ice and the		[203	o west validage s	исс				
8c. Tel. No.	8d. Cell No	0.	-	8e. Fax N		8f. E-Mail	Address			
215-983-4303					rmangum8@aol.com					
8g. Affiliation, if any:			81	th. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 06,30,201				30 2019		
Local no. 511	the Coule	and a stabilish as a			[=] #aa aaaasi-a	<u> </u>				
 Is there now a strike or picketing a (Name of Labor Organization) 	r are Embro	yers establishmet	u(s) invo	ivea 140	and the same of	•		er since (Month,		orl
10. Organizations or individuals other	r than Petiti	oner and those na	med in it	ems 8 and						
individuals known to have a repre									,	
None										
10a, Name		10b. Address				10c. Tel. N	o .	10d. Cell No.		
						10e. Fax N	0.	10f. E-Mail Add	iress	
11. Election Details: If the NLRB co	nducts and	election in this ma	itter, stat	e your posi	tion with respect to any su	ch election:	11a. Election	• -	- Mivad (Manual/Mall
11b. Election Date(s):		11c. Election Tim	18(8):			I 11d. Election	on Location(s			VIAIIUGUIVIGII
20-Mar-2019	. 1	7am - 9am		- 5pm				ation at JE	fferson	Hospital
12a. Full Name of Petitioner (includ					12b. Address (street and			-		
Law Enforcement Profess					18 North 7th Stre			lsburg, PA	18360	
12c. Full name of national or internat None	ional fabor (organization of wh	ich Petiti	oner is an a	iffiliate or constituent (if no	one, so state):			
12d. Tel. No.	12e. Cell 1	lo.	_	12f, Fax N	0.	12g. E-Ma	l Address			
	ŀ					L				
 Representative of the Petitione Name and Title: 	r who will a	accept service of	all pape		ooses of the representati ess (street and number, cit					
(b) (6), (b) (7)(C)		•			h 7th Street, Suite 1,	• •		8360		
13c. Tel. No.	13d. Cell N		(5) (8)	13e. Fax I		13f. E-Mail				
845-514-3714 I declare that I have read the above	(b) (6), (ad that d		b) (7)(C)	(b) (6), (b) (7)(C)	(D) (O), and belief.	(b) (7)(C)			
Name (Print)	e peation a	(b)	(6)). (b) (le				Date
(b) (6), (b) (7)(C)		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	()	, (10	, (,) (p) (6), (b) (7	(C)			3,7,2019

Name (Print)

Sarah Fishbein

Signature Sarah Fishbein

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. 04-RC-237625 DO NOT WRITE IN THIS SPACE Date Filed 3/14/19

RC PETITION 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 336 Southwest End Ave Genesis Healthcare Hamilton Arms 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 336 Southwest End Ave PA Lancaster 17603-Linda Sullivan 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address linda.sullivan@genesishcc.com (717) 393-0419 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Healthcare Long Term Care Lancaster, PA 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 Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [] No [] and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 03/12/2019 (Date) (If no reply received, so state). Yes 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. 8f. E-Mail Address 8e. Fax No. 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 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 3/21/19 11c. Election Time(s): 11d. Election Location(s): 1-4pm The Facility 12a. Full Name of Petitioner (including local name and number) Sarah Fishbein SEIU Healthcare Pennsylvania 12b. Address (street and number, city, state, and ZIP code) 1500 2nd Ave PA Harrisburg 17113-12c. 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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address sarah.fishbein@seiuhcpa.org (443) 745-4208 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.

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

Organizing Director, VP

03/13/2019 11:18:32

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

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
04-RC-237625	3/14/19			

Employees Included
All Full Time and Regular Part time Licensed Practical Nurses

Employees Excluded
All other employees including supervisors and guards as defined by the act

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 04-/RC-237636

DO NOT WRITE IN THIS SPACE Date Filed 3/14/19

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 b				,,		microsit on and only no mod		
1. PURPOSE OF THIS PETITION: RC-	CERTIFICATION OF	REPRESENTATI	/E - A substantial number	of employees wish to	be represe	ented for purposes of collective		
bargaining by Petitioner and Petitions	er desires to be certifi	ed as representativ	e of the employees. The F	Petitioner alleges th	at the folio	wing circumstances exist and		
requests that the National Labor R	elations Board proc							
2a. Name of Employer			dress(es) of Establishment			, city, State, ZIP code)		
Temple University Hospital, Inc		3401	N. Broad St., Philade) ———			
3a. Employer Representative – Name			3b. Address (If same as	2b – state same)				
John Lasky, Chief Human Resources Officer Same								
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail			
(215) 707-6432		,	(215) 707-8895		<u>- </u>	ky@tuhs.temple.edu		
4a. Type of Establishment (Factory, min	e, wholesaler, etc.)	4b. Principal proc	duct or service		- 1	City and State where unit is located:		
Acute care hospital	· · · · · · · · · · · · · · · · · · ·	Health care			Phil	adelphia, PA		
5b. Description of Unit Involved						6a. No. of Employees in Unit:		
Included: All full-time and regular part-time tra self-determination election to include	insplant support coordinator e the petitioned-for employe	rs employed by the Employes within an existing unit	oyer at Temple University Hospital, of technical and professional empl	Inc. The Petitioner is seeki ovees already represented	ng a by the Petition	13		
						6b. Do a substantial number (30% or more) of the employees in the		
Excluded: All registered nurses, physician	is, service and maintena	ance, skilled maintena	nce, business office clerical en	nployees, managerial ei	mployees,	unit wish to be represented by the		
guards and supervisors as defi	ned in the Act.					Petitioner? Yes 🗸 No		
Check One: / 7a. Request for	r recognition as Barg	aining Representa	tive was made on (Date) 1	2/20/2018 an	d Employe	declined recognition on or about		
			d, so state). No reply		, -	_		
7b. Petitioner	is currently recognize	ed as Bargaining Re	presentative and desires	, certification under the	Act.			
8a. Name of Recognized or Certified			8b. Address					
None	····							
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail	Address		
8g. Affiliation, if any			I 8h. Date of Recognition or	Certification	8i. Expira	ion Date of Current or Most Recent		
						if any (Month, Day, Year)		
9. Is there now a strike or picketing at th	e Employer's establis	shment(s) involved	? No If so, approx	mately how many er	nployees a	e participating?		
(Name of labor organization)		has pick	eted the Employer since //	nonth. Dav. Year)				
l 						s and other organizations and individuals		
known to have a representative interest						s and other organizations and marviduals		
None						_		
10a. Name	10b. Ad	dress		10c, Tel. No.		1		
						10d, Cell No.		
106. 1 BA NO. 101, E-Wall Address								
11 Floation Details: If the All BB cond	uste an election in th	is matter state very	s position with spacest to	10e. Fax No.		10f. E-Mail Address		
Election Details: If the NLRB cond any such election.	ucts an election in th	is matter, state you	r position with respect to		: Man	10f. E-Mail Address		
Election Details: If the NLRB cond any such election. Bection Date(s):		is matter, state you lection Time(s):	r position with respect to	10e. Fax No.		10f. E-Mail Address		
any such election. 11b. Election Date(s): 4/5/2019	11c. El (emplo	lection Time(s): yees released to v		10e. Fax No. 11a. Election Type 11d. Election Loca	tion(s):	10f. E-Mail Address		
any such election. 11b. Election Date(s): 4/5/2019 12a. Full Name of Petitloner (includin	11c. Ei (emplo	lection Time(s): yees released to v umber)	ote)	10e. Fax No. 11a. Election Type 11d. Election Loca Classroom D, Tem 12b. Address (stre	tion(s): nple Univer	10f. E-Mail Address ual Mail Mixed Manual/Mail sity Hospital basement ber, city, state, and ZIP code)		
any such election. 11b. Election Date(s): 4/5/2019 12a. Full Name of Petitloner (includin Temple Allied Professionals/Pennsylv.	11c. El (emplo) g local name and no ania Association of	lection Time(s): yees released to v umber) Staff Nurses and A	ote) Allied Professionals	10e. Fax No. 11a. Election Type 11d. Election Loca Classroom D, Terr 12b. Address (stre 1 Fayette Street, Co	tion(s): nple Univer	10f. E-Mail Address ual Mail Mixed Manual/Mail sity Hospital basement ber, city, state, and ZIP code)		
any such election. 11b. Election Date(s): 4/5/2019 12a. Full Name of Petitloner (includin	11c. El (emplo) g local name and no ania Association of	lection Time(s): yees released to v umber) Staff Nurses and A	ote) Allied Professionals	10e. Fax No. 11a. Election Type 11d. Election Loca Classroom D, Terr 12b. Address (stre 1 Fayette Street, Co	tion(s): nple Univer	10f. E-Mail Address ual Mail Mixed Manual/Mail sity Hospital basement ber, city, state, and ZIP code)		
any such election. 11b. Election Date(s): 4/5/2019 12a. Full Name of Petitloner (includin Temple Allied Professionals/Pennsylv. 12c. Full name of national or internation none	11c. El (emplo) g local name and no ania Association of	lection Time(s): yees released to v umber) Staff Nurses and A	ote) Allied Professionals	10e. Fax No. 11a. Election Type 11d. Election Loca Classroom D, Terr 12b. Address (stre 1 Fayette Street, Co	tion(s): nple Univer et and num Conshohod	10f. E-Mail Address ual Mail Mixed Manual/Mail sity Hospital basement ber, city, state, and ZIP code)		
any such election. 11b. Election Date(s): 4/5/2019 12a. Full Name of Petitloner (<i>includin</i> Temple Allied Professionals/Pennsylv. 12c. Full name of national or internation	g local name and no ania Association of al labor organization	lection Time(s): yees released to v umber) Staff Nurses and A	ote) Allied Professionals is an affiliate or constituen	10e. Fax No. 11a. Election Type 11d. Election Loca Classroom D, Terr 12b. Address (stre 1 Fayette Street, Co	tion(s): nple Univer et and num Conshohoc	10f. E-Mail Address ual Mixed Manual/Mail sity Hospital basement ber, city, state, and ZIP code) ten PA 19428		
any such election. 11b. Election Date(s): 4/5/2019 12a. Full Name of Petitloner (includin Temple Allied Professionals/Pennsylv. 12c. Full name of national or internation none 12d. Tel No.	g local name and not ania Association of al labor organization	lection Time(s): yees released to v umber) Staff Nurses and A of which Petitioner	Allied Professionals is an affiliate or constituen 12f. Fax No. (610) 567-2915	10e. Fax No. 11a. Election Type 11d. Election Loca Classroom D, Tem 12b. Address (stre 1 Fayette Street, C	tion(s): ople Univer et and num Conshohoc 12g. E-M lleshinski	10f. E-Mail Address ual Mixed Manual/Mail sity Hospital basement ber, city, state, and ZIP code) een PA 19428 ail Address		
any such election. 11b. Election Date(s): 4/5/2019 12a. Full Name of Petitioner (includin Temple Allied Professionals/Pennsylv. 12c. Full name of national or internation none 12d. Tel No. (610) 567- 2907 13. Representative of the Petitioner v	g local name and mania Association of al labor organization 12e. Cell No.	lection Time(s): yees released to v umber) Staff Nurses and A of which Petitioner	Allied Professionals is an affiliate or constituen 12f. Fax No. (610) 567-2915	10e. Fax No. 11a. Election Type 11d. Election Loca Classroom D, Terr 12b. Address (stre 1 Fayette Street, Ct (if none, so state)	tion(s): nple Univer et and num Conshohod 12g. E-M lleshinsking	10f. E-Mail Address ual Mail Mixed Manual/Mail sity Hospital basement ber, city, state, and ZIP code) ken PA 19428 ail Address @pasnap.com		
any such election. 11b. Election Date(s): 4/5/2019 12a. Full Name of Petitioner (includin Temple Allied Professionals/Pennsylv. 12c. Full name of national or internation none 12d. Tel No. (610) 567- 2907 13. Representative of the Petitioner v	g local name and mania Association of al labor organization 12e. Cell No.	lection Time(s): yees released to v umber) Staff Nurses and A of which Petitioner	Allied Professionals is an affiliate or constituen 12f. Fax No. (610) 567-2915 or purposes of the repres	10e. Fax No. 11a. Election Type 11d. Election Loca Classroom D, Tem 12b. Address (stree 1 Fayette Street, C t (if none, so state) entation proceeding through the company of the compan	tion(s): nple Univer et and num Conshohod 12g. E-M lleshinsking	10f. E-Mail Address ual Mail Mixed Manual/Mail sity Hospital basement ber, city, state, and ZIP code) ken PA 19428 ail Address @pasnap.com		
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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.

FORM NLRB-502 (RD) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No.	_			_
0000 110.	 _	^	-	

04-RD-237048

DO NOT WRITE IN THIS SPACE

Date Filed
學[3/5/19]

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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.

Case Procedures (Form NLRB 4812). TI		should only be filed	d with the NLI	RB and sho	uld <u>not</u> be served o	n the emplo	yer or any other part	ty.	
PURPOSE OF THIS PETITION: RD- DE- recognized bargaining representative is no Labor Relations Board proceed under	o longer their representa	ative. The Petitioner	alleges that t	he followin	g circumstances ex				
2a. Name of Employer Harrah's Atlantic City		2b. Address(es) of 777 Harrahs B	Establishment lvd , Gheste	(s) involved or, PA 190	(Street and number, 113 4597 AT/	city, state, ZI		08401	
3a. Employer Representative - Name and T	Title	3b. Address (If sam Same	ne as 2b - state	same)		HOUC	CF1 / NO.	<u> </u>	
3c. Tel. No. 3d. Fax N	lo.	3e. Cell No.		3f. E-Mail Address					
4a. Type of Establishment (Factory, mine, wi Resort and Casino	holesaler, etc.)	<u> </u>		4b. Princip Entertair	al product or service nment				
5a. Description of Unit Involved							y and State where un	it	
Included: SEE ATTACHED							located: NJ		
Excluded: SEE ATTACHED									
	Do a substantial numbe recognized bargaining r			n the unit no	longer wish to be re	presented by	the certified or curren	itly	
8a. Name of Recognized or Certified Bargain Teamsters Local 331	ning Agent	v			8b. Affiliation, if any AFL-CIO				
8c. Address 1 Philadelphia Ave			8d. Tel. No. 609-641-2	331	8e. Cell No.				
Egg Harbor City, NJ 08215			8f. Fax No.		8g. E-Mail Address				
9. Date of Recognition or Certification NANVARY 1, 2016		10. Expiration Date		- 1	Contract, if any (Mo	onth, Day, Yea	ar)		
				10	2020	1			
11a. Is there now a strike or picketing at the			ies Mino	11b. II so,	approximately now n	nany employe	ees are participating?	otion of	
11c. The Employer has been picketed by or	on behalf of (insert Nar	ne)			منتسر		a labor organiza	ation, or	
(Insert Address)		to orbital bases alains				e (Month, Da			
12. Organizations or individuals other those and individuals known to have a represe	named in items 8 and 11 Intative interest in any er	nc, which have claims	ea recognition described in ite	m 5 above.	(If none, so state)	anizations N	lone		
	. Address			12c. Tel. N		12d. Fax No			
	•			12e. Cell N	10.	12f. E-Mail A	Address	-	
Election Details: If the NLRB conducts matter, state your position with respect to			<u> </u>	13a. Electi	on Type: 🗙 Manua	1 Mail	Mixed Manual/N	//ail	
13b. Election Date(s) MARCH 15, 2019.	13c Election Tir	es) 1st shi	ich	13d. Electi	on Location(s) APRAGE	PACE	TENIA		
14. Full Name of Petitioner (b) (6), (b) (7)(C)		0 3.		1	MI-ISHIT .	OFIT C	IBIGIK		
14a Address (Street and number city state				(6) (6)	(b) (7)(C)	14c. Fax No			
(b) (6), (b) (/)(C)		ı			(b) (6	6), (b) (7	YC	
14f. Affiliation, if any None				(5) (5)	, (5) (1)(5)	(5) (0), (b) (r	Λ Ο,	
15. Representative of the Petitioner who	will accept service of a	Il papers for purpos	ses of the rep		proceeding.				
(b) (6), (b) (7)(C)				15b. Title	INDIVIE	DAL			
(b) (6), (b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			15d. Tel. N	lo.	15e. Fax No			
					, (b) (7)(Ċ)	(b) ((6), (b)	(7)(
I declare that I have read the above petition				1	d belief.		In. State		
[№] (b) (6), (b) (7)(C)	Signati (b) (6), (b) (/)(C)	Title (A)	INDIV	1 DU	AC Date Filed		

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

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.