

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

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 US Foods, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1200 Hoover Ave PA Allentown 18109-
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3a. Employer Representative - Name and Title Ky Lamarca	3b. Address (if same as 2b - state same) 1200 Hoover Ave PA Allentown 18109-
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3c. Tel. No. (856) 241-4200	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (Grocery)	4b. Principal product or service Food Delivery	5a. City and State where unit is located: Allentown, PA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 116 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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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
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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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): March 25, 2019	11c. Election Time(s): 10am to 7pm	11d. Election Location(s): Driver Check In Area
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12a. Full Name of Petitioner (Including local name and number) Matt Weidman Teamster Local 773	12b. Address (street and number, city, state, and ZIP code) 3614 Lehigh St Suite A PA Whitehall 18052-
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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. (484) 506-7509	12e. Cell No. (484) 506-7509	12f. Fax No.	12g. E-Mail Address mweidman@teamster773.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	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Matt Weidman	Signature Matt Weidman	Title Business Agent / Organizer	Date 03/4/2019 15:29:22
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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-237167

Date Filed

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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 04-RC-237380 Date Filed 3/11/19

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: Jefferson University Hospital		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 111 South 11th Street, Philadelphia, PA 19107	
3a. Employer Representative - Name and Title: James Kerrigan, Director Jefferson Security		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. 215-955-0368	3d. Cell No.	3e. Fax No.	3f. E-Mail Address james.kerrigan@jefferson.edu
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) University Hospital	4b. Principal Product or Service Health care	5a. City and State where unit is located: Philadelphia, PA
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6b. Description of Unit Involved: Included: All full time and regular part time security officers Excluded: Jefferson Police officers, and all other employees, supervisors, management	6a. Number of Employees in Unit: 90
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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) _____ 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) International Union, Security, Police and Fire Professio	8b. Address: 2035 West Vanaago Street
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8c. Tel. No. 215-983-4303	8d. Cell No.	8e. Fax No.	8f. E-Mail Address rmangum8@aol.com
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8g. Affiliation, if any: Local no. 511	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 06,30,2019
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No Yes If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: _____ 11a. Election Type:
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): 20-Mar-2019	11c. Election Time(s): 7am - 9am / 3pm - 5pm	11d. Election Location(s): secure on site location at Jefferson Hospital
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12a. Full Name of Petitioner (including local name and number): Law Enforcement Professionals Association (LEOPA)	12b. Address (street and number, city, State and ZIP code): 18 North 7th Street, Suite 1, Stroudsburg, PA 18360
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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):
None

12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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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:
(b) (6), (b) (7)(C)
13b. Address (street and number, city, State and ZIP code):
18 North 7th Street, Suite 1, Stroudsburg, PA 18360

13c. Tel. No. 845-514-3714	13d. Cell No. (b) (6), (b) (7)(C)	13e. Fax No. (b) (6), (b) (7)(C)	13f. E-Mail Address (b) (6), (b) (7)(C)
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I declare that I have read the above petition and that _____ is true and correct to the best of my knowledge and belief.
Name (Print) (b) (6), (b) (7)(C) Title (b) (6), (b) (7)(C) Date 3,7,2019

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

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 Genesis Healthcare Hamilton Arms	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 336 Southwest End Ave PA Lancaster 17603-
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3a. Employer Representative - Name and Title Linda Sullivan	3b. Address (If same as 2b - state same) 336 Southwest End Ave PA Lancaster 17603-
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3c. Tel. No. (717) 393-0419	3d. Cell No.	3e. Fax No.	3f. E-Mail Address linda.sullivan@genesishcc.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal product or service Healthcare Long Term Care	5a. City and State where unit is located: Lancaster, PA
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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) 03/12/2019 and Employer declined recognition on or about 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
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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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 3/21/19	11c. Election Time(s): 1-4pm	11d. Election Location(s): The Facility
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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-
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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. (443) 745-4208	12e. Cell No.	12f. Fax No.	12g. E-Mail Address sarah.fishbein@seiuhcpcpa.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	13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Sarah Fishbein	Signature Sarah Fishbein	Title Organizing Director, VP	Date 03/13/2019 11:18:32
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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

Case
04-RC-237625

Date Filed
3/14/19

Attachment

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

DO NOT WRITE IN THIS SPACE	
Case No. 04-/RC-237636	Date Filed 3/14/19

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 Temple University Hospital, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3401 N. Broad St., Philadelphia, PA 19140
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3a. Employer Representative - Name and Title John Lasky, Chief Human Resources Officer	3b. Address (If same as 2b - state same) Same
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3c. Tel. No. (215) 707-6432	3d. Cell No.	3e. Fax No. (215) 707-8895	3f. E-Mail Address john.lasky@tuhs.temple.edu
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute care hospital	4b. Principal product or service Health care	5a. City and State where unit is located: Philadelphia, PA
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5b. Description of Unit Involved Included: All full-time and regular part-time transplant support coordinators employed by the Employer at Temple University Hospital, Inc. The Petitioner is seeking a self-determination election to include the petitioned-for employees within an existing unit of technical and professional employees already represented by the Petitioner. Excluded: All registered nurses, physicians, service and maintenance, skilled maintenance, business office clerical employees, managerial employees, guards and supervisors as defined in the Act.	6a. No. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) **12/20/2018** and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **No reply**
 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
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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)
None

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail

11b. Election Date(s): 4/5/2019	11c. Election Time(s): (employees released to vote)	11d. Election Location(s): Classroom D, Temple University Hospital basement
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12a. Full Name of Petitioner (including local name and number) Temple Allied Professionals/Pennsylvania Association of Staff Nurses and Allied Professionals	12b. Address (street and number, city, state, and ZIP code) 1 Fayette Street, Conshohocken PA 19428
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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)
none

12d. Tel No. (610) 567- 2907	12e. Cell No.	12f. Fax No. (610) 567-2915	12g. E-Mail Address lleshinski@pasnap.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 Lisa Leshinski, Esq	13b. Address (street and number, city, state, and ZIP code) 1 Fayette Street, Conshohocken, PA 19428
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13c. Tel No. (610) 567-2907 ext. 105	13d. Cell No.	13e. Fax No. (610) 567-2915	13f. E-Mail Address lleshinski@pasnap.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) Lisa Leshinski	Signature 	Title Executive Director	Date 3/14/2019
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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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RD-237048	Date Filed 3/5/19

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Harrah's Atlantic City

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
777 Harrahs Blvd, Chester, PA 19013 4597 ATLANTIC CITY NJ 08401

3a. Employer Representative - Name and Title
BARBARA COLONY

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

3c. Tel. No.
609-236-6594

3d. Fax No.

3e. Cell No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Resort and Casino

4b. Principal product or service
Entertainment

5a. Description of Unit Involved
Included:
SEE ATTACHED
Excluded:
SEE ATTACHED

5b. City and State where unit is located:
Atlantic City, NJ

6. No. of Employees in Unit
117

7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes No

8a. Name of Recognized or Certified Bargaining Agent
Teamsters Local 331

8b. Affiliation, if any
AFL-CIO

8c. Address
1 Philadelphia Ave
Egg Harbor City, NJ 08215

8d. Tel. No.
609-641-2331

8e. Cell No.

8f. Fax No.

8g. E-Mail Address

9. Date of Recognition or Certification
JANUARY 1, 2016

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
DECEMBER 31, 2020

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No

11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name)
(Insert Address)

a labor organization, of since (Month, Day, Year)

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)
None

12a. Name

12b. Address

12c. Tel. No.

12d. Fax No.

12e. Cell No.

12f. E-Mail Address

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)
MARCH 15, 2019

13c. Election Time(s)
1st shift
2nd shift
3rd shift

13d. Election Location(s)
HARRAH'S CAFETERIA

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

14a. Address (Street and number, city, state, ZIP code)
(b) (6), (b) (7)(C)

14b. Tel. No.
(b) (6), (b) (7)(C)

14c. Fax No.

14d. Cell No.
(b) (6), (b) (7)(C)

14e. E-Mail Address
(b) (6), (b) (7)(C)

14f. Affiliation, if any None

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

15a. Name
(b) (6), (b) (7)(C)

15b. Title
AN INDIVIDUAL

15c. Address (Street and number, city, state, ZIP code)
(b) (6), (b) (7)(C)

15d. Tel. No.
(b) (6), (b) (7)(C)

15e. Fax No.
(b) (6), (b) (7)(C)

15f. Cell No.
(b) (6), (b) (7)(C)

15g. E-Mail Address
(b) (6), (b) (7)(C)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

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

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

Title
AN INDIVIDUAL

Date Filed

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