

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-260408	Date Filed 05-15-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Stericycle	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 319 New Commerce Blvd. PA Hanover Township 18706-
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3a. Employer Representative - Name and Title Douglas Miller	3b. Address (If same as 2b - state same) 319 New Commerce Blvd. PA Hanover Township 18706-
---	---

3c. Tel. No. (570) 952-1218	3d. Cell No. (570) 952-1218	3e. Fax No.	3f. E-Mail Address Douglas.Miller@stericycle.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste Management Services	4b. Principal product or service Medical Waste disposal	5a. City and State where unit is located: Wilkes Barre, 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: 15	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 type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): Mail - ASAP/ Manual 7-15-2020	11c. Election Time(s): 7am-noon	11d. Election Location(s): 319 New Commerce Blvd., Hanover Township, PA. 18706
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12a. Full Name of Petitioner (including local name and number) Jeffrey Edward Schmude International Association of Sheet Metal, Air, Rail and Transportation Workers - Local Union #44	12b. Address (street and number, city, state, and ZIP code) 248 Parrish Street PA Wilkes Barre 18702-
---	--

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 and Transportation Workers

12d. Tel No. (570) 822-4781	12e. Cell No. (570) 262-5645	12f. Fax No. (570) 822-6615	12g. E-Mail Address jeff@smwlu44.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) Jeffrey Edward Schmude	Signature Jeffrey Schmude	Title Marketing Developer	Date 05/14/2020 14:18:27
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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

Employees Included
Drivers, service techs, and warehouse workers

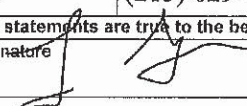
Employees Excluded
none

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
04-RC-260408	5-15-20

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
AMENDED RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-260408	Date Filed 5/27/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer: Stericycle, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 319 New Commerce Blvd. Hanover Township, PA 18706	
3a. Employer Representative - Name and Title: Douglas Miller		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (570) 952-1218	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Douglas.Miller@stericycle.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste Management Services		4b. Principal Product or Service Medical Waste Collection	
5a. City and State where unit is located: Hanover Township, PA		5b. Description of Unit Involved: Included: See attached Excluded: See attached	
6a. Number of Employees in Unit:		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 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). <input type="checkbox"/> 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? _____ 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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): June 9, 2020		11c. Election Time(s): Mail Ballot	
11d. Election Location(s): Mail Ballot			
12a. Full Name of Petitioner (including local name and number): International Association of Sheet Metal, Air, Rail and Transportation Workers - Local Union #44		12b. Address (street and number, city, State and ZIP code): 248 Parrish Street Wilkes-Barre, PA 18702	
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 and Transportation Workers			
12d. Tel. No. (570) 822-6615	12e. Cell No.	12f. Fax No.	12g. E-Mail Address jeff@smwlu44.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Lance Geren - Counsel for SMWLU 44		13b. Address (street and number, city, State and ZIP code): O'Donoghue & O'Donoghue, LLP, 325 Chestnut Street, Suite 600, Philadelphia, PA 19106	
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
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 	Title Attorney
			Date 05/26/20

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

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

**UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION FOUR**

STERICYCLE, INC.

and

04-RC-260408

INTERNATIONAL ASSOCIATION OF SHEET
METAL, AIR, RAIL AND TRANSPORTATION
WORKERS – LOCAL UNION #44

AMENDED PETITIONED-FOR UNIT

INCLUDED: All full-time and regular part-time On Site Service Specialists employed by the Employer at its Hanover Township, Pennsylvania facility.

EXCLUDED: All other employees, office clericals, guards and supervisors within the meaning of the Act.

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-260744	Date Filed 5/22/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Philadelphia Museum of Art	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2600 Benjamin Franklin Pkwy. Philadelphia, PA 19130
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3a. Employer Representative - Name and Title: Timothy Rub, Director and CEO	3b. Address (if same as 2b - state same): Same physical address; Mailing: PO Box 7646 Philadelphia, PA 19101
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3c. Tel. No. 215-684-7701	3d. Cell No. 267-254-1925	3e. Fax No. 215-232-4338	3f. E-Mail Address timothy.rub@philamuseum.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Museum	4b. Principal Product or Service Arts and culture	5a. City and State where unit is located: Philadelphia, PA
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5b. Description of Unit Involved: Included: See attached. Excluded: See attached.	6a. Number of Employees in Unit: 310	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) 5/22/2020 and Employer declined recognition on or about (Date) No reply (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:
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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: See attached.
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): See attached.	11c. Election Time(s): See attached.	11d. Election Location(s): See attached.
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12a. Full Name of Petitioner (including local name and number): AFSCME District Council 47	12b. Address (street and number, city, State and ZIP code): 1606 Walnut Street, Philadelphia, PA 19103
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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):
American Federation of State, County & Municipal Employees, AFL-CIO

12d. Tel. No. 215-893-3764	12e. Cell No. 609-233-1386	12f. Fax No. 215-545-7052	12g. E-Mail Address pdannenfelser@dc47.org
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13a. Name and Title: Lauren M. Hoye, Esquire	13b. Address (street and number, city, State and ZIP code): 1845 Walnut Street, 24th Floor Philadelphia, PA 19103
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13c. Tel. No. 215-656-3687	13d. Cell No. 267-315-2432	13e. Fax No. 215-561-5135	13f. E-Mail Address lhoye@wwdlaw.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) <u>Lauren M. Hoye</u>	Signature <u>Lauren M. Hoye</u>	Title Counsel to AFSCME DC 47	Date 5/22/20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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ATTACHMENT TO AFSCME'S RC PETITION

5b.

Included: All full-time and regular part-time professional and nonprofessional employees employed by the Philadelphia Museum of Art.

Excluded: All other employees already represented by other labor organizations, employees who are employed by third party contractors; managerial employees, guards and supervisors as defined in the Act.

11.b-d.

Ballots mailed June 8, 2020

Ballots returned June 22, 2020

Ballot counted June 25, 2020

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
04-RC-260750

Date Filed
5/22/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Agri-Kind, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
102 Broomall Street, Chester, Pennsylvania 19013

3a. Employer Representative - Name and Title
Jonathan Cohn, CEO

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

3c. Tel. No.
610-656-8083

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
jcohn@agri-kind.com

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

4b. Principal product or service
Medical marijuana

5a. City and State where unit is located:
Chester, Pennsylvania

5b. Description of Unit Involved
Included: All full-time and part-time non-professional employees including, but not limited to, cultivators, extractors, propagators, trimmers, and packagers.
Excluded: All Managerial, Supervisory, and Professional employees and Guards as defined by the Act.

6a. No. of Employees in Unit:
44

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) **4-9-20** 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)
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):
June 9, 2020

11c. Election Time(s):
7:30am-9:00am, 6:00pm-7:30pm

11d. Election Location(s):
Breakroom at 102 Broomall St., Chester, PA 19013

12a. Full Name of Petitioner (including local name and number)
United Food and Commercial Workers Local 1776KS ("Keystone State")

12b. Address (street and number, city, state, and ZIP code)
3031-A Walton Rd., Plymouth Meeting, PA 19462

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 International Union

12d. Tel No.
610-640-1776

12e. Cell No.

12f. Fax No.

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 **Jessica C. Caggiano, Associate Counsel**

13b. Address (street and number, city, state, and ZIP code)
Willig, Williams & Davidson, 1845 Walnut St., Ste. 24, Philadelphia, PA 19103

13c. Tel No.
215-656-3618

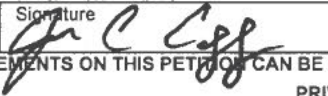
13d. Cell No.

13e. Fax No.
215-561-5135

13f. E-Mail Address
jcaggiano@wwdlaw.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)
Jessica C. Caggiano

Signature


Title
Counsel to UFCW 1776KS

Date
May 22, 2020

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PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
04-RC-260851

Date Filed
5/27/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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3a. Employer Representative - Name and Title Douglas Miller		3b. Address (If same as 2b - state same) 319 New Commerce Blvd. PA Hanover Township 18706-	
3c. Tel. No. (570) 952-1218	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Douglas.Miller@stericycle.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste Management Services		4b. Principal product or service Medical Waste Collection	
5a. City and State where unit is located: Wilkes Barre, PA			5b. Description of Unit Involved
Included: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 7
Excluded: 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"/>
Check One: <input type="checkbox"/> 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).			
<input type="checkbox"/> 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)
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		10e. Fax No.	10f. E-Mail Address
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11b. Election Date(s): June 9, 2020	11c. Election Time(s): Mail	11d. Election Location(s): Mail	
12a. Full Name of Petitioner (including local name and number) Jeffrey Schumde International Association of Sheet Metal, Air, Rail and Transportation Workers - Local Union #44		12b. Address (street and number, city, state, and ZIP code) 248 Parrish Street PA Wilkes-Barre 18702-	
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 and Transportation Workers			
12d. Tel. No. (570) 822-6615	12e. Cell No.	12f. Fax No.	12g. E-Mail Address jeff@smwlu44.org
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 ODonoghue & ODonoghue, LLP		13b. Address (street and number, city, state, and ZIP code) 325 Chestnut Street, Suite 600 PA Philadelphia 19106-	
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
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	Date 05/26/2020 19:26:20

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

Employees Included

All full-time and regular part-time Route Managers employed by the Employer at its Hanover Township facility.

Employees Excluded

All other employees, office clericals, guards and supervisors as defined in the Act.

INSTRUCTIONS: Unless e-Filed using the Agency's website, I 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
Allied Universal
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
2600 Benjamin Franklin Parkway, Philadelphia, Pennsylvania 19130

3a. Employer Representative - Name and Title
Gesli McAllister, Regional Vice President
3b. Address (If same as 2b - state same)
1617 JFK Boulevard, Suite 960, Philadelphia, Pennsylvania 19103

3c. Tel. No. 215-399-3954 **13d. Fax No.** 484-351-1479 **3e. Cell No.** 610-716-1978 **3f. E-Mail Address** Gesli.McAllister@aus.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Art Museum
4b. Principal product or service
Security

5a. Description of Unit Involved
Included:
Full-time and regular part-time security officers who are employed at the Philadelphia Museum of Art.
Excluded
Managers, supervisors, professionals, confidential employees, non-security officer employees and clericals.
5b. City and State where unit is located:
Philadelphia, Pennsylvania

6. No. of Employees in Unit 240 Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? [x] Yes [] No

Ba. Name of Recognized or Certified Bargaining Agent
Philadelphia Security Officers Union
Sb. Affiliation, if any

Be. Address
118 S. 37th Street, Philadelphia, Pennsylvania 19104
8d. Tel. No. 215-738-5214 **Be. Cell No.**

Bf. Fax No. **8e. E-Mail Address**
@psouonline.com

9. Date of Recognition or Certification
01/01/14 **10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**
04/30/20

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) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year)

12. Organizations or individuals other than 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!)

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) **13c. Election Time(s)** **13d. Election Location(s)**

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

14f. Affiliation, if any

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

15a. Name
James F. Runckel, Esquire **15b. Title**
Attorney for Petitioner

15c. Address (Street and number, city, state, ZIP code)
Spear Wilderman, P.C.
230 S. Broad Street, Suite 1400, Philadelphia, Pennsylvania 19102 **15d. Tel. No.**
215-732-0101 **15e. Fax No.**
215-732-7790

15f. Cell No. **15g. E-Mail Address**
Jfrunckel@spearwilderman.com

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

Name (Print) James F. Runckel, Esquire **Title** Attorney for Petitioner **Date Filed** 05/01/20

WILLFUL FALSE STATEMENTS OR MISFEASANCE IS PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
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