UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 04-RC-230437	Date Filed						
	11-05-18						

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 representa ive 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) 4900 Frankford Ave PA Philadelphia 19124-2695 Jefferson Frankford Hospital 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 4900 Frankford Ave PA Philadelphia 19124-2695 Karen Sobczak 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (215) 831-2302 ksobczak@jefferson.edu 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Philadelphia, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 180 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes No No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly 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 8q. 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 Mail ____ Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): November 20, 2018 6:00 a.m. to 8:00 a.m., 2:00 p.m. to 4:00 p.m., 6:00 Conference Room 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Chris Woods
District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO 1319 Locust Street PA Philadelphia 19107 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (*if none, so state*)
National Union of Hospital and Health Care Employees, American Federation of State, County and Municipal Employees, AFL-CIO 12g. E-Mail Address ChristenW@1199cnuhhce.org 12d, Tel No. 12e, Cell No. 12f. Fax No. 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) Lance Geren Attorney O'Donoghue & O'Donoghue, LLP 325 Chestnut St Ste 515 PA Philadelphia 19106-2605 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address Igeren@odonoghuelaw.com (215) 629-4970 (202) 805-6148 (215) 629-4996 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) Signature Title Date /s/ Lance Geren Attorney 11/5/2018 07:56:40 Lance Geren

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

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE						
Case		Date Filed				
	04-RC-230437	11-05-18				

Employees Included

All full-time and regular part-time nonprofessional employees, including certified nursing assistants, chief storekeepers, cooks, dietary aides, ER clerks, ER techs, housekeeping employees, monitor techs, OR material coordinators, patient sitters, sterile processing techs, supply chain tech, transport employees, and unit clerks, employed by the Employer at its 4900 Frankford Avenue facility.

Employees Excluded

All other employees, technical employees, business office clericals, professional employees, managerial employees, guards and supervisors as defined in the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 04-RC-230451	Date Filed 11/4/2018				

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 representa ive 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) 600 Cenco Blvd NJ Clayton 08312-2310 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 6268 Jericho Tpke. Suite 12A NY Commack 11725-Richard Ziskin Esq. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address richard@ziskinlawfirm.com (631) 462-1417 (516) 965-3183 (631) 462-1486 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Clayton, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: 45 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly 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 8q. 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 Mail Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): November 26, 2018 5:00 a.m. to 7:00 a.m.; 5:00 p.m. to 7:00 p.m. 600 Cenco Boulevard, Clayton, NJ 08312 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Kevin Young International Union of Operating Engineers Local 825 65 Springfield Avenue Third Floor 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12g. E-Mail Address kyoung@iuoe825.org 12d. Tel No. 12e, Cell No. 12f. Fax No. 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) Daniel C Stark Esq. attorney DeCotiis FitzPatrick Cole & Giblin LLP 500 Frank W. Burr Blvd. Suite 31 Teaneck 07 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address dastark@decotiislaw.com (201) 213-0458 (201) 928-0588 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) Signature Title Date Daniel Stark attorney 11/4/2018 12:36:14 Daniel C Stark Esq

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

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE					
Case Date Filed					
04-RC-230451	11/4/2018				

Employees Included Technicians, Operators, Drivers, Working Foremen, Mechanics

Employees Excluded
Office clerical employees, managerial employees, guards, supervisors, and professional employees as defined by the Act

FORM NLRB-502 (RC)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE I	N THIS SPACE
Case No.	Date Filed
04-RC-230531	1116118

(2-18)RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nichigov., 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 pelition 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, Z:P code): 2a. Name of Employer The University of Scranton, 900 Mulberry Street, DeNaples Center, Aramark Scranton, Pennsylvania 18510 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Joseph Boyd, General Manager Same 3c, Tel, No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. (570) 941-7456 (570) 941-4140 Joseph.boyd@scranton.edu 4b. Principal Product or Service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Scranton, Pennsylvania Food Service Provider Dining Service 5b. Description of Unit Involved: All full-time and regular part-Included: cashiers, food service workers, utility wor receivers; and lead employees employed by Aramark University food service. 6a, Number of Employees in Unit; 175 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No Excluded: All other employees, guards and supervisors and all others excluded by law. 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). 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 8c. Tel. No. 8d. Céll No. 8f. E-Mail Address 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 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? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 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) 10c. Tel. No. 10d. Cell No. 10b. Address 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): DeNaples Center, 2nd Floor Conference Rm. 11-29-18 7 a.m. to 10 a.m. and 2 p.m. to 5 p.m. 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Pennsylvania Joint Board of Workers U 1017 Hamilton Street, Allentown, Pennsylvania 18101 David Melman, Manager 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Workers United, Service Employees International Union 12f, Fax No. 12g. E-Mail Address 12e. Cell No. 12d. Tel. No. (800) 354-3135 (215) 219-1416 (610) 433-6203 .dmelman@paibwu.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: Spear Wilderman, P.C., 230 S. Broad St., 14th Floor, Phila., PA 19102 James F. Runckel, Esquire 131. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. Jfrunckel@spearwilderman.com (215)732-0101(215) 732-7790 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Title 11-5-18 Attorney for Petitioner James F. Runckel

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	04-RC-230871	Date Filed 11-09-18						

11/9/2018 09:07:26

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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 7880 Penn Dr
PA Breinigsville 18031-1508
3b. Address (If same as 2b – state same) Samuel Adams Pennsylvania Brewery 3a. Employer Representative - Name and Title 7880 Penn Dr PA Breinigsville 18031-1508 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. (610) 841-6071 (610) 391-4919 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Breinigsville, PA Beverages (Alcoholic) Brerery 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [] No [] / and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: (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 8d Cell No. 8f. E-Mail Address 8c Tel No 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 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? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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) 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address 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. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): November 27, and November 29 2018 Breakroom in the Brewhouse 5am-7am and 5pm to 7pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1375 Virginia Dr Ste 100 PA Fort Washington 19034 Louis Agre International Union of Operating Engineers, Local 542 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12f. Fax No. 12g. E-Mail Address 12e Cell No. 12d. Tel No. (215) 542-7500 (215) 852-6548 (215) 542-7557 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) 13f. E-Mail Address 13e. Fax No. 13c. Tel No. 13d. Cell No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Title Signature

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

Counsel

Louis Agre

Louis Agre

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE						
Case Date Filed						
04-RC-230871	11-09-18					

Employees Included All brewhouse operators

Employees Excluded Supervisors, clericals, guards and all other employees who are not brewhouse operators

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

	501101
Case No.	• •
	04-RC-230873

DO NOT WRITE IN THIS SPACE

Date Filed 11-09-18

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.

with the NLRB and should <u>not</u> 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)									
Sunbelt Rentals			39 Second Street PA Wilkes-Barre 18702-		•				
3a. Employer Representative - Name	and Title		3b. Address (If same as	2b – state same)					
Isaac Putnam			89 Second Street PA Wilkes-Barre 1	8702-					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		f. E-Mail Addı	ress			
(570) 392-4111									
4a. Type of Establishment (Factory, min	e, wholesaler, etc.)	4b. Principal pr	oduct or service	· · · · · · · · · · · · · · · · · · ·	5a. City a	and State where unit is located:			
Construction Services		1	Equipment Renta	l .		Wilkes Barre, PA			
5b. Description of Unit Involved					1	6a. No. of Employees in Unit:			
Included: See Attached Page 2 for add	litional details					8			
Oct Attached Fage 2 for add	intorial details				Ī	6b. Do a substantial number (30%			
Evaludad						or more) of the employees in the unit wish to be represented by the			
Excluded: See Attached Page 2 for add	litional details					Petitioner? Yes Mo No			
Check One: 7a. Request fo	r recognition as Pa	rasinina Penresont	tative was made on (Date)	and F	mnlover deci	lined recognition on or about			
Check One. <u>F.1</u> 7a. Request to	•	If no reply received		and t	Imployer deci	illied recognition on or about			
7h Patitioner	 -		Representative and desires	certification under the A	~t				
8a. Name of Recognized or Certified I		<u>`</u>	<u> </u>	certification under the A					
	gagge (
8c. Tel No.	8d Cell No.		8e. Fax No.	8	f. E-Mail Add	ress			
8g. Affiliation, if any			8h. Date of Recognition o	r Certification 8	i. Expiration [Date of Current or Most Recent			
			_	C	Contract, if any	y (Month, Day, Year)			
9. Is there now a strike or picketing at th	e Employer's estab	lishment(s) involve	d? No If so, approx	imately how many empl	oyees are pa	rticipating?			
(Name of labor organization)		has nic	cketed the Employer since (Month Day Year)					
10. Organizations or individuals other th									
known to have a representative interest	in any employees i	n the unit described	d in item 5b above. (If none	, so state)	semanves and	o office organizations and individuals			
10a. Name	10b. A	ddress		10c. Tel. No.		10d. Cell No.			
				10e. Fax No.	_	10f. E-Mail Address			
11. Election Details: If the NLRB cond any such election.	ucts an election in t	his matter, state yo	our position with respect to	11a. Election Type: _	Manual _	Mail Mixed Manual/Mail			
11b. Election Date(s):	11c.	Election Time(s):		11d. Election Location(s):					
November 23, 2018 ´	6 to 8	am		Employer's facility-Breakroom					
12a. Full Name of Petitioner (includin	g local name and	number)		12b. Address (street	and number, (city, state, and ZIP code)			
Louis Agre International Union of Operating Engineers, Loc	al 542			1375 Virginia Dr Ste 19 PA Fort Washington 19	9034				
12c. Full name of national or internation International Union of Operating Engineer	al labor organizatio	n of which Petitione							
12d. Tel No.	12e. Cell No.		12f. Fax No. 12g. E-Mail Address Lou.Agre@IUOE542.com						
(215) 542-7500	(215) 852-654	18	(215) 542-7557						
13. Representative of the Petitioner w	no will accept ser	vice of all papers			d ZID code)				
13a. Name and Title 13b. Address (street and number, city, state, and ZIP code)									
	Louis Agre Counsel 1375 Virginia Dr Ste 100 IUOE Local 542 PA Fort Washington 19034-								
13c. Tel No.	13d. Cell No. (215) 852-654	ıΩ	13e. Fax No. 13f. E-Mail Address Agrelou@gmail.com			idress iil.com			
(215) 542-7500 (215) 852-6548 (215) 542-7557 Agreed the above petition and that the statements are true to the best of my knowledge and belief.									
	cadon and mat th	. Juitements ale t	to the best of my know						
Name (Print)			TM.						
Louis Agre	Signature Louis Agre		Title Counsel		Date 11/8/2018	00:24:42			

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

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE						
Case 04-RC-230873	Date Filed 11-09-18					

Employees Included
All drivers, mechanics and yard personnel

Employees Excluded Guards, clericals, supervisors, administrators, counterpersons.

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

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

	DO NOT WRITE IN THIS	SPACE
Case No.		Date Filed
ļ	04-RC-230956	11/9/18

							RC-230			17/10	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Tr the employer and all other parties Case Procedures (Form NLRB 481	e petition me named in the	ust be e petiti	accompanied b on of: (1) the pe	y both a sho tition; (2) St	owing of interest (see latement of Position (e 6b below) and form (Form NLF	a certificate RB-505); and	of service s (3) Descript	howing sellion of Rep	ervice on presentation	
PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petitic requests that the National Labor	oner desires t	o be ce	ertified as represe	entative of the	e employees. The Pet	litioner alleges t	hat the follo	wing circum	stances e		
2a. Name of Employer:	red (Street and n	umber, City,	State, ZIP co	de):							
Temple Univ. Health Syst	em Jeane	S	7600	Central .	Ave. Philadelph	nia, PA 1911	1				
Hospital					•	•					
3a, Employer Representative - Nam	e and Title:		3b. Add	ress (if same	e as 2b - state same):						
Beverly Sherbondy, HR D			Same	•	·						
3c. Tel. No. 215-728-2000	3d. Cell No.		<u> </u>	3e. Fax No. 215-728			3f. E-Mail Address beverly.sherbondy@tuhs.temple.edu				
4a. Type of Establishment (Factory, r	nine, wholesa	ler, etc	.)	1	al Product or Service			State where	unit is loca	ated:	
Hospital				Hospita	.1		Philadelp				
5b. Description of Unit Involved:		-					6a. Number	of Employee	es in Unit:		
Included:	1- CNI A	17°	UC DA TI	C		D Tb4	180				
All f/t & p/t non-profession	nais CNA	ıs, e	vs, das, u	Cs, order	ny, transport, E.	R Tecns et		hatantial num	ha= /200/		
Excluded:					those avaluded	L. NIT DA		bstantial num nployees in t		h to be	
Guards, licensed and technic Check One: 7a, Request for reco								nted by the P eclined recor		× Yes No	
on or about (Date)	ognition as ba	argainii	if no reply n				ciripioyer u	ecimen recog	muon		
☐ 7b. Petitioner is cur	rently recogni	ized as		-	• •	under the Act.				_	
8a. Name of Recognized or Certifie	d Bargaining	g Agen	t (If none, so star	te) 8b. Ad	dress:		•				
None*					,	_					
8c. Tel. No.	8d. Cell No.			8e. Fax No).	8f. E-Mail A	8f. E-Mail Address				
8g. Affiliation, if any:			8	h. Date of Re	Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing a	t the Employe	er's esta	ablishment(s) inv	olved? No	If so, approx	imately how mar	y employees	are participa	sting?		
(Name of Labor Organization)						, has picketed	the Employe	er since (Mon	th, Day, Ye	ear)	
Organizations or individuals other individuals known to have a representation.	r than Petition esentative inte	ner and erest in	those named in any employees i	items 8 and 9 n the unit de	9, which have claimed scribed in item 5b abo	recognition as reve. (If none, so s	epresentative tate)	s and other o	organization	ns and	
10a. Name	11	10b. Ad	Idress	-		10c. Tel. No	D.	10d. Cell No			
N/A	1	N/A					<u>.</u>				
_						,	10e. Fax No. 10f. E-Mail Address				
11. Election Details: If the NLRB co				ite your posit	lion with respect to any		X Manua	I 🔲 Mail	Mixe	d Manual/Mail	
11b. Election Date(s):			ection Time(s):		0	11d. Election Location(s): Employees breakroom/lounge in hospital					
November 29, 2018			- 8am, 2pm	-4pm, 6p	m-8pm				inge in	nospitai	
12a. Full Name of Petitioner (included District 1199C	ling local nam	ne and	number):		12b. Address (street 1319 Locust S						
12c. Full name of national or Internal	lional labor or	ganiza	tion of which Peti	tioner is an a	I affiliate or constituent ((if none, so state)	:				
National Union of Hospit	al and He	alth	Care Emplo	yees AFS	SCME, AFL-CI	O 12g E-Mai		<u>-</u> .			
(5-1362			nuhhce.o	rg		
13. Representative of the Petitions											
13a. Name and Title:				13b. Address (street and number, city, State and ZIP code):							
Lance Geren, Esq.			325 Ch	325 Chestnut St. Suite 515, Philadelphia, PA 19106			···				
13c. Tel. No. 13d. Cell No.		13e. Fax N		13f. E-Mail Address							
267-777-9315	202-805-6148				9-4996		lgeren@odonoghuelaw.com				
	ve petition and that the statements are true to the be				he best of my knowle	edge and belief.				Date	
Name (Print)	Signature Dilletel 04							- d160	n/2.4	Date 4 1 Q	
Usamah Abdullah						71.00	-1 0+	7.74	1 14/1)	111110	

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	04-RC-231494	Date Filed			
Į	04-KC-231494	11-23-18			

RC PI	ETITION			71 1(0 231474	11	-23-18	
INSTRUCTIONS: Unless e-Filed	using the Agency's wel	bsite, <u>www.nl</u>	rb.gov, submit a	n original of this Pe	etition to an	NLRB office in the Region	
in which the employer concerne							
of service showing service on th							
(Form NLRB-505); and (3) Descri		•		• • •			
with the NLRB and should not b			• •			,	
1. PURPOSE OF THIS PETITION: RC-				of employees wish to be	represented	for purposes of collective	
bargaining by Petitioner and Petitione	r desires to be certified as re	presentative of th	ne employees. The l	Petitioner alleges that	the following	circumstances exist and	
requests that the National Labor Re 2a. Name of Employer	elations Board proceed und						
• •		116 McT		t(s) involved (Street and	number, city,	State, ZIP code)	
FJ Hess And Sons 3a. Employer Representative – Name:	and Title	PA Swift	water 18370-7724 Address (If same as	2h state come		- 	
Salvatore Furino Sr.	and time	30.	116 McTa Dr PA Swiftwater 183				
3c. Tel. No.	3d. Cell No.	30	PA Swiftwater 183 Fax No.		. E-Mail Addre	200	
	Su. Cell No.			i			
(570) 839-1300 4a. Type of Establishment (Factory, mine	o wholesolar etc.)	incipal product of	0) 839-3400		briannahardy@fjhess.com 5a. City and State where unit is located:		
Others	e, Wildlesalei, etc.) 40. Fil	incipal product of	HVAC/Sheetmeta	t	Ja. City a	Swiftwater, PA	
5b. Description of Unit Involved			TTVACIONEENNELA	· · · · · · · · · · · · · · · · · · ·	J _T	6a. No. of Employees in Unit:	
				'	I .	13	
included: See Attached Page 2 for add	litional details				- t	6b. Do a substantial number (30%	
			······································			or more) of the employees in the	
Excluded: See Attached Page 2 for add	litional details					unit wish to be represented by the	
Ob. 1 O	and the same of the same					Petitioner? Yes [] No []	
Check One: 7a. Request fo	r recognition as Bargaining R			and E	mpioyer decili	ned recognition on or about	
7h Politianosi	(Date) (If no rep	-		andification under the A	.4		
8a. Name of Recognized or Certified E	s currently recognized as Bargaining Agent (If none, s	rgaining Represe	8b. Address	certification under the Ac			
None	rangammy regent (rr rrerre, t	o otatoj.	05.71007000				
8c. Tel No.	8d Cell No.	8e.	Fax No.	8	f. E-Mail Addre	ess	
			•				
8g. Affiliation, if any			8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Reco				
				0	ontract, if any	(Month, Day, Year)	
O to these pays a strike as picketing at the		No.	<u> </u>	in stale base many and		iningsings	
9. Is there now a strike or picketing at the		· · · · · · · · · · · · · · · · · · ·			oyees are part	icipating?	
(Name of labor organization)		_, has picketed t	he Employer since (/	Month, Day, Year)			
10. Organizations or individuals other that					entatives and	other organizations and individuals	
known to have a representative interest i	in any employees in the unit of	described in item	5b above. (If none,	so state)			
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.	
	100.7100.000			Toc. Tel. No.		1	
				10e. Fax No. 10f.		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): 11c. Election Time(s):				11d. Election Location(s):			
December 7, 2018 9:30 am to 10:00 am							
12a. Full Name of Petitioner (including local name and number) Jeffrey Edward Schmude Sr. Jeff Schmude Sheet Metal Workers Local #44				12b. Address (street a	nd number, ci	ty, state, and ZIP code)	
Jeff Schmude Sheet Metal Workers Local #44				248 Parrish St PA Wilkes Barre 18702	-4667		
12c. Full name of national or international	al labor organization of which	Petitioner is an	affiliate or constituen				
SMART Sheet Metal Air Rail And Transpo	·	1 700					
12d. Tel No. (570) 822-4781	12e. Cell No. (570) 262-5645	_	Fax No.) 822-6615	ie	2g. E-Mail Ado ff@smwlu44.c	aress org	
13. Representative of the Petitioner w			<u> </u>				
13a. Name and Title	no win accept service or an	• • • •	•	d number, city, state, and	d ZIP code)		
		1 .55	1		,		
13c. Tel No. 13d. Cell No.			13e. Fax No. 13f. E-Mail Address			ress	
			•				
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)	Signature	Title	<u> </u>		Date		
Jeffrey Edward Schmude Sr.	Inffant Edward Cabassada CD		Marketing Developer		11/21/2018 10:03:43		

Schmude Sr. Jeffrey Edward Schmude SR. Marketing Developer 11/21/2018 10:03:43
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Employees Included HVAC Full/Part time, Sheetmetal Full/Part time

Employees Excluded
Plumbers Full/Part tme, Drivers Full/Part time

DO NOT WRITE IN THIS SPACE			
Case	04-RC-231494	Date Filed	
	04-RC-231494	11-23-18	

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
04-RC-231871	1 1/30/18					

INSTRUCTIONS: Unless e-Filed to	ising the Agenc	y's website, <u>w</u> ı	ww.nlrb.gov, submit ai	n original of this	Petition to ar	NLRB office in the Region	
in which the employer concerned							
of service showing service on th							
(Form NLRB-505); and (3) Descri							
with the NLRB and should not be					,	i li	
PURPOSE OF THIS PETITION: RC-4 bargaining by Petitioner and Petitioner	CERTIFICATION OF desires to be certification	REPRESENTATi ed as representati	IVE - A substantial number over of the employees. The F	etitioner alleges th	at the following	circumstances exist and	
requests that the National Labor Re	lations Board proc	eed under its pro	per authority pursuant to idress(es) of Establishment	Section 9 of the Na	itional Labor Re	State 3/9 and to	
2a. Name of Employer	,		idress(es) of Establishment 101 Belmont Avenue	(s) mydiyed (Sireer a	ino number, city,	State, 21P code)	
Simpson House	4 = 0.0	<u> </u>	A Philadelphia 19131-	Oh state come)		·	
3a. Employer Representative – Name a	ing little		3b. Address (If same as			· [
Richard Coyle	Lad Callata	 	2101 Belmont Aver PA Philagelphia 19	131-	DE E Mail Adde		
3c. Tel. No.	3d. Cell No.		Se. Pax No.	3e. Fax No. 3f. E-Mail Address			
(215) 792-2198		,,					
4a. Type of Establishment (Factory, mine Healthcare Facilities	, wholesaler, etc.)	4b. Principal pro	oduct or service		Sa. City a	nd State where unit is located: Philadelphia, PA	
5b. Description of Unit Involved	•			- 41 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		6a. No. of Employees in Unit:	
Included: See Attached Page 2 for add	itional details				Į.	5	
						6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for additional details					or more) of the employees in the unit wish to be represented by the Petitioner? Yes [7] No [1]		
Check One: 7a Request fo	recognition as Baro	naining Representa	alive was made on (Date)	ar	d Employer deci	ned recognition on or about	
Check One: 78 Request to		(If no reply receive			ia Employer coo.		
7h Petitioner i			tepresentative and desires o	ertification under the	Act.		
8a. Name of Recognized or Certified B			8b. Address		-		
District 1199C, National Union of Hospital			E AEL CI 1319 LOCUS	st Street Inbia 19107-		<u>_</u> <u>}</u>	
			Be. Fax No.			1.	
			8h. Date of Recognition or Certification 8i. Expiration Date of Current		Date of Current or Most Recent		
National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO			Contract, if any (Month, Day, Year)			(Month, Day, Year)	
9. Is there now a strike or picketing at the	Employer's establis	shment(s) involved	1? No If so, approx	imately how many er	mployees are pa	ticipating?	
(Name of labor organization)			keted the Employer since (/	Month, Day, Year) _			
10. Organizations or individuals other the known to have a representative interest	an Petitioner and tho in any employees in	se named in items the unit described	s 8 and 9, which have claime in Item 5b above. (If none,	ed recognition as rep so state)	oresentatives 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 conducts an election in this matter, state your positions any such election.			ur position with respect to	11a. Election Type: Manual Mall Mixed Manual/			
11b. Election Date(s): 11c. Election Time(s): 12/12/2018 1:00 PM to 2:00 PM				11d. Election Location(s): Conference Room			
12a. Full Name of Petitioner (including local name and number) Chis Woods Select Utilized Merciful and Merciful and Health Care Employees ASSCME AFL-CIO			12b. Address (street and number, city, state, and ZIP code) 1319 Locust Street PA Philadelphia 19107-				
12c. Full name of national or internation. National Union of Hospital and Health Ca	al labor organization	of which Pelitions	r is an affiliate or constituen	t (if none, so state)	· · · · · · · · · · · · · · · · · · ·		
12d. Tel No. 12e. Cell No. (215) 735-1300			12f. Fax No.	12g, E-Mail Address chnstenw@1199cnuhhce.org			
13. Representative of the Petitioner w	no will accept serv	ice of all papers	for purposes of the repres	entation proceedir	ng.		
13a. Name and Title	-		i 13b. Address (street an	d number, city, state	, and ZIP code)		
Andrew Kelser O'Donoghue & O'Donoghue LLP	325 Chestnut Street Su PA Philadelphia 19106-	NE 313					
13c. Tel No.	13d. Cell No.	· ·	13e, Fax No.	131. E-Mail Address akelser@odonoghuelaw.com			
(215) 629-4970			1	uladas and balled	1		
I declare that I have read the above p	etition and that the	statements are t	rue to the best of my know	viedge and belief.			
Name (Print)	Signature		Title	•	Date	07.57.00	
ndrew Kelser Andrew Kelser			11/30/2018 07:57:00				

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

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				

X.

Employees Included

The Union currently represents a bargaining unit of all full-time and regular part-time dietary, nurses' aides, orderlies, housekeeping, laundry, maintenance, personal care assistants, recreational therapy aides, and restorative aides employed at Simpson House. The Union seeks to add the Receptionists and Bus Drivers to the existing unit.

Employees Excluded

All managerial, guards, and supervisors as defined by the Act

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

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

DO NOT WRITE IN THIS SPACE						
Case No.	Date File	ed				
04-RM-230627	11	7	18			

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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party. 1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): P.O. Box 531 2a. Name of Employer/Petitioner: RAD Mfg. LLC 531 Maple Street Nescopeck, PA 18635
3b. Address (if some as 2b - state some): 3a. Employer/Petitioner Representative - Name and Title: Joshua Cantor, President & CEO same 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 3c. Tel, No. 570-752-4514 570-752-1205 jcantor@radwoodproducts.com 908-230-8451 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Engineered Wood Products Factory 5b. City and State where unit is located: 5a. Description of Unit Involved: Included: All production employees. Nescopeck, PA 6. Number of Employees in Unit: 45 All supervisory personnel, maintenance employees and office clerical employees. Unless a charge alleging a violation of Section 8(b)(7) is pending, check EJTHER item 7a or 7b, whichever is applicable 1 7a, A labor organization made a demand for recognition on the Employer/Petitioner on (Date) X 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. 8a. Name of Recognized or Certified Bargaining Agent - Name
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers'
International Union. AFCL CIO-CLC on behalf of Local Union 8567 8b. Affiliation, if any: United Steel Workers 8d. Tel. No. 8e. Cell No. 8c. Address: 570-752-7716 120 R. East Third Street 570-950-1930 Berwick, PA 18603 8g. E-Mail Address 8f. Fax No. mlapansky@usw.org 570-752-7748 10. Expiration Date of Current or Most 9. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year) October 31, 2017 Unknown but more than three years ago. 11. 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) 12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) None. 12a. Name and affiliation if any 12b. Address 12c. Tel. No. 12d. Cell No. 12e. Fax No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts and 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): 531 Maple St., Nescopeck, PA 18635 November 26th 11:00 a.m. 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14a. Name and Title: 14b. Address (street and number, city, State and ZIP code): Lars H. Anderson, Esquire 600 Third Avenue Kingston, PA 18704 14c. Tel. No. 570-287-3000 14d. Cell No 14e. Fax No. 14l. E-Mail Address

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

570-287-8005

landerson@hkqlaw.com

570-702-5032

Name (Print)

400

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

Signature