

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-226966	Date Filed 9/07/18

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 KME/Rev group	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) One Industrial Complex PA Nesquehoning 18240-
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3a. Employer Representative - Name and Title Bob Beck	3b. Address (if same as 2b - state same) One Industrial Complex PA Nesquehoning 18240-
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3c. Tel. No. (570) 669-5574	3d. Cell No.	3e. Fax No. (570) 669-5121	3f. E-Mail Address bbeck@kmeffire.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Auto & Truck Manufacturers	4b. Principal product or service Building firetrucks	5a. City and State where unit is located: Nesquehoning, 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: 350 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:** Manual Mail Mixed Manual/Mail

11b. Election Date(s): 10/03/18	11c. Election Time(s): 2pm to 5pm	11d. Election Location(s): employers address actual room to be decided
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12a. Full Name of Petitioner (including local name and number) Brian A Taylor Teamster Local 773	12b. Address (street and number, city, state, and ZIP code) 3614 Lehigh St PA Whitehall 18052-3401
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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) 714-5414	12e. Cell No. (484) 714-5414	12f. Fax No. (610) 770-9581	12g. E-Mail Address btaylor@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)**

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) Brian A Taylor	Signature Brian A. Taylor	Title Business Agent/Organizer	Date 09/7/2018 13:41:36
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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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-227141	Date Filed 9/12/18

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 Silgan Containers manufacturing		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 8201 Industrial Blvd PA Breinigsville 18031-1241	
3a. Employer Representative - Name and Title John Robbins		3b. Address (if same as 2b - state same) 8201 Industrial Blvd PA Breinigsville 18031-1241	
3c. Tel. No. (484) 223-3189	3d. Cell No. (315) 398-9725	3e. Fax No. (484) 223-0284	3f. E-Mail Address jrobbins@silgancontainers.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Misc. Fabricated Products		4b. Principal product or service can manufacturer	
5a. City and State where unit is located: Breinigsville, PA			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 17
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

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

11b. Election Date(s): 10/4/18 **11c. Election Time(s):** 9 am **11d. Election Location(s):** Employers address actual room to be decided

12a. Full Name of Petitioner (including local name and number)
Brian A Taylor
Brian A Taylor

12b. Address (street and number, city, state, and ZIP code)
3614 Lehigh St
PA Whitehall 18052-3401

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

12d. Tel No. (484) 714-5414	12e. Cell No. (484) 714-5414	12f. Fax No.	12g. E-Mail Address btaylor@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)**

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) Brian A Taylor	Signature Brian A. Taylor	Title	Date 09/11/2018 15:01:32
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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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-227202	Date Filed 9/12/18

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 Wholesale Produce Market		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6700 Essington Avenue PA Philadelphia 19153-	
3a. Employer Representative - Name and Title George Binck		3b. Address (If same as 2b - state same) 6700 Essington Avenue PA Philadelphia 19153-	
3c. Tel. No. (215) 336-3003	3d. Cell No.	3e. Fax No.	3f. E-Mail Address gbinck@procacbrothers.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others	4b. Principal product or service Produce		5a. City and State where unit is located: Philadelphia, PA
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: 3 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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 09/05/2018 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received <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)
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	
11b. Election Date(s): September 17, 2018	11c. Election Time(s): 8:30 a.m.	11d. Election Location(s): 6700 Essington Avenue, Philadelphia, PA 19153	
12a. Full Name of Petitioner (including local name and number) Rocky Bryan Jr. Teamsters Local 929		12b. Address (street and number, city, state, and ZIP code) 4345 Frankford Avenue PA Philadelphia 19124-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters			
12d. Tel No. (215) 288-1430	12e. Cell No.	12f. Fax No. (215) 288-8128	12g. E-Mail Address rocky.bryan@teamsterslocal929.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Neal Goldstein Attorney Freedman & Lorry, P.C.		13b. Address (street and number, city, state, and ZIP code) 1601 Market St Suite 1500 PA Philadelphia 19103-2316	
13c. Tel No. (215) 931-2530	13d. Cell No.	13e. Fax No. (215) 925-7516	13f. E-Mail Address ngoldstein@freedmanlorry.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) Neal Goldstein	Signature Neal Goldstein	Title Attorney	Date 09/6/2018 13:03:34

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
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	04-RC-227216
Date Filed	9/12/18

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 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: PSC Industrial Outsourcing LP	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 900 Industrial Drive, Chesilhurst, NJ 08089
3a. Employer Representative - Name and Title: Timothy J. Gaudet	3b. Address (if same as 2b - state same): Same

3c. Tel. No. 313-749-3011	3d. Cell No.	3e. Fax No.	3f. E-Mail Address tim.gaudet@Hydrochempsc.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Shop/yard	4b. Principal Product or Service Industrial Services	5a. City and State where unit is located: Chesilhurst, NJ 08089
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5b. Description of Unit Involved: Included: All full time and part time Operators, Technicians and Team Leaders Excluded: All managers, supervisors, salesman, guards, and all other employees	6a. Number of Employees in Unit: 7
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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

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? 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: Demand for recognition made on 9/7/18, rejected. **11a. Election Type:** Manual Mail Mixed Manual/Mail

11b. Election Date(s): September 25, 2018	11c. Election Time(s): between 6:30 a.m.-8:00 a.m.	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters, Local 560	12b. Address (street and number, city, State and ZIP code): 707 Summit Avenue, Union City, NJ 07087
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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. 201-864-0051	12e. Cell No.	12f. Fax No. 201-864-4177	12g. E-Mail Address NJayme@IBTLocal560.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: Paul A. Montalbano, Esq.	13b. Address (street and number, city, State and ZIP code): 669 River Drive, Suite 125, Elmwood Park, NJ 07407

13c. Tel. No. 9082988800	13d. Cell No. 2013108565	13e. Fax No. 9082989333	13f. E-Mail Address montalbanoemail@yahoo.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) Paul A. Montalbano	Signature <i>Paul A. Montalbano</i>	Title Legal Counsel	Date 9/12/18
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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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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 Hackensack Meridian Health/Southern Ocean Medical Center
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)

3a. Employer Representative - Name and Title Milred Patrick CNEO
3b. Address (If same as 2b - state same) SAME

3c. Tel. No. (b) (6), (b) (7)(C) 3d. Fax No. 3e. Cell No. 3f. E-Mail Address Milred.Patrick@hackensackmeridian.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital
4b. Principal product or service Healthcare

5a. Description of Unit Involved
Included: Nurses
Excluded: Non-Nurses
5b. City and State where unit is located (b) (6), (b) (7)(C)

6. No. of Employees in Unit 290
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 HPAE
8b. Affiliation, if any American Federation of Teachers, AFL-CIO

8c. Address 110 Kinderkamack Rd, Emerson, New Jersey 07630
8d. Tel. No. 201 262 5005
8e. Cell No.
8f. Fax No.
8g. E-Mail Address DHORN@HPAE.ORG

9. Date of Recognition or Certification
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) July 31, 2018

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) HPAE a labor organization, of (Insert Address) 110 Kinderkamack Rd, Emerson, New Jersey 07630 since (Month, Day, Year) 08/14/2018

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)

12a. Name None
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) 10/18/18
13c. Election Time(s) 0630-0730 AM. 1830-1930PM
13d. Election Location(s) Southern Ocean Medical Center

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 (b) (6), (b) (7)(C)
15b. Title (b)

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.

15f. Cell No.
15g. E-Mail Address (b) (6), (b) (7)(C)

I declare that I have read the above petition and that the state (b) (6), (b) (7)(C) is best of my knowledge and belief.
Name (Print) (b) (6), (b) (7)(C) Signature (C) Title (b) Date Filed 09/24/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION WILL 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.