


DO NOT WRITE IN THIS SPACE	
Case No. <b>04-RC-247859</b>	Date Filed <b>9/09/19</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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.

<b>2a. Name of Employer:</b> Brookdale Senior Living		<b>2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):</b> 207 Laurel Road, Voorhees, NJ 08043	
<b>3a. Employer Representative - Name and Title:</b> Alex Torres, Executive Director		<b>3b. Address (if same as 2b - state same):</b> Same as Above	
<b>3c. Tel. No.</b> 856-772-9400	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 856-770-5605	<b>3f. E-Mail Address</b> atorres33@brookdale.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Assisted Living/Nursing		<b>4b. Principal Product or Service</b> Nursing	<b>5a. City and State where unit is located:</b> Voorhees, NJ
<b>6b. Description of Unit Involved:</b> Included: All full time and regular part time LPNs, CMAs, CNAs, CHHAs, dietary, housekeeping, maintenance and receptionists. Excluded: All other employees, supervisors and guards as defined by the Act		<b>6a. Number of Employees in Unit:</b> 56	
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" 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.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No _____ if so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b> N/A	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: if the NLRB conducts an election in this matter, state your position with respect to any such election:</b>			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> September 26, 2019	<b>11c. Election Time(s):</b> 6:30 a.m.-7:30 a.m. & 2:30 p.m.-3:30 p.m.		<b>11d. Election Location(s):</b> TV Room
<b>12a. Full Name of Petitioner (including local name and number):</b> United Food and Commercial Workers Union Local 152		<b>12b. Address (street and number, city, State and ZIP code):</b> 3120 Fire Road, Suite 201 Egg Harbor Township, NJ 08234	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United food and Commercial Workers International Union			
<b>12d. Tel. No.</b> 609-704-3900	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 609-625-0328	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Mark E. Belland, Esquire		<b>13b. Address (street and number, city, State and ZIP code):</b> 509 S. Lenola Road, Building 6, Moorestown, NJ 08057	
<b>13c. Tel. No.</b> 856-795-2181	<b>13d. Cell No.</b>	<b>13a. Fax No.</b> 856-581-4214	<b>13f. E-Mail Address</b> mbelland@obbblaw.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Mark E. Belland, Esquire	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 09/09/19

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  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case Nr <b>04-RC-247926</b>	Date Filed <b>09/10/19</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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.			
<b>2a. Name of Employer:</b> H. Barron Iron Works, INC.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> P.O. BOX 81, Gloucester City, NJ 08030-2426	
<b>3a. Employer Representative - Name and Title:</b> Michael Barron		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 856-456-4225	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> hbiw@verizon.net
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Fabrication Shop		<b>4b. Principal Product or Service</b> Steel	<b>5a. City and State where unit is located:</b> Gloucester City, NJ
<b>6b. Description of Unit Involved:</b> Included: See Attachment Excluded:		<b>6a. Number of Employees in Unit:</b> 8	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>09/10/19</u> and Employer declined recognition on or about (Date) <u>NO REPLY</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b> NONE			
<b>10a. Name</b>		<b>10b. Address</b>	
		<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> September 25, 2019		<b>11c. Election Time(s):</b> 7:00 a.m. to 8:00 a.m.	
<b>11d. Election Location(s):</b> employers shop			
<b>12a. Full Name of Petitioner (including local name and number):</b> International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, Phila District Council		<b>12b. Address (street and number, city, State and ZIP code):</b> 26 E. Fleming Pike Hammonton, NJ 08037	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers			
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b> 856-617-3165	<b>12f. Fax No.</b> 856-456-8702	<b>12g. E-Mail Address</b> epenna@iwintl.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Edward Penna Jr.		<b>13b. Address (street and number, city, State and ZIP code):</b> 26 E. Fleming Pike Hammonton, NJ 08037	
<b>13c. Tel. No.</b>	<b>13d. Cell No.</b> 856-617-3165	<b>13e. Fax No.</b> 856-456-8702	<b>13f. E-Mail Address</b> epenna@iwintl.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Edward Penna Jr.	<b>Signature</b> 	<b>Title</b> District Representative	<b>Date</b> 9/9/19

**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.

# Attachment A:

**Included:** All full-time and regular part-time production and maintenance employees, including Crane Operators, Welders, Fitters, Laborers, and Drivers.

**Excluded:** All other employees, professional employees, office clerical 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-248362	Date Filed	9/17/19
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**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer</b> Haberle Steel, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1946 E. Cherry Lane PA Souderton 18964-
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<b>3a. Employer Representative - Name and Title</b> Russell Haberle	<b>3b. Address (if same as 2b - state same)</b> 1946 E. Cherry Lane PA Souderton 18964-
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<b>3c. Tel. No.</b> (215) 723-8848	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (215) 723-8898	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Others	<b>4b. Principal product or service</b> Steel fabrication	<b>5a. City and State where unit is located:</b> Souderton, PA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 31	<b>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"/></b>
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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.

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

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

**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

<b>11b. Election Date(s):</b> 10/14/19	<b>11c. Election Time(s):</b> 4-5 PM	<b>11d. Election Location(s):</b> Employee Break Room
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<b>12a. Full Name of Petitioner (Including local name and number)</b> Donald Wanamaker Shoemen's Local Union No. 502	<b>12b. Address (street and number, city, state, and ZIP code)</b> 168 W. Ridge Pike Suite 107B PA Limerick 19368-
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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 Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, AFL-CIO

<b>12d. Tel No.</b> (610) 454-0877	<b>12e. Cell No.</b> (610) 909-3502	<b>12f. Fax No.</b> (610) 454-0382	<b>12g. E-Mail Address</b> dwanamaker@comcast.net
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Stephen C. Richman Attorney Markowitz & Richman	<b>13b. Address (street and number, city, state, and ZIP code)</b> 123 S. Broad Street Suite 2020 PA Philadelphia 19109-
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<b>13c. Tel No.</b> (215) 875-3114	<b>13d. Cell No.</b> (215) 205-1788	<b>13e. Fax No.</b> (215) 790-0668	<b>13f. E-Mail Address</b> srichman@markowitzandrichman.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.

<b>Name (Print)</b> Stephen C. Richman	<b>Signature</b> STEPHEN C. RICHMAN	<b>Title</b> Attorney	<b>Date</b> 09/16/2019 16:37:56
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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

**DO NOT WRITE IN THIS SPACE**

Attachment

Case

04-RC-248362

Date Filed

9/17/19

Employees Included

Production, maintenance and truck drivers

Employees Excluded

Supervisors, foremen, professional and clerical, watchmen and guards

FIRST AMENDED  
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-248412	Date Filed 9/30/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Leisure Knoll at Manchester	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1 Buckingham Dr., N. Manchester, NJ 08759
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<b>3a. Employer Representative - Name and Title:</b> Mary D'Ime Manager	<b>3b. Address (if same as 2b - state same):</b> Same
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<b>3c. Tel. No.</b> 732-675-6661	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 732-657-7433	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Residential	<b>4b. Principal Product or Service</b>	<b>5a. City and State where unit is located:</b> Manchester, NJ
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> A residual unit of all unrepresented employees not in the maintenance unit <b>Excluded:</b> Supervisors and guards as described in the Act	<b>6a. Number of Employees in Unit:</b> 3
	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <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.

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

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

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election: Union seeks an Armour-Globe election to add these employees to the maintenance uni  
**11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> 10/15/19	<b>11c. Election Time(s):</b> 10:30 am - 11:00 am	<b>11d. Election Location(s):</b> 1 Buckingham Dr., N., Manchester NJ
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<b>12a. Full Name of Petitioner (including local name and number):</b> SEIU 32BJ	<b>12b. Address (street and number, city, State and ZIP code):</b> 494 Broad Street, 3rd Fl. Newark, NJ 07102
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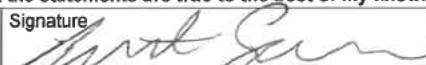
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Service Employees International Union

<b>12d. Tel. No.</b> 937-827-3225	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 862-236-3605	<b>12g. E-Mail Address</b>
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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:**  
Brent Garren  
Deputy General Counsel  
**13b. Address (street and number, city, State and ZIP code):**  
25 W. 18th Street, 5th Floor  
New York, NY 10011

<b>13c. Tel. No.</b> 212-388-3943	<b>13d. Cell No.</b> 917-208-4287	<b>13e. Fax No.</b> 212-388-2062	<b>13f. E-Mail Address</b> bgarren@seiu32bj.org
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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) Brent Garren	Signature 	Title Deputy General Counsel	Date 09/30/19
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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

FIRST AMENDED  
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-248412	Date Filed 9/30/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer:</b> Leisure Knoll at Manchester	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1 Buckingham Dr., N. Manchester, NJ 08759
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<b>3a. Employer Representative - Name and Title:</b> Mary D'Ime Manager	<b>3b. Address (if same as 2b - state same):</b> Same
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<b>3c. Tel. No.</b> 732-675-6661	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 732-657-7433	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Residential	<b>4b. Principal Product or Service</b>	<b>5a. City and State where unit is located:</b> Manchester, NJ
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> A residual unit of all unrepresented employees not in the maintenance unit <b>Excluded:</b> Supervisors and guards as described in the Act	<b>6a. Number of Employees in Unit:</b> 3	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Union seeks an Armour-Globe election to add these employees to the maintenance unit 11a. Election Type:  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> 10/15/19	<b>11c. Election Time(s):</b> 10:30 am - 11:00 am	<b>11d. Election Location(s):</b> 1 Buckingham Dr., N., Manchester NJ
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<b>12a. Full Name of Petitioner (including local name and number):</b> SEIU 32BJ	<b>12b. Address (street and number, city, State and ZIP code):</b> 494 Broad Street, 3rd Fl. Newark, NJ 07102
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
Service Employees International Union

<b>12d. Tel. No.</b> 937-827-3225	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 862-236-3605	<b>12g. E-Mail Address</b>
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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:  
Brent Garren  
Deputy General Counsel  
13b. Address (street and number, city, State and ZIP code):  
25 W. 18th Street, 5th Floor  
New York, NY 10011

<b>13c. Tel. No.</b> 212-388-3943	<b>13d. Cell No.</b> 917-208-4287	<b>13e. Fax No.</b> 212-388-2062	<b>13f. E-Mail Address</b> bgarren@seiu32bj.org
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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) Brent Garren	Signature 	Title Deputy General Counsel	Date 09/30/19
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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 may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-248850	Date Filed 9/25/2019

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Country Fresh Produce	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2600 Richmond road PA Hatfield 19440-
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<b>3a. Employer Representative - Name and Title</b> Louis	<b>3b. Address (If same as 2b - state same)</b>
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<b>3c. Tel. No.</b> (267) 328-6843	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Food Processing	<b>4b. Principal product or service</b>	<b>5a. City and State where unit is located:</b> Hatfield, PA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 100 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> 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.

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

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

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> thursday and friday in October	<b>11c. Election Time(s):</b> 5:30am to 8:30am and 2:30pm to 6:30pm	<b>11d. Election Location(s):</b> 2600 Richmond road Hatfield, PA
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<b>12a. Full Name of Petitioner (including local name and number)</b> dean a delucia Local 621 United construction trades & industrial employees union	<b>12b. Address (street and number, city, state, and ZIP code)</b> 40-26 235th street NY douglaston 11363-
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
none

<b>12d. Tel No.</b> (347) 219-7536	<b>12e. Cell No.</b> (347) 219-7536	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> dean.delucia@uctie.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title</b> Steven goldblatt attorney local 621	<b>13b. Address (street and number, city, state, and ZIP code)</b>

<b>13c. Tel No.</b>	<b>13d. Cell No.</b> (917) 771-8010	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> goldblattlegal@gmail.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.**

<b>Name (Print)</b> Steven goldblatt	<b>Signature</b> dean a delucia	<b>Title</b> attorney	<b>Date</b> 09/18/2019 12:20:11
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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

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed

Employees Included  
packers, produce line workers, shipping and receiving

Employees Excluded  
all temp workers, all security and management.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>04-RC-248879</b>	Date Filed <b>9/26/19</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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**  
Healthcare Services Group, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
3220 Tillman Drive, Suite 300  
PA Bensalem 19020-

**3a. Employer Representative - Name and Title**  
Bill Kauffman

**3b. Address (If same as 2b - state same)**  
3220 Tillman Drive, Suite 300  
PA Bensalem 19020-

**3c. Tel. No.** (215) 639-4274

**3d. Cell No.**

**3e. Fax No.** (215) 639-2152

**3f. E-Mail Address** billk1614@aol.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Healthcare Facilities

**4b. Principal product or service**  
Food Service

**5a. City and State where unit is located:**  
West Chester, PA

**6b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**  
4

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes  No**

**Excluded:** See Attached Page 2 for additional details

**Check One:**  **7a. Request for recognition as Bargaining Representative was made on (Date) 09/24/2019 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). No reply received**

**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? \_\_\_\_\_ 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):**  
October 9, 2019

**11c. Election Time(s):**  
2:15 p.m. to 2:45 p.m.

**11d. Election Location(s):**  
Employee Breakroom at Brandywine Hall, 800 W. Miner Street, West Chester

**12a. Full Name of Petitioner (including local name and number)**  
Syreeta Bullock  
National Union of Hospital and Health Care Employees, and its affiliate District 1199C

**12b. Address (street and number, city, state, and ZIP code)**  
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)**  
American Federation of State, County and Municipal Employees, AFL-CIO

**12d. Tel No.** (215) 735-1300

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address** sbullock@1199cnuhce.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 for NUHCE  
O'Donoghue & O'Donoghue, 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 for NUHCE

**Date** 09/24/2019 17:52:11

**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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
04-RC-248879	9/26/19

**Employees Included**

All full-time and regular part-time cooks employed by the Employer at Brandywine Hall at 800 W. Miner Street, West Chester, Pennsylvania.

**Employees Excluded**

All other employees, managerial employees, guards and supervisors as defined by the Act.