

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

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-265506	Date Filed 9/1/20

**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> US Foods INC	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1200 Hoover Ave PA Allentown 18109-
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<b>3a. Employer Representative – Name and Title</b> Chris Peake	<b>3b. Address (If same as 2b – state same)</b> 1200 Hoover Ave PA Allentown 18109-
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<b>3c. Tel. No.</b> (800) 441-0998	<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> Trucking	<b>4b. Principal product or service</b> Food Delivery	<b>5a. City and State where unit is located:</b> Allentown, PA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 120
<b>Excluded:</b> See Attached Page 2 for additional details	<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>

**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? \_\_\_\_\_ 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> 10/01/2020	<b>11c. Election Time(s):</b> By mail	<b>11d. Election Location(s):</b> By mail
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<b>12a. Full Name of Petitioner (including local name and number)</b> Matt Weidman International Brotherhood of Teamsters - Local 773	<b>12b. Address (street and number, city, state, and ZIP code)</b> 3614 Lehigh St Suite A PA Whitehall 18052-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Brotherhood of Teamsters

<b>12d. Tel No.</b> (610) 841-3284	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> mweidman@teamster773.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b>
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<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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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> Matt Weidman	<b>Signature</b> Matt Weidman	<b>Title</b> Business Agent / Organizer	<b>Date</b> 08/31/2020 12:46:00
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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
04-RC-265506	9/1/20

**Employees Included**

All full-time and regular part-time drivers including delivery, backhaul, shuttle, utility drivers and yard jockeys employed by the employer at its 1200 Hoover Ave, Allentown, PA facility

**Employees Excluded**

All other employees, warehouse employees, building maintenance, custodians, managers, guards and supervisors as defined by the Act.

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>04-RC-265654</b>	Date Filed <b>9/4/20</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.**

<b>2a. Name of Employer</b> Men of Steel Fabricators, LLC	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 555 State Road #101 PA Bensalem 19020-
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<b>3a. Employer Representative – Name and Title</b> Robert Vogelbacher	<b>3b. Address (If same as 2b – state same)</b>
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<b>3c. Tel. No.</b> (609) 871-2000	<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> Misc. Fabricated Products	<b>4b. Principal product or service</b> Rebar	<b>5a. City and State where unit is located:</b> Bensalem, 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> 15	<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) 09/04/2020 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.

<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.

<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> 09/14/2020	<b>11c. Election Time(s):</b> 3:30-5:30 a.m.	<b>11d. Election Location(s):</b> 555 State Road #101, Bensalem, PA 19020
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<b>12a. Full Name of Petitioner (including local name and number)</b> Michael A Evans Michael A. Evans	<b>12b. Address (street and number, city, state, and ZIP code)</b> Hartnett Reyes-Jones, LLC 4399 Laclede Avenue MO St. Louis 63108-
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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

<b>12d. Tel No.</b> (314) 396-6478	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (314) 531-1131	<b>12g. E-Mail Address</b> mevans@hrjlaw.com
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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> Michael A Evans Attorney at Law International Association of Bridge, Structural, Ornamental and Reinforcing Iron W	<b>13b. Address (street and number, city, state, and ZIP code)</b> Hartnett Reyes-Jones, LLC 4399 Laclede Avenue MO St. Louis 63108-
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<b>13c. Tel No.</b> (314) 396-6478	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (321) 531-1131	<b>13f. E-Mail Address</b> mevans@hrjlaw.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> Michael A Evans	<b>Signature</b> Michael A. Evans	<b>Title</b> Attorney at Law	<b>Date</b> 09/3/2020 11:23:04
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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
04-RC-265654	9/4/20

**Employees Included**

All full-time and regular part-time CDL drivers

**Employees Excluded**

All other employees, including but not limited to professional employees, office clerical employees, guards and supervisors, as defined in the Act.

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

**DO NOT WRITE IN THIS SPACE**

Case No.  
**04-RC-265965**

Date Filed  
**9/11/20**

**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> Fairmount Behavioral Health System	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 561 Fairthorne Ave., Philadelphia PA 19128
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<b>3a. Employer Representative - Name and Title:</b> Curtis Burkholder, Director of HR	<b>3b. Address (if same as 2b - state same):</b> Same
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<b>3c. Tel. No.</b> 215-487-4000	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Curtis.Burkholder@uhsinc.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Residential Behavioral Health Services	<b>4b. Principal Product or Service</b> Behavioral Health Services	<b>5a. City and State where unit is located:</b> Philadelphia, PA
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full time and regular part time Psychiatric Technicians <b>Excluded:</b> All other employees, mananagers, guards and supervisors	<b>6a. Number of Employees in Unit:</b> 108	<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) \_\_\_\_\_ by petition \_\_\_\_\_ 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> None	<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: \_\_\_\_\_ **11a. Election Type:**  
 Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> 9/25/20-10/23/20	<b>11c. Election Time(s):</b> N/A--Mail Ballot	<b>11d. Election Location(s):</b> N/A--Mail Ballot
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<b>12a. Full Name of Petitioner (including local name and number):</b> NUHHCE District 1199c	<b>12b. Address (street and number, city, State and ZIP code):</b> 1319 Locust St., Philadelphia, PA 19107
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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):**  
National Union of Hospital and Health Care Employees

<b>12d. Tel. No.</b> 215-735-1300	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 215-735-9878	<b>12g. E-Mail Address</b>
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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> Joseph D. Richardson, Esq.	<b>13b. Address (street and number, city, State and ZIP code):</b> Willig, Williams & Davidson, 1845 Walnut St., Philadelphia PA 19103
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<b>13c. Tel. No.</b> 215-656-3655	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 215-561-5135	<b>13f. E-Mail Address</b> jrichardson@wwdlaw.com
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

Name (Print) Joseph D. Richardson, Esq.	Signature /s/ Joseph D. Richardson	Title Counsel to Petitioner	Date 9/11/20
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT**

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

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-265984	Date Filed 9/11/20

**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> University of the Arts	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 320 South Broad Street PA Philadelphia 19102-
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<b>3a. Employer Representative – Name and Title</b> Christine Schaefer	<b>3b. Address (If same as 2b – state same)</b> 320 South Broad Street PA Philadelphia 19102-
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<b>3c. Tel. No.</b> (215) 717-6366	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> cschaefer@uarts.edu
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Schools	<b>4b. Principal product or service</b> education	<b>5a. City and State where unit is located:</b> Philadelphia, 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> 524 <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.

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> 09/25/2020 - 10/02/2020	<b>11c. Election Time(s):</b> n/a	<b>11d. Election Location(s):</b> mail
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<b>12a. Full Name of Petitioner (including local name and number)</b> Richelle Fiore United Academics of Philadelphia, Local 9608	<b>12b. Address (street and number, city, state, and ZIP code)</b> 555 New Jersey Ave NW DC Washington 20001-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
American Federation of Teachers, AFL-CIO

<b>12d. Tel No.</b> (215) 847-7080	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> rfiore@aft.org
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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> Angela Thompson Attorney American Federation of Teachers, AFL-CIO	<b>13b. Address (street and number, city, state, and ZIP code)</b> 555 New Jersey Ave NW DC Washington 20001-
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<b>13c. Tel No.</b> (202) 879-4484	<b>13d. Cell No.</b> (732) 735-8904	<b>13e. Fax No.</b> (202) 393-6385	<b>13f. E-Mail Address</b> athompo@aft.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.**

<b>Name (Print)</b> Angela Thompson	<b>Signature</b> Angela Thompson	<b>Title</b> Attorney	<b>Date</b> 09/11/2020 08:55:53
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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
04-RC-265984	9/11/20

**Employees Included**

Included: Non-tenure track full time faculty, lecturers, senior lecturers, master lecturers, adjuncts, adjunct assistants, and adjunct associates employed by University of the Arts.

**Employees Excluded**

Excluded: All tenured full-time faculty, guest lecturers, visiting artists, accompanists, professional and clerical administrative staff, all managerial employees, including department chairs and program directors, confidential employees and supervisors as defined by the Act.

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

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-266405	Date Filed 9/22/20

**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> Bethlehem Haulage	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 125 N. Commerce Way, Bethlehem, PA 18078
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<b>3a. Employer Representative - Name and Title:</b> Cedric Love, Terminal Manager	<b>3b. Address (if same as 2b - state same):</b> Same
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<b>3c. Tel. No.</b> 610-419-9570	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 610-419-9595	<b>3f. E-Mail Address</b> clove@cswg.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Trucking	<b>4b. Principal Product or Service</b> Groceries	<b>5a. City and State where unit is located:</b> Bethlehem, PA
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time dispatchers <b>Excluded:</b> All other employees	<b>6a. Number of Employees in Unit:</b> 4
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<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) 9/15/20 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> None	<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  Yes. If so, approximately how many employees are participating? \_\_\_\_\_ (Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

<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:  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> 10/16/20	<b>11c. Election Time(s):</b> 9:00 a.m. to 10:00 a.m.	<b>11d. Election Location(s):</b> Employer's facility
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<b>12a. Full Name of Petitioner (including local name and number):</b> Int'l Brotherhood of Teamsters Local 773	<b>12b. Address (street and number, city, State and ZIP code):</b> 3614 Lehigh Street, Suite A, Whitehall, PA 18052
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Brotherhood of Teamsters

<b>12d. Tel. No.</b> 610-434-4451	<b>12e. Cell No.</b> 484-714-5414	<b>12f. Fax No.</b> 610-770-9581	<b>12g. E-Mail Address</b> btaylor@teamster773.org
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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> Thomas H. Kohn Attorney	<b>13b. Address (street and number, city, State and ZIP code):</b> 123 S. Broad Street, Suite 2020, Philadelphia, PA 19109

<b>13c. Tel. No.</b> 215-875-3129	<b>13d. Cell No.</b> 215-901-8097	<b>13e. Fax No.</b> 215-790-0668	<b>13f. E-Mail Address</b> tkohn@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.

Name (Print) Thomas H. Kohn	Signature 	Title Attorney	Date 9/15/20
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT**



DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-266637	Date Filed 9-25-20

**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: Air Liquide	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 305 Water St, Newport, DE, 19804
3a. Employer Representative - Name and Title: Sarang Gadre, Senior Director	3b. Address (if same as 2b - state same): Same

3c. Tel. No. 302-225-1100	3d. Cell No. 302-225-2157	3e. Fax No. N/A	3f. E-Mail Address sarang.gadre@airliquide.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal Product or Service Chemical Membranes	5a. City and State where unit is located: Newport, DE

5b. Description of Unit Involved: <b>Included:</b> Manufacturing, Maintenance Shop, Quality Control, Shipping and Receiving <b>Excluded:</b> All others	6a. Number of Employees in Unit: 75	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state). *Petitioner Seeks as Demand*  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

11b. Election Date(s): 10/14/2020 and 10/19/2020	11c. Election Time(s): 5 PM - 7 PM, both dates	11d. Election Location(s): Facility Breakroom
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12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace Workers, District Lodge 1, AFL-CIO	12b. Address (street and number, city, State and ZIP code): P.O. Box 638, Somers Point, NJ 08244
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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 Machinists and Aerospace Workers, AFL-CIO

12d. Tel. No. 609-576-0153	12e. Cell No. 443-553-3046	12f. Fax No. 609-926-9795	12g. E-Mail Address colemanb2424@gmail.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:  
Nicholas A. Scotto, Special Representative

13b. Address (street and number, city, State and ZIP code): 26 Court St, Ste 1710, Brooklyn, NY 11242			
13c. Tel. No. 929-226-1724	13d. Cell No. 631-219-4116	13e. Fax No. 646-902-5720	13f. E-Mail Address nscotto@iamaw.org

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) Nicholas A. Scotto	Signature 	Title Special Representative	Date 9/25/2020
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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**