

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-256150

Date Filed

2-11-20

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

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

2a. Name of Employer: Morgan Properties Cascade Townhomes		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 100 East West Drive Pittsburgh, Pa 15237	
3a. Employer Representative - Name and Title: Michael Kinney Service Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 717-953-1847	3d. Cell No. same	3e. Fax No.	3f. E-Mail Address michaelkinney@morepropertymgmt.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Property Skilled Maint.		4b. Principal Product or Service Property Maint	
5b. Description of Unit Involved: Included: All fulltime & regular parttime skilled Maint employees at GovernorsRidge / Cascade Excluded: Managers, Supervisors and all other as defined by the act, and all other employees		5a. City and State where unit is located: Pittsburgh, Pa 6a. Number of Employees in Unit: Three (3) 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: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) NONE		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): ASAP		11c. Election Time(s): Daylight hours	
11d. Election Location(s): At employers location			
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 95		12b. Address (street and number, city, State and ZIP code): 300 Saline Street Pgh, Pa 15207	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of operating Engineers			
12d. Tel. No. 412-422-4702 X102	12e. Cell No. 412-980-9134	12f. Fax No. 412-422-4721	12g. E-Mail Address jgaffney@iuoelocal95.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Richard Gilardi Esq		13b. Address (street and number, city, State and ZIP code): Benedum Trees Building 223 Fourth ave Pgh Pa 15222	
13c. Tel. No. 412-391-9770	13d. Cell No.	13e. Fax No. 412-391-9780	13f. E-Mail Address rpgilardi@lawgol.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) RICHARD P. GILARDI	Signature Richard P. Gilardi	Title COUNSEL FOR UNION	Date 2/11/20

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

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
06-RC-256431Date Filed
2-14-20

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

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

2a. Name of Employer: The Watson Institute		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 301 Camp Meeting Road Sewickley, PA 15143	
3a. Employer Representative - Name and Title: Barry W. Bohn, CEO		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 412 741 800	3d. Cell No.	3e. Fax No.	3f. E-Mail Address barryb@thewatsoninstitute.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Private School		4b. Principal Product or Service Education	
5a. City and State where unit is located: Sewickley, PA		5b. Description of Unit Involved: Included: See attached Excluded: See attached	
6a. Number of Employees in Unit: 120		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) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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):	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): The Watson Institute Education Association PSEA/NEA	12b. Address (street and number, city, State and ZIP code): 10 South 19th Street Pittsburgh, PA 15203
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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):

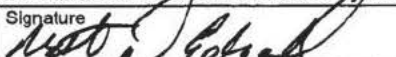
Pennsylvania State Education Association/National Education Association

12d. Tel. No. 412 381 2400	12e. Cell No.	12f. Fax No. 412 432 2034	12g. E-Mail Address medgell@psea.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: Matt Edgell, Region Advocacy Coordinator		13b. Address (street and number, city, State and ZIP code): 10 South 19th Street Pittsburgh PA 15203	
13c. Tel. No.	13d. Cell No. 9063619333	13e. Fax No.	13f. E-Mail Address medgell@psea.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) Matt Edgell	Signature 	Title Region Advocacy Coordinator	Date 2/14/2020
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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

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Petition RC Question 5b. Description of Unit Involved

Included – All full time and regular part time instructional employees, including but not limited to, teachers, counselors, aides, teaching assistants, behavior assistants, nurses, therapists, speech and language pathologists, community specialists and behavioral specialists

Excluded – supervisors, first level supervisors, guards and management employees as defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RD-255829

Date Filed

2/6/20

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

1. **PURPOSE OF THIS PETITION: 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
ABC Transit, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
201 Hahn Road, Pittsburgh, PA 15209

3a. Employer Representative - Name and Title
Sandy Smith, Terminal Manager

3b. Address (If same as 2b - state same)
SAME AS ABOVE

3c. Tel. No.
(412)4775057

3d. Cell No.
(412)821-4000

3e. Fax No.

3f. E-Mail Address
info@abctransit.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Bus Garage

4b. Principal product or service
School Bus Transportation

5a. City and State where unit is located:
Pittsburgh, PA

5b. Description of Unit Involved

Included: All full-time and part-time drivers, monitors and aides employed by the Employer at its 201 Hahn Road, Pittsburgh, Pennsylvania, facility;

Excluded: all office clerical employees, guards, professional employees and supervisors as defined in the Act.

6a. No. of Employees in Unit:
55

6b. 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 ☐

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
General Teamsters, Chauffeurs and Helpers Local Union 249 a/w International Brotherhood of Teamsters

8b. Address
4701 Butler Street, Pittsburgh, PA 15201

8c. Tel No.
(412)682-3700

8d. Cell No.

8e. Fax No.
(412)682-3732

8f. E-Mail Address

8g. Affiliation, if any
International Brotherhood of Teamsters

8h. Date of Recognition or Certification
February 1, 2019

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
N/A

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 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.

11b. Election Date(s):

11c. Election Time(s):
8:30 am to 10:30 am; 1:00 pm to 1:30 pm; and
3:30 pm to 5:30 pm

11a. Election Type: ☐ Manual ☐ Mail ☐ Mixed Manual/Mail

11d. Election Location(s):
Driver's Room

12a. Full Name of Petitioner

(b) (6), (b) (7)(C)

12b. Address (street and number, city, state, and ZIP code)

(b) (6), (b) (7)(C)

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

NONE

12d. Tel No.

12e. Cell No.

(b) (6), (b) (7)(C)

12f. Fax No.

12g. E-Mail Address

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

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)
SAME AS ABOVE

13c. Tel No.

SAME AS ABOVE

13d. Cell No.

SAME AS ABOVE

13e. Fax No.

SAME AS ABOVE

13f. E-Mail Address

SAME AS ABOVE

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

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Title
an Individual

Date

2/4/2020

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PRIVACY ACT STATEMENT

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(b) (6), (b) (7)(C)