

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
06-RC-237328

Date Filed
3-7-19

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 Windstream Pennsylvania, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) .98 Industrial Park Rd. PA Brookville 15825-	
3a. Employer Representative - Name and Title Bruce Hurlbut		3b. Address (if same as 2b - state same) 4001 Rodney Parham Rd AR Little Rock 72212-	
3c. Tel. No. (501) 748-6942	3d. Cell No. (501) 681-3455	3e. Fax No.	3f. E-Mail Address bruce.hurlbut@windstream.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Communications Services		4b. Principal product or service Telecommunications	
5a. City and State where unit is located: Brookville, PA		6a. No. of Employees in Unit: 3	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 03/07/2019 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? 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.

11b. Election Date(s): 3/18/2019	11c. Election Time(s): 9:00 AM	11d. Election Location(s): Lunch/Break Room	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
12a. Full Name of Petitioner (including local name and number) Joseph Smolczynski Communications Workers of America District 2-13		12b. Address (street and number, city, state, and ZIP code) 230 S. Broad St. Flr 19 PA Philadelphia 19102-	

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Communications Workers of America District 2-13

12d. Tel No. (215) 564-6169	12e. Cell No. (215) 840-6951	12f. Fax No. (215) 564-2520	12g. E-Mail Address organizer@cwalocal13000.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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 Smolczynski	Signature Joseph Smolczynski	Title Organizer	Date 03/7/2019 13:23:16
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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

DO NOT WRITE IN THIS SPACE	
Case 06-RC-237328	Date Filed 3-7-19

Employees Included

All full-time and regular part-time Field OSP Engineers, OSP Engineers I, OSP Engineers II employed by the employer at the at 98 Industrial Park Rd, Brookville, PA 15825

Employees Excluded

All managerial employees, confidential employees, professional 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.
06-RC-237836

Date Filed
3-15-19

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 DS Services of America, Inc.		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 45 West Noblestown Road, Carnegie, PA 15106	
3a. Employer Representative - Name and Title Meg Karolczak, Human Resources Manager		3b. Address (if same as 2b - state same) 6055 South Harlem Avenue, Chicago, IL 60638	
3c. Tel. No.	3d. Cell No. (312) 480-9784	3e. Fax No.	3f. E-Mail Address mkarolczak@dsservices.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Facility		4b. Principal product or service Delivery of Products	
5a. City and State where unit is located: Carnegie, PA		6a. No. of Employees in Unit: 4	

5b. Description of Unit Involved
Included: All full-time and part-time RSR's in Coffee and Filtration Departments

Excluded: Office clerical, supervisors, and professional employees as defined in Act

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

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.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None Known		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)
None Known

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): 4/22 to 4/26	11c. Election Time(s): 6:30am to 7:15am	11d. Election Location(s): Breakroom
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12a. Full Name of Petitioner (including local name and number) General Teamsters, Chauffeurs and Helpers Local Union 249	12b. Address (street and number, city, state, and ZIP code) 4701 Butler Street, Pittsburgh, PA 15201
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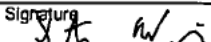
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel. No. 412-682-3700	12e. Cell No.	12f. Fax No. 412-682-3732	12g. E-Mail Address kz@teamsters249.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 Steven Winslow, Union Attorney		13b. Address (street and number, city, state, and ZIP code) 219 Fort Pitt Blvd, Pittsburgh, PA 15222	
13c. Tel. No. 412-281-3850	13d. Cell No. 412-802-2653	13e. Fax No. 412-281-1985	13f. E-Mail Address sw@jpilaw.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) Steven Winslow	Signature 	Title Union Attorney	Date 3/15/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
06-RC-237902

Date Filed
3-18-19

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 Windstream Pennsylvania, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 98 Industrial Park Rd. PA Brookville 15825-	
3a. Employer Representative - Name and Title Bruce Hurlbut		3b. Address (if same as 2b - state same) 4001 Rodney Parham Rd. AR Little Rock 72212-	
3c. Tel. No. (501) 748-6942	3d. Cell No. (501) 681-3455	3e. Fax No.	3f. E-Mail Address bruce.hurlbut@windstream.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Communications Services		4b. Principal product or service Telecommunications	
5a. City and State where unit is located: Brookville, PA		5b. Description of Unit Involved	
Included: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 2	
Excluded: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 03/07/2019 and Employer declined recognition on or about 03/07/2019 (Date) (If no reply received, so state). Yes
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

11b. Election Date(s): 03/28/2019 **11c. Election Time(s):** 12:00-12:15 PM **11d. Election Location(s):** Lunch/Break Room

12a. Full Name of Petitioner (including local name and number)
Joseph Smolczynski
Communications Workers of America District 2-13 **12b. Address (street and number, city, state, and ZIP code)**
230 S. Broad St Floor 19
PA Philadelphia 19102-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Communications Workers of America District 2-13

12d. Tel No. (215) 564-6169	12e. Cell No. (215) 840-6951	12f. Fax No. (215) 564-2520	12g. E-Mail Address organizer@cwalocal13000.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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 Smolczynski	Signature Joseph Smolczynski	Title Organizer	Date 03/18/2019 11:51:11
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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.

DO NOT WRITE IN THIS SPACE

Attachment

Case

06-RC-237902

Date Filed

3-18-19

Employees Included

Armour-Globe Election to include all full-time regular and part-time Engineers into existing bargaining unit of the Brookville-Knox-Enon Valley service area.

Employees Excluded

All managerial employees, confidential employees, professional employees, guards, and supervisors as defined in the Act.

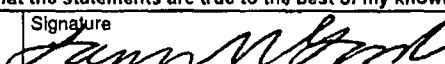
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
06-RC-238460Date Filed
3-27-19

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

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

2a. Name of Employer: Altice Technical Services U.S. Corp.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 15 Dye Drive, Beckley, West Virginia 25801	
3a. Employer Representative - Name and Title: Pat Acord, Supervisor		3b. Address (if same as 2b - state same): (same as 2b)	
3c. Tel. No. 304-228-9518	3d. Cell No.	3e. Fax No.	3f. E-Mail Address pat.acord@AlticeTechServicesUSA.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) technical services		4b. Principal Product or Service telecommunications	
5a. City and State where unit is located: Beckley, West Virginia		5b. Description of Unit Involved: Included: All full-time and regular part-time Broad Band Technicians and Warehouse Employees Excluded: All other employees, guards and supervisors as defined in the Act	
6a. Number of Employees in Unit: 43		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) _____ N/A 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? _____, 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:			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): April 10, 2019		11c. Election Time(s): 8 a.m. to 12:00 noon	
11d. Election Location(s): Conference Room			
12a. Full Name of Petitioner (including local name and number): Communications Workers of America, AFL-CIO, CLC		12b. Address (street and number, city, State and ZIP code): 9602-D Martin Luther King Jr. Highway, Lanham, MD 20806	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):			
12d. Tel. No. 301-429-2500	12e. Cell No.	12f. Fax No. 301-429-2501	12g. E-Mail Address jcosgrove@cwa-union.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Laurence M. Goodman, Legal Counsel		13b. Address (street and number, city, State and ZIP code): Willig, Williams & Davidson, 1845 Walnut Street, 24th Floor, Phil., PA 19103	
13c. Tel. No. (215) 656-3608	13d. Cell No.	13e. Fax No. (215) 561-5135	13f. E-Mail Address lgoodman@wwdlaw.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) Laurence M. Goodman	Signature 		Title Legal Counsel
			Date 3/27/19

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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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-238476

Date Filed

3-27-19

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:
Altice Technical Services U.S. Corp.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
650 5th Street, Buckhannon, West Virginia 26201

3a. Employer Representative - Name and Title:
Leon Scott, Supervisor

3b. Address (if same as 2b - state same):
(same as 2b)

3c. Tel. No.
304-382-8628

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

leon.scott@AlticeTechServicesUSA.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
technical services

4b. Principal Product or Service
telecommunications

5a. City and State where unit is located:
Buckhannon, West Virginia

5b. Description of Unit Involved:
Included:

All full-time and regular part-time Broad Band Technicians and Warehouse Employees

Excluded:

All other employees, guards and supervisors as defined in the Act

6a. Number of Employees in Unit:

11

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

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ N/A 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)

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:

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
April 10, 2019

11c. Election Time(s):
8 a.m. to 12:00 noon

11d. Election Location(s):
Conference Room

12a. Full Name of Petitioner (including local name and number):

Communications Workers of America, AFL-CIO, CLC

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

9602-D Martin Luther King Jr. Highway, Lanham, MD 20806

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

12d. Tel. No.
301-429-2500

12e. Cell No.

12f. Fax No.
301-429-2501

12g. E-Mail Address
jcosgrove@cwa-union.org

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

13a. Name and Title:

Laurence M. Goodman, Legal Counsel

13b. Address (street and number, city, State and ZIP code):

Willig, Williams & Davidson, 1845 Walnut Street, 24th Floor, Phil., PA 19103

13c. Tel. No.
(215) 656-3608

13d. Cell No.

13e. Fax No.
(215) 561-5135

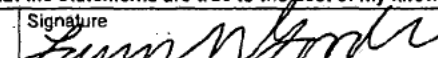
13f. E-Mail Address
lgoodman@wwdlaw.com

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)

Laurence M. Goodman

Signature



Title

Legal Counsel

Date

3/27/19

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No. 06-RD-238275 Date Filed 3-25-19

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 Dubrook, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 303 Bantam Avenue, Butler, PA 16001	
3a. Employer Representative - Name and Title Charles Major, Plant Manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 724-283-3111	3d. Cell No.	3e. Fax No.	3f. E-Mail Address ap.thiel@dubrookinc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Ready Mix Plant		4b. Principal product or service Concrete	5a. City and State where unit is located. Butler, PA
5b. Description of Unit Involved Included: All full-time and regular part-time mixer drivers employed by the Employer at its 303 Bantam Avenue, Butler, Pennsylvania, facility; Excluded: All clerical employees and guards, professional employees and supervisors as defined in the Act, and all other employees.			6a. No. of Employees in Unit: 2 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 [X] 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 Teamsters, Chauffeurs, Warehousemen and Helpers, Local Union 538		8b. Address P. O. Box 128, Worthington, PA 16262	
8c. Tel. No. 724-297-3427	8d. Cell No. 724-816-7188	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any International Brotherhood of Teamsters		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) March 31, 2018
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>NO</u> 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): March 5, 2019 11c. Election Time(s): 9:00 - 9:30 AM			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail 11d. Election Location(s): Upstairs Meeting 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)			
12d. Tel. No.	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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) (b) (6), (b) (7)(C)	
13c. Tel. No.	13d. Cell No. (b) (6), (b) (7)(C)	13e. Fax No.	13f. E-Mail Address (b) (6), (b) (7)(C)
I declare that I have read the above petition and the contents of the petition to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)		Title Petitioner	
		Date 2 21 19	

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