

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 06-RC-230660	Date Filed 11-7-18

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

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

2a. Name of Employer:
Durham School Services

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
10782 Wattsburg Road
Wattsburg, PA 16442

3a. Employer Representative - Name and Title:
Dorothy Stoltz, General Manager

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

3c. Tel. No.
814-824-4113

3d. Cell No.
814-824-4146

3e. Fax No.
814-825-0929

3f. E-Mail Address
dbayle@durhamschoolservices.com

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

4b. Principal Product or Service
school bus transport

5a. City and State where unit is located:
Wattsburg, Pennsylvania

5b. Description of Unit Involved:
Included:
see attached sheet
Excluded:
see attached sheet

6a. Number of Employees in Unit:
27

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

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
Ernest B. Orsatti, Esq.
Rothman Gordon, P.C.

10b. Address
310 Grant Street, Grant Building 3rd Floor
Pittsburgh, PA 15219

10c. Tel. No.
412-338-1145

10d. Cell No.
412-523-9893

10e. Fax No.
412-246-1745

10f. E-Mail Address
eborsatti@rothmangordon.com

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: Petitioner contends that there are no reasons not to conduct an early election

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

11b. Election Date(s):
Earliest possible date

11c. Election Time(s):
8:30 am until 11:00 am

11d. Election Location(s):
open mechanic bay

12a. Full Name of Petitioner (including local name and number):
General Teamsters Local Union No. 397

12b. Address (street and number, city, State and ZIP code):
1344 E. 11th Street, Erie PA 16503

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.
814-454-1516

12e. Cell No.
814-323-0165

12f. Fax No.
814-454-1518

12g. E-Mail Address
dougtr397@velocity.com

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

13a. Name and Title:
Ernest B. Orsatti, Esq. Attorney

13b. Address (street and number, city, State and ZIP code):
310 Grant Street, Grant Building, 3rd Floor, Pittsburgh, PA 15219

13c. Tel. No.
412-338-1145


13d. Cell No.
412-338-1145

13e. Fax No.
412-246-1745

13f. E-Mail Address
eborsatti@rothmangordon.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)
Ernest B. Orsatti

Signature


Title
Attorney

Date
11-7-18

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

Paragraph 5b.

Included: all regular full time and part time bus drivers employed at the employer's Wattsburg, Pennsylvania facility,

Excluded: all other employees including bus monitors, payroll clerks, drivers in training, mechanics, clerical employees, dispatchers, guards, supervisors and managerial employees as defined in the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 06-RC-230819	Date Filed 11-9-18

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

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

2a. Name of Employer
CAE USA, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
300 Tanker Road Coraopolis PA 15108 & 2029 Mission St Hanger 88 Columbus, OH 43217

3a. Employer Representative - Name and Title
Carrie Stawski

3b. Address (if same as 2b - state same)
4908 Tampa West Blvd, Tampa, FL 33634

3c. Tel. No.
813-887-1534

3d. Cell No.
Unknown

3e. Fax No.
813-901-6429

3f. E-Mail Address
carrie.stawski@caemilusa.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Training Center

4b. Principal product or service
KC-135 Simulator Maintenance

5a. City and State where unit is located:
Coraopolis, PA and Columbus, OH

5b. Description of Unit Involved
Included: Simulator Maintenance I,II,III
Excluded: Office clerical, professional, managerial, guards and supervisors as defined in the act

6a. No. of Employees in Unit:
2

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) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). *Petition Serves 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

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):
November 30, 2018

11c. Election Time(s):
12:30 P.M. - 1:00 P.M.

11d. Election Location(s):
Each Location's Breakroom

12a. Full Name of Petitioner (including local name and number)
International Association of Machinists and Aerospace Workers, AFL-CIO, District Lodge 98

12b. Address (street and number, city, state, and ZIP code)
86 South 26th Street, Pittsburgh, PA 15203

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.
(412) 381-6464

12e. Cell No.
(814) 215-8700

12f. Fax No.
(412) 381-6466

12g. E-Mail Address
rmiller@iam98.org

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 Rep.

13b. Address (street and number, city, state, and ZIP code)
26 Court St, Suite 1710, Brooklyn, NY 11242

13c. Tel No.
(646) 926-2910


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
November 9, 2018

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-231314	Date Filed 11-20-18

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

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

2a. Name of Employer: **Carnegie Library of Pittsburgh** 2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code): **50 Alexander Street, Pittsburgh, PA 15220**

3a. Employer Representative - Name and Title: **Paul Vanderwiel (HR)** 3b. Address (if same as 2b - state same): **Same**

3c. Tel. No.: **412-315-5577** 3d. Cell No.: **412-622-5781** 3e. Fax No.: 3f. E-Mail Address: **vanderwielp@carnegielibrary.org**

4a. Type of Establishment (Factory, mine, wholesaler, etc.): **Library Support Center** 4b. Principal product or service: **Library Services** 5a. City and State where unit is located: **Pittsburgh, PA**

5b. Description of Unit Involved: **Included: All full-time/part-time Drivers for the Library Support Center**
Excluded: Warehouse, office clerical, supervisors, and professional employees

6a. No. of Employees in Unit: **9**
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. 11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): **December 10-14, 2018** 11c. Election Time(s): **6:30 - 9:00am; 2:30 - 4:00pm** 11d. Election Location(s): **Breakroom**

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**

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**

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: *Steven Winslow* Title: **Union Attorney** Date: **11/19/2018**

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 06-RC-231782	Date Filed 11-29-18

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

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

2a. Name of Employer: Dura Bond Pipe	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 301 4th Ave, McKeesport, Pa 15132
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3a. Employer Representative - Name and Title: Drew Phelps - Plant Manager	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 412-267-5846	3d. Cell No. 570-412-5710	3e. Fax No.	3f. E-Mail Address dphelps@dura-bond.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Pipe Mill	4b. Principal Product or Service Steel Pipe	5a. City and State where unit is located: McKeesport, Pa
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5b. Description of Unit Involved: Included: All Production, Maintenance, Lab, and Quality Control employees. Excluded: All Clerical, Guards, and Supervisory employees as defined by the act.	6a. Number of Employees in Unit: 64	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) 11/29/18 and Employer declined recognition on or about (Date) Petition is Demand (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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

10a. Name NONE	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): 12/20/18	11c. Election Time(s): 1pm-3pm	11d. Election Location(s): Employer Conference Room
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12a. Full Name of Petitioner (including local name and number): United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International	12b. Address (street and number, city, State and ZIP code): 1945 Lincoln Highway, North Versailles, Pa 15137
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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):
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union

12d. Tel. No. 412-824-8140	12e. Cell No.	12f. Fax No. 412-829-2861	12g. E-Mail Address
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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: Bernie Hall - Staff Representative	13b. Address (street and number, city, State and ZIP code): 1945 Lincoln Highway, North Versailles, Pa 15137

13c. Tel. No. 412-824-8140	13d. Cell No. 724-920-4921	13e. Fax No.	13f. E-Mail Address bhall@usw.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) Bernie Hall	Signature 	Title Staff Representative	Date 11/29/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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.	Date Filed
06-RD-230709	11-8-18

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

1. PURPOSE OF THIS PETITION: 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
Somerset Hospital

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
225 S. Center Avenue, Somerset, PA 15501

3a. Employer Representative - Name and Title
Michelle Brant, HR Manager

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

3c. Tel. No.
814-443-5070

3d. Cell No.

3e. Fax No.
814-443-5692

3f. E-Mail Address

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

4b. Principal product or service
Health care services

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

5b. Description of Unit Involved

Included: All full time and regular part-time cafeteria workers employed by the Employer at Somerset Hospital in Somerset, Pennsylvania

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

6a. No. of Employees in Unit:
.15

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: _____ 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
United Food and Commercial Workers, Local 1776

8b. Address
345 Southpointe Blvd., Suite 300, Canonsburg, PA 15317-9811

8c. Tel No.
1-800-245-2424 ext. 201

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any
United Food and Commercial Workers, AFL-CIO, CLC

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
February 28, 2019

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.

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

11b. Election Date(s):

11c. Election Time(s): 6:45 p.m. to 7: 15 p.m.

11d. Election Location(s): Conference room at Somerset Hospital,

12a. Full Name of Petitioner
(b) (6), (b) (7)(C)

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

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.

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

13b. Address (street and number, city, state, and ZIP code)
(b) (6), (b) (7)(C)

13c. Cell No.
(b) (6), (b) (7)(C)

13d. Cell No.
(b) (6), (b) (7)(C)

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

Title
Petitioner

Date
11/6/18

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.

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