

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


22-RC-25558

Date Filed

2/3/2020

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: Planned Lifestyle Services, affiliated with and related to Planned Companies		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): The Shipyard, 2 12th Street, 1 Independence Court, and 1 14th Street, Hoboken, NJ 07030	
3a. Employer Representative - Name and Title: Robert Francis, President		3b. Address (if same as 2b - state same): 150 Smith Road Parsippany, NJ 07050	
3c. Tel. No. 973-739-0080	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential		4b. Principal Product or Service Building Services	
5b. Description of Unit Involved: Included: All full-time and regular part-time concierges/front desk Excluded: Supervisors, confidential employees and guards as defined by the act		5a. City and State where unit is located: 6a. Number of Employees in Unit: 21 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) _____ on or about (Date) _____ (If no reply received, so state). and Employer declined recognition <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? <input checked="" type="checkbox"/> no <input 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: 11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 2/18/2020		11c. Election Time(s): 7:30-8:30am, 3:30-4:30pm, 5:30-7:30	
11d. Election Location(s): 2 12th Street, Package Room			
12a. Full Name of Petitioner (including local name and number): SEIU Local 32BJ		12b. Address (street and number, city, State and ZIP code): 494 Broad Street, 3rd Floor Newark, NJ 07102	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union			
12d. Tel. No. 937-827-3225	12e. Cell No.	12f. Fax No. 862-236-3605	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: Brent Garren, Deputy General Counsel		13b. Address (street and number, city, State and ZIP code): 25 West 18th Street New York, NY 10011	
13c. Tel. No. 212-388-3943	13d. Cell No. 917-208-4287	13e. Fax No. 212-388-2062	13f. E-Mail Address bgarren@seiu32bj.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) Brent Garren	Signature 	Title Deputy General Counsel	Date 1/31/2020

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.

22-RC-255638

Date Filed

FEB 3, 2020

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 8b 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:
Village Supermarkets, Inc., d/b/a Shoprite of East Orange

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
533 Main Street, East Orange, NJ 07018

3a. Employer Representative - Name and Title:
James Stevens, HR Director

3b. Address (if same as 2b - state same):
733 Mountain Avenue, Springfield, NJ 07081

3c. Tel. No.
973-467-2200

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal Product or Service
Food Sales

5a. City and State where unit is located:
East Orange, NJ

5b. Description of Unit Involved:

Included:

All Full and regular part-time maintenance and cart personnel

Excluded:

See attached.

6a. Number of Employees in Unit:
16

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) 1/31/2020 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)
N/A

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):
March 5, 2020

11c. Election Time(s):
7:00am-8:00am and 4:00pm to 5:00pm

11d. Election Location(s):
Break Room

12a. Full Name of Petitioner (including local name and number):
UFCW Local 1262

12b. Address (street and number, city, State and ZIP code):
1389 Broad Street, Clifton, NJ 07013

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

12d. Tel. No.
973-777-3700

12e. Cell No.
732-496-7232

12f. Fax No.
973-777-3430

12g. E-Mail Address
dmerritt@ufcwlocal1262.org

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

13a. Name and Title:
Don Merritt, Asst. Field Director

13b. Address (street and number, city, State and ZIP code):
1389 Broad Street, Clifton, NJ 07013

13c. Tel. No.
973-777-3700

13d. Cell No.
732-496-7232

13e. Fax No.
973-777-3430

13f. E-Mail Address
dmerritt@ufcwlocal1262.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)
Don Merritt

Signature

Title
Asst. Field Director

Date
2/3/2020

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.

Cont'd from RC Petition 5b – Description of Unit involved:

Excluded: All Store Managers, supervisors, temporary employees, clerical employees and guards as defined by the Act as well as all other employees.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-255828

Date Filed

2/6/2020

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

Oldcastle APG

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

103 Yellow Brook Rd Farmingdale NJ 07731

3a. Employer Representative - Name and Title

Albert Rocco, Transportation Manager

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

Same

3c. Tel No.

732-919-2022

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

al.rocco@oldcastle.com

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

Factory & Distribution Facility

4b. Principal product or service

Concrete Block

5a. City and State where unit is located:

Newark, NJ

5b. Description of Unit Involved

Included: All full-time and regular part-time drivers employed by the Employer at its 103 Yellow Brook Rd Farmingdale NJ facility:

Excluded: All production and maintenance employees, office clerical employee, confidential employees, 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) none and Employer declined recognition on or about none (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.

None

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):

February 27, 2020

11c. Election Time(s):

5:45 to 6:15 A.M.

11d. Election Location(s):

Driver's room, 103 Yellow Brook Rd Farmingdale NJ 07731

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

Local 641, International Brotherhood of Teamsters

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

714 Rahway Ave., Union, NJ 07083

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.

908-686-8898

12e. Cell No.

12f. Fax No.

908-964-6970

12g. E-Mail Address

Jimmy Kilkenny <local641@aol.com>

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

13a. Name and Title **Raymond G. Heineman, Esq.**

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

99 Wood Ave., South, Suite 307, Iselin, NJ, 08830

13c. Tel No.

732-491-2104

13d. Cell No.

732-266-8287

13e. Fax No.

732-491-2120

13f. E-Mail Address

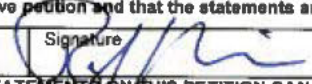
rhaineman@krollfirm.com

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)

Raymond G. Heineman

Signature



Title

Attorney

Date

February 6, 2020

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

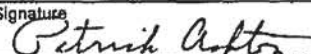
Case No.

22-RC-256239

Date Filed

FEB 11, 2020

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: Nissan Parts Distribution Warehouse		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1501 Cottontail Lane, Somerset, NJ 08873	
3a. Employer Representative - Name and Title: Richard Dobrzynski, SR Manager		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 732-805-3100	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Richard.Dobrzynski@nissan-USA.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Parts Warehouse		4b. Principal Product or Service Nissan parts	
5a. City and State where unit is located: Somerset, NJ		5b. Description of Unit Involved: Included: Parts Warehouse Pickers Excluded: Supervisory and Managerial Employees	
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	
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? <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 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 and election in this matter, state your position with respect to any such election: UAW Region 9 be recognized as the bargaining agent for the warehouse parts pickers			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): March 9, 10, 11, 2020		11c. Election Time(s): 10:00 AM to 9:00 PM	
11d. Election Location(s): Nissan, Somerset, NJ		12a. Full Name of Petitioner (including local name and number): Int'l Union, UAW Region 9	
12b. Address (street and number, city, State and ZIP code): 1930 Marlton Pike East, Suite W-109, Cherry Hill, NJ 08003		12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International United Automobile, Aerospace & Agricultural Implement Workers of America, UAW	
12d. Tel. No. 215-591-0830	12e. Cell No. 856-220-7521	12f. Fax No. 215-591-0837	12g. E-Mail Address pashton@uaw.net
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Patrick Ashton, Int'l Representative		13b. Address (street and number, city, State and ZIP code): 1930 Marlton Pike East, Suite W-109, Cherry Hill, NJ 08003	
13c. Tel. No. 856-220-7521	13d. Cell No. 856-220-7521	13e. Fax No. 215-591-0837	13f. E-Mail Address pashton@uaw.net
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) Patrick Ashton		Signature 	Title Int'l Representative
Date 02/11/20			

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

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


22-RC-256452

Date Filed

2/18/2020

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: Suez Water		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 60 DeVoe Place, Hackensack, NJ 07601	
3a. Employer Representative - Name and Title: Eva Martinez, Labor Relations Director		3b. Address (if same as 2b - state same): 200 Old Hook Road, Harrington Park, NJ 07640	
3c. Tel. No. 2017503427	3d. Cell No. 201681-7675	3e. Fax No. 2017677142	3f. E-Mail Address eva.martinez@suez.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility		4b. Principal Product or Service Water	5a. City and State where unit is located: Hackensack, NJ
5b. Description of Unit Involved: Included: All full time and regular part time equipment operators. Excluded: All guards, managers and supervisors as defined in the act.			6a. Number of Employees in Unit: 5 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)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) 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: At Employer Premises		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 12, 2020		11c. Election Time(s): To be determined	
11d. Election Location(s): To be determined			
12a. Full Name of Petitioner (including local name and number): Utility Workers Union of America, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 42 Ravenwood Blvd, Barnegat, NJ 08005	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Utility Workers Union of America, AFL-CIO			
12d. Tel. No. 6096070651	12e. Cell No. 6096183176	12f. Fax No. 6096070679	12g. E-Mail Address bobhouser@uwua.net
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Robert A. Houser, Director of Organizing		13b. Address (street and number, city, State and ZIP code): 42 Ravenwood Blvd, Barnegat, NJ 08005	
13c. Tel. No. 6096070651	13d. Cell No. 6096183176	13e. Fax No. 6096070679	13f. E-Mail Address bobhouser@uwua.net
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) Robert A. Houser		Signature 	Title Director of Organizing
		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.

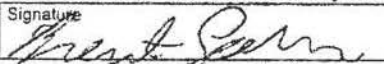
22-RC-256848

Date Filed

2/24/2020

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: Eurest Compass		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Johnson & Johnson Plaza New Brunswick, NJ 08933-0001	
3a. Employer Representative - Name and Title: Gary Wang		3b. Address (if same as 2b - state same): 2400 Yorkmont Road Charlotte, NC 28217	
3c. Tel. No. 704-328-4000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Gary.Wang@compass-usa.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Office Building		4b. Principal Product or Service Janitorial Services	5a. City and State where unit is located: New Brunswick, NJ
5b. Description of Unit Involved: Included: All full-time and regular part-time janitors and maintenance employees Excluded: All other employees, office employees, supervisors and guards as described in the Act			6a. Number of Employees in Unit: 30 25 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) Local 1931		8b. Address: 420 W. Merrick Road Valley Stream, NY 11580	
8c. Tel. No. 516-825-1851	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) CBA Expired
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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 3/9/2020		11c. Election Time(s): 2pm - 6pm	11d. Election Location(s): Conference Room 1, J & J Plaza
12a. Full Name of Petitioner (including local name and number): SEIU 32BJ		12b. Address (street and number, city, State and ZIP code): 494 Broad Street, 3rd Fl. Newark, NJ 07102	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent: (if none, so state): Service Employees International Union			
12d. Tel. No. 937-827-3225	12e. Cell No.	12f. Fax No. 862-236-3605	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: Brent Garren Deputy General Counsel		13b. Address (street and number, city, State and ZIP code): 25 W. 18th Street, 5th Floor New York, NY 10011	
13c. Tel. No. 212-388-3943	13d. Cell No. 917-208-4287	13e. Fax No. 212-388-2062	13f. E-Mail Address bgarren@seiu32bj.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) Brent Garren		Signature 	Title Deputy General Counsel Date 2/24/2020

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
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RD-256109

Date Filed

2/11/2020

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 7 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 Legal Services of Northwest Jersey		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 90 E. Main Street Somerville, NJ 08876	
3a. Employer Representative - Name and Title Michael L. Wojcik, Esq.		3b. Address (If same as 2b - state same) 90 E. Main Street Somerville, NJ 08876	
3c. Tel. No. (908) 231-0840	3d. Fax No. (908) 231-6780	3e. Cell No.	3f. E-Mail Address mwojcik@lsnj.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Office		4b. Principal product or service Legal Services	
5a. Description of Unit Involved Included: Non-attorney support staff. Excluded: attorneys, managers, human resources personnel, finance department personnel.			5b. City and State where unit is located: Flemington, Morristown, Somerville, Newton, Belvidere, NJ

6. No. of Employees in Unit 12 7. 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

8a. Name of Recognized or Certified Bargaining Agent National Organization of Legal Services Workers, UAW Local 2320		8b. Affiliation, if any AFL-CIO	
8c. Address 356 W. 38th St. Suite 705 New York, NY 10018		8d. Tel. No. (212) 228-0992	8e. Cell No.
		8f. Fax No. (212) 228-0097	8g. E-Mail Address psmith@nolsw.org

9. Date of Recognition or Certification
September 20, 2018 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
No contract

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No 11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)

12a. Name N/A	12b. Address N/A	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	13b. Election Date(s) March 2, 2020	13c. Election Time(s) N/A	13d. Election Location(s) Mail-in Election
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14. Full Name of Petitioner
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
	14d. Cell No.	14e. E-Mail Address

14f. Affiliation, if any

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

15a. Name (b) (6), (b) (7)(C)	15b. Title (b) (6), (b) (7)(C)
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	15d. Tel. No. (b) (6), (b) (7)(C)
	15e. Fax No.
	15f. Cell No. (b) (6), (b) (7)(C)
	15g. E-Mail Address (b) (6), (b) (7)(C)

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)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 2-8-2020
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WILLFUL FALSE STATEMENTS ON

FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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