

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-237040

Date Filed

MARCH 1, 2019

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
Exela Tehcnologies

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
104 Georges road, New Brunswick, NJ 08901

3a. Employer Representative - Name and Title
Joann Lee

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

3c. Tel. No.
(609) 860-9901

3d. Cell No.

3e. Fax No.
(336) 299-9882

3f. E-Mail Address
joann.lee@exelaonline.com

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

4b. Principal product or service
provide shipping, receiving and mail service for another company

5a. City and State where unit is located:
New, Brunswick, NJ

5b. Description of Unit Involved

Included: All full-time and regular part-time shipping and receiving employees employed by Excela Technologies at its New Brunswick, NJ location including all shipping and receiving associates, mail associates, and forklift operators

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

6a. No. of Employees in Unit:
Approximately 12

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 no reply (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):
3/22/19

11c. Election Time(s):
2:45 - 3:15 p.m. and 4:45 to 5:15 p.m.

11d. Election Location(s):
break room

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

United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC

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

60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222

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 Service Workers International Union, AFL-CIO, CLC

12d. Tel No.
(412) 562-2529

12e. Cell No.
(412) 418-4333

12f. Fax No.
(412) 562-2555

12g. E-Mail Address
bmanzolillo@usw.org

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

13a. Name and Title
Brad Manzolillo, USW Organizing Counsel

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

60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222

13c. Tel No.
(412) 562-2529

13d. Cell No.
(412) 418-4333

13e. Fax No.
(412) 562-2555

13f. E-Mail Address
bmanzolillo@usw.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)
Brad Manzolillo

Signature
Brad Manzolillo

Title
Organizing Counsel

Date
3/1/19

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 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.
22-RC-237125

Date Filed
MARCH 5, 2019

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 Robert Wood Johnson Barnabas Health Mobile Health Services		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 379 Campus Drive NJ Somerset 08873-	
3a. Employer Representative - Name and Title James Smith		3b. Address (if same as 2b - state same) 379 Campus Drive NJ Somerset 08873-	
3c. Tel. No. (732) 937-8687	3d. Cell No.	3e. Fax No.	3f. E-Mail Address james.smith@rwjrh.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Providing Medical Services	
		5a. City and State where unit is located: New Brunswick, NJ	

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 300
		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) 09/17/2018 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.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): April 1, 2019 and April 15, 2019	11c. Election Time(s): 9:00 a.m.	11d. Election Location(s): 379 Campus Drive, Somerset, New Jersey 08873
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(b) (6), (b) (7)(C) of Petitioner (including local name and number)
International Association of Fire Fighters, Local 5204

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

12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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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 James M. Mets Esq. Legal Counsel Mets Schiro & McGovern, LLP		13b. Address (street and number, city, state, and ZIP code) 555 U.S. Highway One South Suite 320 NJ Iselin 08830-	
13c. Tel. No. (732) 638-0040	13d. Cell No.	13e. Fax No.	13f. E-Mail Address jmets@msmlaborlaw.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) James M. Mets Esq.	Signature James M. Mets, Esq.	Title Legal Counsel	Date 03/5/2019 10:00:30
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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	Date Filed

Employees Included

EMS, EMT, Paramedics, Dispatchers, Field Training Officers, Road Supervisors

Employees Excluded

Tour Chiefs, Assistant Manager, Managers

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
22-RC-237214Date Filed
MARCH 7, 2019

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: Durham School Services		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 867 NJ Route 33, Freehold, NJ 07728	
3a. Employer Representative - Name and Title: Ralph Stuto, Manager		3b. Address (if same as 2b - state same): Same as 2b.	
3c. Tel. No. (732) 294-5203	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Bus Company		4b. Principal Product or Service Transportation	
5a. City and State where unit is located: Freehold, NJ		5b. Description of Unit Involved: Included: Bus Drivers & Bus Aides Excluded: Supervisory and all others	
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) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input checked="" 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): Teamsters Local 97 of NJ, I.B.T.		8b. Address: 136 Central Avenue, Clark, NJ 07066	
8c. Tel. No. (732) 381-1090	8d. Cell No. (732) 678-8700	8e. Fax No. (732) 381-1230	8f. E-Mail Address pguaschino@yahoo.com
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)			
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):	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): Teamsters Local 97 of NJ, I.B.T.		12b. Address (street and number, city, State and ZIP code): 136 Central Avenue, Clark, NJ 07066	
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. (202) 624-6800	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: Patrick Guaschino, Vice President		13b. Address (street and number, city, State and ZIP code): 136 Central Avenue, NJ 07066	
13c. Tel. No. (732) 381-1090	13d. Cell No. (732) 678-8700	13e. Fax No. (732) 381-1230	13f. E-Mail Address pguaschino@yahoo.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) PATRICK GUASCHINO	Signature <i>P. Guaschino</i>	Title Vice President	Date 02/20/19

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
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 22-RC-237756	Date Filed March 15, 2019

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 Torcon, Inc. and Grove Construction, LLC, single employer		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 328 Newman Springs Road, Red Bank, NJ 07701	
3a. Employer Representative - Name and Title Russell J. McEwan, Esq.		3b. Address (If same as 2b - state same) Littler Mendelson, PC, One Newark Center, 1085 Blvd, 8th Floor, Newark, NJ 07102	
3c. Tel. No. 973-848-4742	3d. Cell No.	3e. Fax No. 973-741-2303	3f. E-Mail Address mcewan@littler.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Contractor		4b. Principal product or service Building and Construction	
5b. Description of Unit Involved Included: All full time and regular part time Building Construction Laborers employed by the Employer in the State of New Jersey Excluded: all other trade workers and excluding office clerical employees, project managers, project superintendents, project supervisors, supervisors, guards and all other employees.		5a. City and State where unit is located: Red Bank, NJ	
		6a. No. of Employees in Unit: 80	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 checked="" 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). NJ Building Construction Lbores District Council		8b. Address 1588 Parkside Avenue, Ewing, NJ 08638	
8c. Tel No. 609-882-7080	8d. Cell No.	8e. Fax No. 609-882-7291	8f. E-Mail Address
8g. Affiliation, if any Laborers International Union of North America		8h. Date of Recognition or Certification 1970	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) April 30, 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 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: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): April 4, 2019	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number) NJ Building Construction Laborers District Council	12b. Address (street and number, city, state, and ZIP code) 1588 Parkside Avenue, Ewing, NJ 08638
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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)
Laborers International Union of North America

12d. Tel No. 609-862-7080	12e. Cell No.	12f. Fax No. 609-882-7291	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 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 rheineman@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 March 14, 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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
22-RC-237904	3/18/2019

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 Maplewood Beverage		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 30 Clearview Road, Edison, NJ 08837	
3a. Employer Representative - Name and Title Warehouse Manager		3b. Address (if same as 2b - state same)	
3c. Tel. No. 732-395-6940	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Warehouse Distribution		4b. Principal product or service Beverage	
5b. Description of Unit Involved Included: All forklift operators, all warehouse platform clerks Excluded: All office clericals, all salespeople, all managers, supervisors and guards		5a. City and State where unit is located: Edison, NJ	
		5a. No. of Employees in Unit: 12 +/-	
		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: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>N/A</u> 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.
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8a. Name of Recognized or Certified Bargaining Agent (if none, so state). N/A		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) _____	
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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 N/A	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	
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11b. Election Date(s): April 1, 2019	11c. Election Time(s): 6:30 am to 7:30 a.m./3:30pm to 4:30 pm	11d. Election Location(s): Lunchroom	
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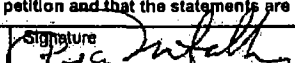
12a. Full Name of Petitioner (including local name and number) International Brotherhood of Teamsters Local 560	12b. Address (street and number, city, state, and ZIP code) 707 Summit Avenue, Union City, NJ 07087
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters Local 560	
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12d. Tel. No. 201-864-0051	12e. Cell No.	12f. Fax No. 201-864-4177	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 Paul A. Montalbano, Esq.		13b. Address (street and number, city, state, and ZIP code) 669 River Drive, Suite 125, Elmwood Park, NJ 07407	

13c. Tel. No. 908-298-8800	13d. Cell No. 201-310-8565	13e. Fax No. 908-298-9333	13f. E-Mail Address montalbanoemail@yahoo.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Paul A. Montalbano	Signature 	Title Attorney	Date March 15, 2019

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.
22-RC-238086

Date Filed
MARCH 20, 2019

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 Devils Arena Entertainment LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 25 Lafayette St. 4th Floor NJ Newark 07102-	
3a. Employer Representative - Name and Title David Reid		3b. Address (If same as 2b - state same) 25 Lafayette St. 4th Floor NJ Newark 07102-	
3c. Tel. No. (973) 757-6512	3d. Cell No.	3e. Fax No.	3f. E-Mail Address DReid@prucenter.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services		4b. Principal product or service Guest Services	
4c. City and State where unit is located: Newark, NJ			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 175
Included: 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"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 03/06/2019 and Employer declined recognition on or about 03/15/2019 (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: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11d. Election Location(s): Ballots to be counted May 1
11b. Election Date(s): April 2 - April 30	11c. Election Time(s): By Mail

12a. Full Name of Petitioner (including local name and number)
Stephen G Sombrotto
United Workers of America

12b. Address (street and number, city, state, and ZIP code)
367 Long Beach Road 147
NY Island Park 11050-

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

12d. Tel No. (888) 666-1974	12e. Cell No. (516) 807-3716	12f. Fax No. (516) 706-0879	12g. E-Mail Address sombrotto@unitedworkers.us
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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) Stephen G Sombrotto	Signature Stephen G. Sombrotto	Title President	Date 03/20/2019 06:44:47
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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	Date Filed

Employees Included

All Full time and Regular Part time Guest Services Employees, including Ushers, Ticket Takers, Elevator Operators and other employees providing admission type services to patrons

Employees Excluded

Watchmen, Guards, Professional Employees, Uniform Room, and Statutory Supervisors.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
22-RC-238691

Date Filed
MARCH 28, 2019

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 AECOM		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1999 Avenue of the Stars - Suite 2600 CA Los Angeles 90067-	
3a. Employer Representative - Name and Title		3b. Address (If same as 2b - state same) 1999 Avenue of the Stars - Suite 2600 CA Los Angeles 90067-	
3c. Tel. No. (213) 593-8000	3d. Cell No.	3e. Fax No. (213) 593-8178	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service Commuter light rail services	
		5a. City and State where unit is located: Newark, NJ	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 20 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: <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 checked="" 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? 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: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): ASAP	11c. Election Time(s): ASAP	11d. Election Location(s): mail ballot requested - not applicable	
12a. Full Name of Petitioner (including local name and number) Michael Carrube Local 352		12b. Address (street and number, city, state, and ZIP code) 350 State Street NY Brooklyn 11217-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) National Association of Transportation Supervisors			
12d. Tel No. (718) 858-2113	12e. Cell No.	12f. Fax No. (718) 858-2892	12g. E-Mail Address mcarrube@sssaunion.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Howard Wien Attorney Koehler & Isaacs LLP		13b. Address (street and number, city, state, and ZIP code) 61 Broadway - 25th Floor NY New York 10006-	
13c. Tel No. (917) 551-1331	13d. Cell No. (917) 763-4457	13e. Fax No. (212) 791-4115	13f. E-Mail Address hwien@koehler-isaacs.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) Howard Wien	Signature Howard Wien	Title Attorney	Date 03/28/2019 16:12:32

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

Case

Date Filed

Attachment

Employees Included

Controller, Trainee Specialist, Clerk, Movement Clerk, and Assistant Train Master

Employees Excluded

All other employees

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITIONCase No.
22-RD-237936Date Filed
MARCH 18, 2019

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 Covanta		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 183 Raymond Blvd, Newark, NJ, 07105	
3a. Employer Representative - Name and Title Carlos Ascencio Plant Manager		3b. Address (If same as 2b - state name) New Jersey	
3c. Tel. No. 973-817-7228	3d. Fax No. 973-344-4999	3e. Cell No. 973-722-3574	3f. E-Mail Address Cascencio@covanta.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Power Plant		4b. Principal product or service Electricity	
5a. Description of Unit Involved Included: Maintenance Mechanics, I & E Technicians, Tipping Floor Operators, Plant Operators, Crane Operators Excluded: Management, Purchasers, Administration personnel, Warehouse personnel			5b. City and State where unit is located: Newark, New Jersey
6. No. of Employees in Unit 53		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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent Andre Restrepo		8b. Affiliation, if any I.U.O.E. Local 68	
8c. Address 11 Fairfield Place West Caldwell, NJ 07006		8d. Tel. No. 973-244-5800	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address
9. Date of Recognition or Certification May 2016		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (insert Name) (Insert Address)		a labor organization, of 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	12b. Address	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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 4/10/2019, 4/17/2019	13c. Election Time(s) 6:00am, 6:00pm	13d. Election Location(s) Covanta Essex Facility	
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.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	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		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and its knowledge and belief. (b) (6), (b) (7)(C)			
		Title	Date Filed 3/18/19

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