

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-255726

Date Filed

2/4/20

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: New York Blood Center d/b/a Blood Bank of Delmarva		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 100 Hygeia Drive, Newark, DE 19713	
3a. Employer Representative - Name and Title: Richard Thomas, Senior Executive Director		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 1-888-825-6638	3d. Cell No. n/a	3e. Fax No. n/a	3f. E-Mail Address rthomas@bbd.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) blood donation centers		4b. Principal Product or Service receive blood donations	
5a. City and State where unit is located: Newark, DE		5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A	
6a. Number of Employees in Unit: 53		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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 02/04/20 and Employer declined recognition on or about (Date) no reply (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: n/a	
8c. Tel. No. n/a	8d. Cell No. n/a	8e. Fax No. n/a	8f. E-Mail Address n/a
8g. Affiliation, if any: n/a		8h. Date of Recognition or Certification n/a	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) n/a			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? 0 (Name of Labor Organization) n/a, has picketed the Employer since (Month, Day, Year) n/a			
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 n/a		10b. Address n/a	
10c. Tel. No. n/a		10d. Cell No. n/a	
10e. Fax No. n/a		10f. E-Mail Address n/a	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): February 28, 2020		11c. Election Time(s): 2:00-6:00pm	
11d. Election Location(s): See attachment B			
12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers Union, Local 27		12b. Address (street and number, city, State and ZIP code): 21 West Road, Suite 200, Towson, MD 21204	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food & Commercial Workers International Union			
12d. Tel. No. n/a	12e. Cell No. n/a	12f. Fax No. n/a	12g. E-Mail Address n/a
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Nelson Hill, Assistant to the President		13b. Address (street and number, city, State and ZIP code): 21 West Road, Suite 200, Towson, MD 21204	
13c. Tel. No. 410-337-2700	13d. Cell No. 302-632-4530	13e. Fax No. 410-307-1799	13f. E-Mail Address n.hill@ufcw27.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) Nelson Hill		Signature 	Title Assistant to the President
			Date 02/04/20

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.

Attachment A

Included:

All full time and part time Donor Services employees including Blood Collection Technicians I, Blood Collection Technicians II, Blood Collection Technicians III, Blood Collection Technicians IV, Blood Collection Technician Leads, Fleet Drivers, and Registration Specialists located at:

Christiana Center

100 Hygeia Dr. Newark, DE, 19713

Salisbury Center

1309 Mt. Hermon Rd. Salisbury, MD 21804

Dover Center

221 Saulsbury Rd. Dover, DE 19904

Christiana Care Concord Health Center

161 Wilmington-West Chester Park, Suite 2300,
Chadds Ford, PA 19317

Excluded:

All other employees, including but not limited to distribution drivers, schedulers, administrative personnel, guards, and supervisors as defined by the act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-255803

Date Filed

2/5/20

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

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

2a. Name of Employer: Rejuvenations at Fair Acres		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 340 N. Middletown Rd. Media, PA 19063	
3a. Employer Representative - Name and Title: Elizabeth Bilotta, Chief Human Resource Officer, Crozer-Keystone Medical System		3b. Address (if same as 2b - state same): 190 W. Sproul Rd. Springfield, PA 19064	
3c. Tel. No. 610-338-8241	3d. Cell No. 215-284-8372	3e. Fax No. 610-338-8290	3f. E-Mail Address elizabeth.bilotta@crozer.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Behavioral Health Facility		4b. Principal Product or Service Healthcare	5a. City and State where unit is located: Media, PA
5b. Description of Unit Involved: Included: See attached Excluded: See attached		6a. Number of Employees in Unit: 29	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/05/20 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:
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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): 2/24/20	11c. Election Time(s): 6-9am, 12-2pm, 6-9pm	11d. Election Location(s): See attached
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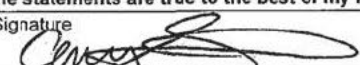
12a. Full Name of Petitioner (including local name and number): Pennsylvania Association of Staff Nurses and Allied Professionals	12b. Address (street and number, city, State and ZIP code): 1 Fayette Street, Suite 475 Conshohocken, PA 19428
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
none

12d. Tel. No. 610-567-2907	12e. Cell No. 215-287-8042	12f. Fax No. 610-567-2915	12g. E-Mail Address cstelitano@pasnap.com
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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:
Casy Stelitano, Organizer

13b. Address (street and number, city, State and ZIP code): 1 Fayette Street, Suite 475 Conshohocken, PA 19428	
13c. Tel. No. 610-567-2907	13d. Cell No. 215-287-8042
13e. Fax No. 610-567-2915	13f. E-Mail Address cstelitano@pasnap.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) Casy Stelitano Signature  Title Organizer Date 02/05/20

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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5b.

Included: All full-time, part-time and per diem professional, technical and non-professional employees, including registered nurses, licensed practical nurses, patient care technicians, unit clerks and therapists employed at Rejuvenations at Fair Acres;

Excluded: All other employees, and skilled maintenance, guards, confidential employees and supervisors as defined by the Act.

11d. Election Location(s): Fair Acres Administrative Building 18 1st Floor Conference Room

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-255831

Date Filed

2-06-20

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

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

2a. Name of Employer Temple University Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Jeanes Hospital - Bone Marrow Transplant Unit 7600 Central Avenue PA Philadelphia 19111	
3a. Employer Representative - Name and Title Albert D'Attilio Esq.		3b. Address (if same as 2b - state same) 3401 N. Broad Street PA Philadelphia 19140	
3c. Tel. No. (215) 707-8257	3d. Cell No. (215) 280-8283	3e. Fax No.	3f. E-Mail Address Albert.D'Attilio@tuhs.temple.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities		4b. Principal product or service Healthcare	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Philadelphia, PA	
		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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

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

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): February 26, 2020
11c. Election Time(s): between 11-1pm
11d. Election Location(s): Jeanes Hospital 7600 Central Avenue, Philadelphia, PA 19111

12a. Full Name of Petitioner (including local name and number)
Juanita N Howard
Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP)
12b. Address (street and number, city, state, and ZIP code)
1 Fayette Street Suite 475
PA Philadelphia 19428

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. (610) 567-2907	12e. Cell No. (267) 512-1585	12f. Fax No. (610) 567-2915	12g. E-Mail Address jhoward@pasnap.com
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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) Juanita N Howard	Signature Juanita Howard	Title Staff Representative	Date 02/6/2020 08:10:27
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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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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
04-RC-255831	2-06-20

Employees Included

Financial Coordinators from the Bone Marrow Transplant unit located at Jeanes hospital to be included in the existing combined bargaining unit of Technical and Professional employees at Temple University Hospital

Employees Excluded

Other technical staff at Jeanes

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

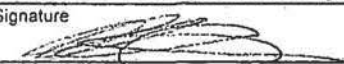
04-RC-255946

Date Filed

2-07-20

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

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

2a. Name of Employer: Kindle Cape May Car Wash		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 525 Stone Harbor Blvd, Cape May Court House, NJ 08210	
3a. Employer Representative - Name and Title: Bill Kindle, Owner		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (609) 778-1656	3d. Cell No. Unknown	3e. Fax No. Unknown	3f. E-Mail Address billkindle@kindleautoplaza.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Car wash		4b. Principal Product or Service Car washing and detailing	5a. City and State where unit is located: Cape May Court House, NJ
5b. Description of Unit Involved: Included: Detailers and car washers Excluded: Office clerical, professional, managerial, guards 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. <i>Petitioner serves as Demand</i>			
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 and election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): February 28, 2020		11c. Election Time(s): 12:00 PM - 1:00 PM	
11d. Election Location(s): Employer's facilities			
12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace Workers, Local Lodge 447, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 425 Broadhollow Road, Ste 307 Melville, NY 11747	
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. (718) 422-0090	12e. Cell No. (856) 562-9357	12f. Fax No. (718) 422-0177	12g. E-Mail Address cwalsh@iamdistrict15.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 Representative		13b. Address (street and number, city, State and ZIP code): 26 Court St, Ste 1710, Brooklyn, NY 11242	
13c. Tel. No. (929) 226-1724	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 2/7/2020

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
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 04-RC-256028

Date Filed
2-10-20

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.

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2a. Name of Employer: **CADES**
Children and Adult Disability Education Services

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
401 Rutgers Avenue Southmore, PA 19081

3a. Employer Representative - Name and Title:
Sandi Montalvo Director of Human Resources

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

3c. Tel. No.
610-328-5955

3d. Cell No.

3e. Fax No.
610-328-0495

3f. E-Mail Address
SANDI.MONTALVO@CADES.ORG

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

4b. Principal Product or Service

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

5b. Description of Unit Involved:

Included: **All Direct Support Professionals**

Excluded: **All Statutory Managers and Confidential employees defined by the ACT**

6a. Number of Employees in Unit:
162

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).
☐ 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? _____, has picketed the Employer since (Month, Day, Year) _____ (Name of Labor Organization)

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 and 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):
March 3rd 4th or 5th

11c. Election Time(s):
NOON

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number):
Service employees international union Local 668

12b. Address (street and number, city, State and ZIP code):
2589 Interstate Drive, Harrisburg, PA 17110

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.
215-561-2350

12e. Cell No.
412-708-8566

12f. Fax No.
215-561-3044

12g. E-Mail Address
randall.bacon@seiub68.org

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

13a. Name and Title:
Randall Bacon II Organizing Director

13b. Address (street and number, city, State and ZIP code):
2589 Interstate Drive, Harrisburg, PA 17110

13c. Tel. No.
412-708-8566

13d. Cell No.
412-708-8566

13e. Fax No.
215-561-3044

13f. E-Mail Address
randall.bacon@seiub68.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) **Randall Bacon II**

Signature **Randall Bacon II**

Title **Organizing Director**

Date

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. 04-RC-256058	Date Filed 2/10/2020

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 Cooper University Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1 Cooper Plz, Camden, New Jersey 08103	
3a. Employer Representative - Name and Title Kenneth Maurone CH/FM-Director Plant Operations and Maintenance		3b. Address (If same as 2b - state same) 618 Benson Street, Camden, NJ 08103	
3c. Tel. No. 856-342-2914	3d. Cell No. 856-298-2887	3e. Fax No. 856-968-8383	3f. E-Mail Address Maurone-Kenneth@Cooperhealth.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Health Care	
			5a. City and State where unit is located: Camden, New Jersey

5b. Description of Unit Involved
Included: All full time and regular part-time skilled maintenance employees employed by the Employer at its Camden, New Jersey acute care hospital;
Excluded: service and maintenance employees, technical employees, office clerical employees, professional employees, security guards and supervisors as defined in the Act.

6a. No. of Employees in Unit
32
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 (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? none
(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): March 3, 2020	11c. Election Time(s): 6:30am to 7:30am and 2:30pm to 3:30pm	11d. Election Location(s): Conference Room 618 Benson Street, Camden, NJ 08103
12a. Full Name of Petitioner (Including local name and number) International Union of Operating Engineers Local 68, 68a, 68b, 68c, 68d		12b. Address (street and number, city, state, and ZIP code) 11 Fairfield Place, West Caldwell, NJ 07008

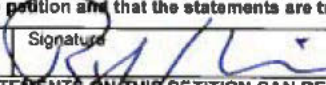
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)
International Union of Operating Engineers

12d. Tel. No. 973-244-5800	12e. Cell No. 973-722-1550	12f. Fax No. 973-227-3785	12g. E-Mail Address kkenney@local 68.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title 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 rheinman@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 10, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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. 04-RC-256144

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 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: Lehigh Valley Underground, LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4136 Bethman Rd Easton, PA 18045	
3a. Employer Representative - Name and Title: Christina Micklos Owner		3b. Address (if same as 2b - state same): same	
3c. Tel. No.	3d. Cell No. 732-476-7159	3e. Fax No.	3f. E-Mail Address mickloschristina@gmail.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility Contractor		4b. Principal Product or Service Directional Boring	
5a. City and State where unit is located: Easton, PA		5b. Description of Unit Involved: Included: See attached sheet Excluded: See attached sheet	
6a. Number of Employees in Unit: 35		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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 02/11/2020 and Employer declined recognition on or about (Date) 2-11-2020 (If no reply received, so state). no reply <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No 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: In person, secret ballot			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 02/28/2020		11c. Election Time(s): 05:30-07:00	
11d. Election Location(s): 101 S 3rd Street Easton PA			
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers, Local Union 126		12b. Address (street and number, city, State and ZIP code): 3455 Germantown Pike Collegeville, PA 19426	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers, AFL-CIO			
12d. Tel. No. 610-489-1185	12e. Cell No. 484-895-8876	12f. Fax No.	12g. E-Mail Address msimmonds@ibewlu126.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Michael Simmonds, Organizer		13b. Address (street and number, city, State and ZIP code): 3455 Germantown Pike Collegeville, PA 19426	
13c. Tel. No. 610-489-1185	13d. Cell No. 484-895-8876	13e. Fax No.	13f. E-Mail Address msimmonds@ibewlu126.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) Michael Simmonds	Signature 	Title Organizer	Date 02/11/2020

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
04-RC-256701

Date Filed
2/20/20

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

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

2a. Name of Employer Prime Care Medical, INC.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3940 Locust Lane PA Harrisburg 17109-	
3a. Employer Representative - Name and Title Todd Haskins		3b. Address (If same as 2b -- state same) 3940 Locust Lane PA Harrisburg 17109-	
3c. Tel. No. (800) 245-7277	3d. Cell No.	3e. Fax No. (717) 545-5491	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Medical Care for inmates at the Monroe County Correctional Facility	
5a. City and State where unit is located: Stroudsburg, PA			

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:
15

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).

☐ 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)

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):
March 13th 2020

11c. Election Time(s):
Mail Ballot Election

11d. Election Location(s):
Mail Ballot Election

12a. Full Name of Petitioner (including local name and number)
Matt Weidman
Matt Weidman - Teamsters Local 773

12b. Address (street and number, city, state, and ZIP code)
3614 Lehigh St Suite A
PA Whitehall 18052-

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. (610) 841-3284	12e. Cell No.	12f. Fax No.	12g. E-Mail Address mweidman@teamster773.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

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

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

Name (Print) Matt Weidman	Signature Matt Weidman	Title Business Agent / Organizer	Date 02/20/2020 15:07:43
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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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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
04-RC-256701	2/20/20

Employees Included

All Full-Time and Regular Part-Time Medical Staff, Licensed Practical Nurses, Registered Nurses, Medical Assistants, and Mental Health Clinicians

Employees Excluded


All other employees including but not limited to managers, supervisors and guards as defined by the act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-256774	Date Filed 2/21/20

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

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

2a. Name of Employer: Matrix NAC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 189 Main Street Harleysville, PA 19438	
3a. Employer Representative - Name and Title: Bob Hoover VP Labor Relations		3b. Address (if same as 2b - state same): same	
3c. Tel. No.	3d. Cell No. 724-416-6800	3e. Fax No.	3f. E-Mail Address bob.hoover@matrixnac.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Utility Contractor		4b. Principal Product or Service Utility Construction	5a. City and State where unit is located: Harleysville, PA
5b. Description of Unit Involved: Included: See attached sheet Excluded: See attached sheet		6a. Number of Employees in Unit: 4	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>2/21/2020</u> on or about (Date) <u>2/21/2020</u> (If no reply received, so state). <u>no reply</u>		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	
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 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): 03/09/2020	11c. Election Time(s): 05:30-07:00	11d. Election Location(s): Conference room, Harleysville location	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers, Local Union 126		12b. Address (street and number, city, State and ZIP code): 3455 Germantown Pike Collegeville, PA 19426	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers, AFL-CIO			
12d. Tel. No. 610-489-1185	12e. Cell No. 484-895-8876	12f. Fax No.	12g. E-Mail Address msimmonds@ibewlu126.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Michael Simmonds, Organizer		13b. Address (street and number, city, State and ZIP code): 3455 Germantown Pike Collegeville, PA 19426	
13c. Tel. No. 610-489-1185	13d. Cell No. 484-895-8876	13e. Fax No.	13f. E-Mail Address msimmonds@ibewlu126.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) Michael Simmonds	Signature 	Title Organizer	Date 02/21/2020

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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Matrix NAC / IBEW Local 126

RC Petition Supplemental Information

5b. Description of the unit involved:

Included in the unit: All full time and regular part time warehouse employees tasked with material handling and stocking trucks at the Harleysville PA location

Excluded from the unit: All office clerical employees, guards, professional employees and supervisors as defined by the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-257107

Date Filed

2/28/20

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

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

2a. Name of Employer Crozer-Chester Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1 Medical Center Blvd, Upland, PA 19013	
3a. Employer Representative - Name and Title Elizabeth Bilotta, Chief Human Resource Officer, Crozer-Keystone Medical System		3b. Address (If same as 2b - state same) 190 W. Sproul Rd. Springfield PA 19064	
3c. Tel. No. 610-338-8241	3d. Cell No. 215-284-8372	3e. Fax No. 610-338-8290	3f. E-Mail Address elizabeth.bilotta@crozer.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Healthcare	
5a. City and State where unit is located: Upland, PA		6a. No. of Employees in Unit: 82	
5b. Description of Unit Involved Included: See attached Excluded: See attached		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) 2/28/20 and Employer declined recognition on or about 2/28/20 (Date) (If no reply received, so state). no reply
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

11b. Election Date(s): 3/27/20	11c. Election Time(s): 6-9 am, 12-2 pm, 6-9 pm	11d. Election Location(s): Northeast Conference Room #2
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12a. Full Name of Petitioner (including local name and number) Crozer Professionals Union - PASNAP	12b. Address (street and number, city, state, and ZIP code) 1 Fayette St, Suite 475 Conshohocken, PA 19438
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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)
none

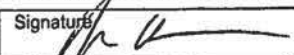
12d. Tel No. 610-567-2907	12e. Cell No. 267-279-4160	12f. Fax No. 610-567-2915	12g. E-Mail Address max@pasnap.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Max Lyons, Lead Organizer	13b. Address (street and number, city, state, and ZIP code) 1 Medical Center Blvd, Upland, PA 19013
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13c. Tel No. 610-567-2907	13d. Cell No. 267-279-4160	13e. Fax No. 610-567-2915	13f. E-Mail Address max@pasnap.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) Max Lyons	Signature 	Title Lead Organizer	Date 2/28/20
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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.

5b.

Included:

Unit A: All full-time, part-time, and per diem Registered Dieticians, Occupational Therapists, Physical Therapists, Speech Therapists, Social Workers and Social Work Techs

Unit B: All full-time, part-time, and per diem Certified Occupational Therapy Assistants, Physical Therapy Assistants, Physical Therapy Aides, and Recreational Therapists.

Excluded:

All other employees, and skilled maintenance, guards, confidential employees, and supervisors as defined by the Act.