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.nitb.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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: New York Blood Center d/b/a Blood Bank of 100 Hygeia Drive, Newark, DE 19713 Delmarva 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Richard Thomas, Senior Executive Director 3e. Fax No. 3f. E-Mail Address 3d Cell No 3c. Tel. No. rthomas@bbd.org 1-888-825-6638 n/a n/a 4b. Principal Product or Service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: Newark DF receive blood donations blood donation centers 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 53 See Attachment A 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? X Yes See Attachment A 02/04/20 Check One: 🔀 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) no reply (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: n/a None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address n/a n/a n/a n/a 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: n/a 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? , has picketed the Employer since (Month, Day, Year) n/a (Name of Labor Organization) 10. Organizations or individuals other than Petitoner 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) 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name n/a n/a n/a 10e. Fax No. 10f. E-Mail Address n/a 11a. Election Type: 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: Mixed Manual/Mail 11d. Election Location(s) 11b. Election Date(s): 11c. Election Time(s): 2:00-6:00pm See attachment B February 28, 2020 12b. Address (street and number, city, State and ZIP code): 21 West Road, Suite 200, Towson, MD 21204 12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers Union, Local 27 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 12f. Fax No. 12g. E-Mail Address 12d. Tel. No. 12e. Cell No. n/a n/a n/a n/a 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 21 West Road, Suite 200, Towson, MD 21204 13a. Name and Title: Nelson Hill, Assistant to the President 13e. Fax No. 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 302-632-4530 410-307-1799 n.hill@ufcw27.org 410-337-2700 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Signature Name (Print) 02/04/20 Nelson I Will Assistant to the President Nelson Hill

Attachment A

Included:

All full time and part time Donor Services employees including Blood Collection Technicians I, Blood Collection Technicians II, 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.	Date Filed			
04-RC-255803	2/5/20			

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov/l], 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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Rejuvenations at Fair Acres 340 N. Middletown Rd. Media, PA 19063 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Elizabeth Bilotta, Chief Human Resource 190 W. Sproul Rd. Springfield, PA 19064 Officer, Crozer-Keystone Medical System 3d. Cell No. 3f. E-Mail Address 610-338-8290 610-338-8241 215-284-8372 elizabeth.bilotta@crozer.org 4b. Principal Product or Service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: Behavioral Health Facility Healthcare Media, PA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See attached Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes See attached and Employer declined recognition Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 02/05/20 (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 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N_{0} 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) 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: | 11a. Election Type: Mixed Manual/Mail 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): See attached 2/24/20 6-9am, 12-2pm, 6-9pm 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number). Pennsylvania Association of Staff Nurses and Allied 1 Fayette Street, Suite 475 Conshohocken, PA 19428 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): none 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 12d. Tel. No. 610-567-2907 215-287-8042 610-567-2915 cstelitano@pasnap.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 1 Fayette Street, Suite 475 Conshohocken, PA 19428 Casy Stelitano, Organizer 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 610-567-2907 215-287-8042 610-567-2915 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. Date Name (Print) 02/05/20 Casy Stelitano Organizer

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

5b.

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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 in which the employer concerne of service showing service on t	ed is located. Th	e petition must	be accompanied by l	both a showing o	of interest (see	6b below) and a certificate
(Form NLRB-505); and (3) Desci						
with the NLRB and should not b						and the second
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petitioner requests that the National Labor R	CERTIFICATION OF er desires to be certifi	REPRESENTATI	IVE - A substantial number ve of the employees. The	Petitioner alleges th	nat the following	circumstances exist and
2a. Name of Employer	elations Board proc		dress(es) of Establishmen			
Temple University Hospital		Je	eanes Hospital - Bone Mari A Philadelphia 19111-	ow Transplant Unit 7	600 Central Aver	nue
3a. Employer Representative - Name	and Title		A Philadelphia 19111- 3b. Address (If same as	2b – state same)		•
Albert D'Attilio Esq.			3401 N. Broad Str PA Philadelphia 1			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	9140-	3f. E-Mail Addr	ess
(215) 707-8257	(215) 280-8283	3	THE CONTRACTOR OF THE CONTRACT			uhs.temple.edu *.
4a. Type of Establishment (Factory, min		4b. Principal pro	duct or service		5a. City a	and State where unit is located:
Healthcare Facilities	Α,		Healthcare			Philadelphia, PA
5b. Description of Unit Involved		1				6a. No. of Employees in Unit:
Included: See Attached Page 2 for ad	ditional details				-	2 6b. Do a substantial number (30%
Excluded: See Attached Page 2 for ad	ditional details			4		or more) of the employees in the unit wish to be represented by the Petitioner? Yes [7] No [1]
Charle Carry		raining Danssaute	tive was made as (Data)		d Cambus deal	
	(Date)	(If no reply receive				ned recognition on or about
8a. Name of Recognized or Certified			8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.	8f. E-Mail Address		ess
8g. Affiliation, if any			8h. Date of Recognition or Certification 8i. Expiration Date of Current or N Contract, if any (Month, Day, Yea			
9. Is there now a strike or picketing at th	e Employer's establis	shment(s) involved	? If so, approx	imately how many er	mployees are par	ticipating?
(Name of labor organization)		has pick	keted the Employer since (Month, Day, Year)		<u> </u>
Organizations or individuals other the known to have a representative interest					oresentatives and	other organizations and individuals
10a. Name	· . 10b. Ad	dress	3) 1	10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB cond any such election.		is matter, state you lection Time(s):	r position with respect to			Mail Mixed Manual/Mail
11b. Election Date(s): February 26, 2020	betwee	n 11-1pm		11d. Election Location(s): Jeanes Hospital 7600 Central Avenue, Philadelphia, PA 19 12b. Address (street and number, city, state, and ZIP code		
12a. Full Name of Petitioner (IncludIn Juanita N Howard Pennsylvania Association of Staff Nurses and A 12c. Full name of national or internation	Ilied Professionals (PAS	SNAP)	is an affiliate or constituen	1 Fayette Street Su PA Philadelphia 19	ite 475 428	ny, state, and zir code)
None	ar labor organization	or minor r cultoner	io an annialo or constituon	. (
12d. Tel No. (610) 567-2907				No. 12g. E-Mail A /-2915 jhoward@pa:		
13. Representative of the Petitioner w			or purposes of the repres	entation proceeding	g.	300
13a. Name and Title	*		13b. Address (street and	d number, city, state,	and ZIP code)	
13c. Tel No.	13d. Cell No.		13e. Fax No.	-	13f. E-Mail A	fress
I declare that I have read the above p	etition and that the	statements are tro	ue to the best of my know	vledge and bellef.	2 0	
Name (Print)	Signature		Title -		Date	and the same
Juanita N Howard	Juanita Howard	ETITION CAN BE	Staff Representative	IMPRICONMENT (I	02/6/2020 C	

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			
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

					· · · · · · · · · · · · · · · · · · ·			07-20
INSTRUCTIONS: Unless e-Filed employer concerned is located the employer and all other part Case Procedures (Form NLRB	. The petition must b ies named in the pet 4812). The showing (e accompanied tion of: (1) the p of interest shoul	by both a s etition; (2) d only be fi	howing of interest (se Statement of Position led with the NLRB and	e 6b below) and form (Form NLI I should not be	l a certificat RB-505); an served on t	e of service showing s d (3) Description of Re he employer or any oti	ervice on presentation ner party.
PURPOSE OF THIS PETITION bargaining by Petitioner and Perequests that the National La	etitioner desires to be	certified as repres	sentative of	the employees. The Pe	titioner alleges	that the foll	owing circumstances	ollective exist and
2a. Name of Employer: Kindle Cape May Car V	Vash	2b. Ad 525	dress(es) of Stone H	Establishment(s) involvarbor Blvd, Cape	ved (Street and ree May Court	House,	State, ZIP code): NJ 08210	
3a. Employer Representative - N Bill Kindle, Owner	lame and Title:	3b. Ad Sam		me as 2b - state same):				
3c. Tel. No. (609) 778-1656	3d: Cell No. Unknown		3e. Fax N Unkno		3f. E-Mail A billkind	ddress le@kind	eautoplaza.com	yy ia:
4a. Type of Establishment (Factor Car wash	y, mine, wholesaler, e	(c.)		pal Product or Service ashing and detail	ing		d State where unit is loo May Court Hous	
5b. Description of Unit Involved Included: Detailers and car washe				,,,,,,,		5	r of Employees in Unit	
Office clerical, profession			- Th	AND CONTRACTOR OF THE PARTY OF		of the e	ubstantial number (30%, imployees in the unit wis ented by the Petitioner?	h to be
on or about (Dat 7b. Petitioner is	e) currently recognized a	(If no reply s Bargaining Rep	received, so presentative	state). and desires certification	b		Securities De	man
8a. Name of Recognized or Cert None	ified Bargaining Age	nt (<i>If none,</i> so sta	ate) 8b. A	ddress:				
8c. Tel. No.	8d. Cell No.		8e, Fax N	lo.	8f. E-Mail A	8f. E-Mail Address		
8g. Affiliation, if any:			Bh. Date of F	Recognition or Certificat	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
Is there now a strike or picketing (Name of Labor Organization)	g at the Employer's es	tablishment(s) inv	volved? No	If so, approx	SP IN WARPO		s are participating? er since (Month, Day, Ye	
Organizations or individuals of individuals known to have a re- None					recognition as re	epresentativ		
10a. Name	10b. A	ddress	_	-	10c. Tel. No	o.	10d. Cell No.	
	A*				10e. Fax No	D.	10f. E-Mail Address	
11. Election Details: If the NLRB	conducts and election	in this matter, sta	ate your pos	ition with respect to any	y such election:	11a. Electio		d Manual/Mail
11b. Election Date(s): February 28, 2020		ection Time(s): 0 PM - 1:00	PM		11d. Election Employ	er's facil): ities	
12a. Full Name of Petitioner (inc International Associatio Workers, Local Lodge 4	n of Machinists 147, AFL-CIO	and Aerosp		12b. Address (street 425 Broadhollo Melville, NY	ow Road, St 11747	te 307	ZIP code):	1 ?
12c. Full name of national or international Association	national labor organiza n of Machinists	and Aerosp	itioner is an ace Wor	affiliate or constituent (kers, AFL-CIO				
12d, Tel. No. (718) 422-0090	12e. Cell No. (856) 562-93	ell No. 12f, Fax No.			12g. E-Mail cwalsh	12g. E-Mail Address cwalsh@iamdistrict15.org		
13. Representative of the Petitioner who will accept service of all par 13a. Name and Title: Nicholas A. Scotto, Special Representative			13b. Address (street and number, city, State ar 26 Court St, Ste 1710, Brooklyn, NY		r, city, State and	ZIP code):		
13c. Tel. No. (929) 226-1724	13d. Cell No. (631) 219-41	and the same of th		902-5720		Address @iamaw.	org	
I declare that I have read the abo	ove petition and that		are true to	the best of my knowle		2 1		
Name (Print) Signature Nicholas A. Scotto			Title Spec			pecial Representative Date 2/7/2020		

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 04-RC-256028

DO NOT WRITE IN THIS SPACE

2-10-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.'nlib'.gov/a, 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 401 Rudgers Avenue Swathmore, PA 19081 2a. Name of Employer: CADES Children and Adulf Disability Education 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Sandi Montalvo Director of 3f. E-Mail Address SANDI, MONTAL VO CCADES. ORG 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Sunthmore, PA
6a. Number of Employees in Unit: 5b. Description of Unit Involved: Included: All Direct Support Professional Excluded: All Statutory Managers and Confidential employees defined by the 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 (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) 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) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (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 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): 11c. Election Time(s): 11d. Election Location(s) March 3rd 4th or 5th NOON

12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 2589 Interstate Orive, Harrisburg, PA 17110 Local 668 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 12g. E-Mail Address randall. bacon@Seiub68. org 12f. Fax No. 215-561-3644 215-561-2350 412-708-8566 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 2589 Interstate Drive, Harrisburg, PA 17/10 Randall Bacontt organizing Director 412-708-8564 randall. bacon esciuble young 215-561-3044 412-708-8564 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)

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 us	ing the Agend	y's website, wy	vw.nlrb.gov, submit a	an original of this Po	etition to a	n NLRB office in the Region
in which the employer concerned in	s located. Th	e petition must	be accompanied by	both a showing of i	nterest (se	e 6b below) and a certificate
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 MI CO and should not be	con or nepres	entation case r	rocedures (Form NL	ND 4012). The Shor	wing or inte	erest snovia only be tilea
with the NLRB and should not be	ervea on the	employer or an	y otner party.			
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d	esires to be certif	ied as representativ	e of the employees. The	Petitioner alleges that	the following	n circumstances eviet and
requests that the National Labor Related 2a. Name of Employer	ions Board pro	ceed under its pro	per authority pursuant to	Section 9 of the Natio	nal Labor R	elations Act.
Cooper University Hospital		1 Can	dress(es) of Establishmen	n(s) involved (Street and	number, city	, State, ZIP code)
		11 000	per Piz, Camden, N			
3a. Employer Representative – Name and Kenneth Maurone CH/FM-Director Plan		and Maintenance	3b. Address (If same as	s 2b – state same) Camden, N.I. 091	2	
3c. Tel No.	3d. Cell No.	ma mannenance				
856-342-2914	856-298-28	0.7	3e. Fax No.		f. E-Mail Add	
			856-968-8383	IM		enneth@Cooperhealth.edu
4a. Type of Establishment (Factory, mine, v	vholesaler, etc.)	4b. Principal pro	duct or service			and State where unit is located:
Hospital		Health Care			Camde	n, New Jersey
5b. Description of Unit Involved						6a. No. of Employees in Unit
Included: All full time and regular par		naintenance empl	loyees employed by the	Employer at its Cam	den, New	32
Jersey acute care hospital						6b. Do a substantial number (30%
Excluded: service and maintenance employed	es, technical emplo	yeas, office cierical em	ployeas, professional employ	ees, security guards and su	pervisors as	or more) of the employees in the unit wish to be represented by the
defined in the Act.						Petitioner? Yes V No
Check One: 7a. Request for re	cognition as Bar	gaining Representa	tive was made on (Date)	Vone and E	mplover dec	lined recognition on or about
		(If no reply received	100 NO 10	40116	pio yo. aca	and recognized on or about
7b Petitioner is c			epresentative and desires	certification under the A	-+	
8a. Name of Recognized or Certified Bar	gaining Agent (f none, so state).	8b. Address	cordination ander the A		
None						
8c. Tel No.	8d Cell No.		8e. Fax No.	8	f. E-Mail Add	ress
8g. Affiliation, if any			8h. Date of Recognition o	r Certification 8	Evolcation I	Date of Current or Most Recent
,		- 1	on bala of recognison o		ontract, if an	y (Month, Day, Year)
						, (monal, bay, roal)
9. Is there now a strike or picketing at the E	mployer's establi	shment(s) involved	? No. If so, approx	amately how many empl	ovees are na	rticinatino? NONE
					·, · · · · · · · · · · · · · · · · · ·	ruspanig. Troito
			eted the Employer since (
10. Organizations or individuals other than	Petitioner and the	se named in items	8 and 9, which have claim	ed recognition as repres	entatives and	d other organizations and individuals
known to have a representative interest in a	iny employees in	the unit described i	in item 50 above. (if none	, so state)		
10a. Name	10b. Ac	Idraes		10s Tel Ne		Tana or the
Tou. Hame	100.70	idiesa		10c. Tel. No.		10d. Cell No.
None				10e. Fax No.		10f. E-Mail Address
140116				Tou. Tax Tiu.		TOT. C-Intali Addiess
11. Election Details: If the NLRB conducts	an election in th	is matter, state you	r position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail
any such election.				Tra: Ciddadii Type.	- Michigan L	MIXED MAINDAINMAIL
11b. Election Date(s):		lection Time(s):		11d. Election Location	1(3):	
March 3, 2020		n to 7:30am and 2:	30pm to 3:30pm			treet, Camden, NJ 08103
12a. Full Name of Petitioner (Including Id						city, state, and ZIP code)
International Union of Operating Engines				11 Fairfield Place, We	est Caldwell,	NJ 07006
12c, Full name of national or international la International Union of Operating Engineer	ibor organization	of which Petitioner	is an affiliate or constituer	nt (if none, so state)		
12d. Tel No.			100 5 11			
973-244-5800						
13. Representative of the Petitioner who		ice of all nanere fo		entation proposedless	er iney@ioca	ii 66.0rg
			¥		PROTECTION OF THE PROPERTY.	
13a, Name and Title Raymond G	. Heinem	an, Esg.		d number, city, state, an	d ZIP code)	
The state of the s						
732-491-2104	13d, Cell No. 732-266-8287		13e. Fax No. 732-491-2120	1.75	3f. E-Mail Ad	
I declare that I have read the above petit		etatamente ero tro			eineman@ki	TORRIN.COM
		orgrenients are tir	1	and Desiet.		
	gnature	// +	Title		Date	- Land
Raymond G. Heineman	W		Attorney		February 1	0, 2020
WILLFUL FALSE STATEME	MISON/THIS P	ETITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (U.S.	CODE, TITL	E 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 titigation. 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.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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4136 Bethman Rd Easton, PA 18045 Lehigh Valley Underground, LLC 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Christina Micklos Owner same 3d. Cell No. 3e. Fax No. 3f. E-Mail Address mickloschristina@gmail.com 732-476-7159 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service **Utility Contractor Directional Boring** Easton, PA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: 35 See attached sheet 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? X Yes See attached sheet Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) 02/11/2020 and Employer declined recognition on or about (Date) 2-11-2525 (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification u 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 8d. Cell No. 8e, Fax No. 8f. E-Mail Address 8c Tel No 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 10b. Address 10c. Tel. No. 10d. Cell No. 10a, Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election; 11a, Election Type: In person, secret ballot X Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 101 S 3rd Street Easton PA 02/28/2020 05:30-07:00 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers, Local Union 126 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. 12e Cell No. 12f. Fax No. 12g. E-Mail Address 610-489-1185 484-895-8876 msimmoinds@ibewlu126.com 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): 3455 Germantown Pike Collegeville, PA 19426 Michael Simmonds, Organizer 13f. E-Mail Address 13d Cell No. 13e, Fax No. 13c Tel No 610-489-1185 484-895-8876 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. Date Name (Print) Signature 02/11/2020 Michael Simmonds Organizer

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No.

DO NOT WRITE IN THIS SPACE Dale Filed

	PETITION		04-RC-2		2/2	0/20
INSTRUCTIONS: Unless e-Fi	ed using the Agend	y's website, w	ww.nlrb.gov. submit	an original of this Pe	tition to a	n NI RR office in the Region
In which the employer conce	rned is located. Th	e petition mus	t be accompanied by	both a showing of it	staract (co	e 6h helow) and a certificate
of service showing service o	n the employer and	all other partie	es named in the notifi	on of: (1) the netition	ne /21 State	mont of Position form
(Form NLRB-505); and (3) De	scription of Repres	entation Case	Procedures /Form NI	PR 4812 The chou	ulna of int	erect chould only be filed
with the NLRB and should no	t be served on the	emnlover or ar	wother narty	ND toraj. Indianor	ving of file	erest should only be filed
1. PURPOSE OF THIS PETITION:	RC-CERTIFICATION OF	REPRESENTAT	IVE - A substantial number	of employees wish to be	represented	for numases of collective
pargaining by Petitioner and Petit	oner desires to be certifi	ed as representat	ve of the employees. The	Petitioner alleges that t	he following	circumstances oviet and
requests that the National Labo 2a. Name of Employer	r Relations Board proc	eed under its pro	oper authority pursuant to	Section 9 of the Nation	nal Labor Re	elations Act.
Prime Care Medical, INC.		20. A	ddress(es) of Establishmen 940 Locust Lane	t(s) involved (Street and	number, city,	State, ZIP code)
3a. Employer Representative - Na	me and Title	L_P	940 Locust Lene A Harrisburg 17109- 3b. Address (If same as	2h clate come)		- Career - C
Todd Haskins			3940 Locust Lane PA Harrisburg 171			
3c, Tel. No.	3d, Cell No.		3e. Fax No.		E-Mail Addr	A38
(800) 245-7277			(717) 545-5491	"		
4a. Type of Establishment (Factory,	mine, wholesaler, etc.)	4b. Principal pro			δa. City ε	and State where unit is located:
Healthcare	or a continue of the continue		or inmates at the Monroe Co	ounty Correctional Facility		Stroudsburg, PA
5b. Description of Unit Involved	***************************************		· · · · · · · · · · · · · · · · · · ·		1	6a. No. of Employees in Unit:
Included: See Allached Page 2 for	additional details				1	15
\(\frac{1}{2} = \frac{1}{2} =	OF SECULOUS SECULOUS SECULOUS SE					6b. Do a substantial number (30%
Excluded: See Altached Page 2 for	edditional details		V			or more) of the employees in the unit wish to be represented by the
						Petitioner? Yes [VI] No [VI]
Check One: 7a. Reques	t for recognition as Barg	aining Representa	alive was made on (Date)	and Er	nployer decil	ned recognition on or about
		If no reply receive		11-11-11-11-11-11-11-11-11-11-11-11-11-		
7b. Pelition	er is currently recognize	d as Bargaining R	epresentative and desires	certification under the Act		
8a. Name of Recognized or Certific	ed Bargaining Agent (If	none, so state).	8b. Address			
8c, Tel No.	8d Cell No.		8e, Fax No.	1 06	E-Mail Addr	
00. 101110.	od deli No.		de, Fax NO.	81.	E-IVIAII AOON	ess
8g. Affiliation, If any		T	8h, Date of Recognition or			ate of Current or Most Recent
		1		Co	intract, If any	(Month, Day, Year)
9. Is there now a strike or picketing a	the Employer's establic	hment(s) involved	2 If so approv	Imately how many ample	usas ara nar	tiologilary
					yees are par	ucipaung?
(Name of labor organization)			ceted the Employer since (h			·
 Organizations or individuals other known to have a representative interes 	than Petitioner and thoses in t	se named in items he unit described	8 and 9, which have claims	ed recognition as represe	ntatives and	other organizations and individuals
The state of the s	·	TO STAN SOCIALIDAD	intioni ob abova, (ii none,	30 31010)		
10a. Name	10b, Add	ress	70 - 10 10 10 10 10 10 10 10 10 10 10 10 10	10c, Tel. No.	-	10d. Cell No.
		4				
				10e. Fax No.		10f, E-Mail Address
11. Election Details: If the NLRB co	nducts an election in this	metter, state you	r position with respect to	110 Florilles Trees	1 1/2	Mali Mixed Manuel/Mail
any such election.			r postaori inti/roopusi to	Tra. Election Type: 1	I Manual I	I Mali J I Mixed Manual/Mali
11b. Election Date(s): March 13th 2020		ection Time(s):		11d. Election Location(s):		
12a. Full Name of Petitioner (Includ		lot Election		Mail Ballot Election		
Matt Weldman Mett Weldman - Teamsters Local 773	ung local name and nu	inder)		3614 Lehigh St Suite A PA Whitehall 18052-	a number, c	ity, state, and ZIP code)
12c. Full name of national or internati	onal labor organization of	f which Petitioner	Is an affiliate or constituent	(if none, so state)		
International Brotherhood of Teamster	s			, , , , , , , , , , , , , , , , , , , ,		
12d. Tel No.	12e. Cell No.	3	12f. Fax No.	12g. E-Mall Addre		
(610) 841-3284 13. Representative of the Petitione	rudo vill gapant pande	o of all manage fo			reioinan@ter	amster773.org
13a. Name and Title	willo will accept service	e or all papers to			7/D andal	
			Tou. Address (street and	number, city, state, and	ZIF COUBJ	
13c. Tel No.	13d. Cell No.		13e, Fax No.	1 104	. E-Mail Add	face
	100000000000000000000000000000000000000				- LAIGH MOO	
I declare that I have read the above	petition and that the s	tatements are tru	e to the best of my know	ledge and belief.	-180	
Name (Print)	Signature		Title		Date	
Matt Maldman	Matt Weidman		Business Agent / Organia	er	00/00/0000	45.07.10

Matt Weldman Business Agent / Organizer 02/20/2020 15:07:43
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 fitigation. 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 WR	ITE 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.		Date Filed				
04	4-RC-256774	2/21/20				

-			to the same of the	area and a second		(C-256/		2/21/20	
INSTRUCTIONS: Unless e-F employer concerned is loca the employer and all other p Case Precedures (Form NLI	ned. The peution must parties named in the p	t be accompanied etition of: (1) the p	by both a s etition: (2)	showing of Interest (Statement of Position	(see 65 below) as	nd a certific I RR-5051 - a	ate of service showin	g service on	
PURPOSE OF THIS PETIT bargaining by Petitioner and requests that the National	d Petitioner desires to b	e certified as repre	sentative of	the employees. The I	Petitioner allege	s that the fo	Howing circumstance	f collective es exist and	
2a. Name of Employer:			2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 189 Main Street						
Matrix NAC			Harleysville, PA 19438						
3a. Employer Representative - Name and Title:			3b, Address (if same as 2b - state same):						
Pob Hoover VP Labor Relations	4	sam	e						
3c. Tel. No.	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.)			4b. Principal Product or Service			5a. City and State where unit is located:			
Utility Contractor		Utility Construction			Harleysville, PA				
5b. Description of Unit Involv Included:					6a. Number of Employees in Unit:				
See attached sheet						4			
Excluded:					6b. Do a substantial number (30% or more)				
See attached sheet	-				of the employees in the unit wish to be represented by the Petitioner?				
Check One: X 7a, Request for on or about (I 7b, Petitioner	for recognition as Barga Date) Z/21/202 is currently recognized	(If no reply	received, so	state). AD APA	The	nd Employer	declined recognition		
8s. Name of Recognized or C	ertified Bargaining Ag	gent (If none, so sta	ste) 8b, A	Address:					
none									
8c. Tel, No.	8d, Cell No.		8e. Fax No.		8f. E-Mail	8f. E-Mail Address			
8g. Affiliation, if any:	h. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)								
9, is there now a strike or picke	ting at the Employer's e	stablishment(s) inv	olved? No) If so, appro	oximately how ma	ny employe	es are participating?		
(Name of Labor Organization)				, has pickete	d the Emplo	yer since (Month, Day,	Year)	
 Organizations or individuals individuals known to have a none 							ves and other organize	tions and	
10a, Name	10c. Tel. N			lo. 10d, Cell No.					
Tou. Humo		Address			100, 161, 1	100, 161, 140.		No.	
- 1001						No.	10f, E-Mail Address		
11. Election Details: If the NLR	RB conducts and election	on in this matter, sta	ite your pos	ition with respect to a	ny such election:	11a. Election	11 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	ed Manual/Mail	
1b. Election Date(s): 11c. Election Tin			e(s): 11d. Elec			tion Location(s):			
03/09/2020							nce room, Harleysville location		
12a. Full Name of Petitioner (i			ion 126	12b, Address (stree					
12c. Full name of national or int				1	Contract of the Contract of th	75 //	77 10-120		
International Brotherhood	of Electrical Worker				14.10 S. 10 PC 70 PC (170 PC)		4		
2d. Tel. No. 12e. Cell No. 12e. Cell No. 484-895-8876						ail Address Dinds@ibewlu126.com			
13. Representative of the Peti			ers for pur	noses of the represe		_	VIG 120.COM		
13a. Name and Title:			13b. Address (sheet and number, city, State and ZIP code): 3455 Germantown Pike Collegeville, PA 19426						
Michael Simmonds, Orga		-	10. 5	<u> </u>	1467 8 4 4	Add	······································		
13c. Tel. No. 610-489-1185	0-489-1185 484-895-8876		13e. Fax No.		msimmo	13f. E-Mail Address msimmonds@ibewlu126.com			
I declare that I have read the a	above petition and tha	The second secon	ire true to t	the best of my knowl	ledge and belief.	1		Date	
Name (Print) Michael Simmonds						Date Organizer 02/21/2020			
THE POST OFFICE OFFICE OF THE POST OF THE		w 6 6 1 1	0						

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

Signatur

Name (Print)

Max Lyons

DO NOT WRITE IN THIS SPACE 2/28/20 04-RC-257107

Date

2/28/20

NATIONAL LABOR RELATIONS BOARD Case No. RC PETITION 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Crozer-Chester Medical Center 1 Medical Center Blvd, Upland, PA 19013 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 190 W. Sproul Rd. Springfield PA 19064 Elizabeth Bilotta, Chief Human Resource Officer, Crozer-Keystone Medical System 3c. Tel. No. 3d. Cell No. 3e. Fax No. elizabeth.bilotta@crozer.org 610-338-8241 215-284-8372 610-338-8290 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Upland, PA Healthcare Hospital 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See attached 6b. Do a substantial number (30% or more) of the employees in the Excluded: See attached unit wish to be represented by the Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) 2/28/20 and Employer declined recognition on or about Check One: 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under dor Certified Bargaining Agent // rope contact. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). none 8f. E-Mail Address 8c. Tel No. 8d Cell No. Se. Fax No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any 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? 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) 10c. Tel. No. 10d. Cell No. 10b. Address 10a, Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Manual Mail Mixed Manual/Mall 11a. Election Type: any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): Northeast Conference Room #2 6-9 am, 12-2 pm, 6-9 pm 3/27/20 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1 Fayette St, Suite 475 Conshohocken, PA 19438 Crozer Professionals Union - PASNAP 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address 12f. Fax No. 12e Cell No. 12d. Tel No. max@pasnap.com 267-279-4160 610-567-2915 610-567-2907 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Max Lyons, Lead Organizer 1 Medical Center Blvd, Upland, PA 19013 13f. E-Mail Address 13e. Fax No. 13c. Tel No. max@pasnap.com 610-567-2915 267-279-4160 610-567-2907 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Lead Organizer 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.