

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
06-RC-254036

Date Filed
1-3-20

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
Pittsburgh Technical College
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1111 McKee Rd, Oakdale, PA 15071

3a. Employer Representative - Name and Title
Nancy Star, HR Director
3b. Address (if same as 2b - state same)
same

3c. Tel. No.
412-809-5320
3d. Cell No.
3e. Fax No.
412-809-5320
3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
College
4b. Principal product or service
Education
5a. City and State where unit is located:
Oakdale, PA

5b. Description of Unit Involved
Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED CAMPUS POLICE OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY PITTSBURGH TECHNICAL COLLEGE @ 1111 MCKEE RD, OAKDALE, PA 15071
Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.
6a. No. of Employees in Unit:
10
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). **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? **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):
1/30/20
11c. Election Time(s):
7:00 - 9:00 AM & 3:00 - 5:00 PM
11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)
International Union, Security, Police and Fire Professionals of America (SPFPA)
12b. Address (street and number, city, state, and ZIP code)
25510 Kelly Road, Roseville, MI 48066

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12d. Tel No.
586-772-7250 X111
12e. Cell No.
586-872-5634
12f. Fax No.
586-772-9644
12g. E-Mail Address
organize@spfpa.org

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

13a. Name and Title
Gordon Gregory, General Counsel
13b. Address (street and number, city, state, and ZIP code)
65 Cadillac Square, Suite 3727, Detroit, MI 48226
13c. Tel No.
313-964-5600
13d. Cell No.
13e. Fax No.
313-964-2125
13f. E-Mail Address
Gordon@UnionLaw.net

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

Name (Print)
Dwayne Phillips
Signature
Title
Organizing Director
Date
1/2/2020

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

PRIVACY ACT STATEMENT

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

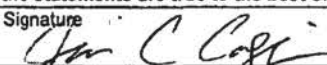
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
06-RC-254296Date Filed
1-8-20

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: Prestige Health Care Group d/b/a Platinum Ridge Center for Rehabilitation & Healing		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1050 Broadview Boulevard, Brackenridge, PA 15104	
3a. Employer Representative - Name and Title: Matthew Tack, Administrator		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (724) 224-9200	3d. Cell No. Unknown	3e. Fax No. Unknown	3f. E-Mail Address mtack@platinumridgenursing.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facility		4b. Principal Product or Service Nursing/Resident Care	5a. City and State where unit is located: Brackenridge, Pennsylvania
5b. Description of Unit Involved: Included: Please see attached description. Excluded: Please see attached description.			6a. Number of Employees in Unit: 80 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <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) <u>N/A</u> and Employer declined recognition on or about (Date) <u>N/A</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <u>N/A</u>
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 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: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): January 22, 2020		11c. Election Time(s): 6AM-8AM and 2PM-4PM	
11d. Election Location(s): Please see attached.			
12a. Full Name of Petitioner (including local name and number): American Federation of State, County & Municipal Employees, District Council 84, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 680 Andersen Dr., Foster Plaza Bldg. 10, Ste. 505, Greentree, Pennsylvania 15220	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County & Municipal Employees, AFL-CIO			
12d. Tel. No. (412) 489-0292	12e. Cell No. None	12f. Fax No. None	12g. E-Mail Address None@example.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jessica C. Caggiano, Esq., Counsel		13b. Address (street and number, city, State and ZIP code): Willig, Williams & Davidson 1845 Walnut Street, Ste. 24, Philadelphia, Pennsylvania 19103	
13c. Tel. No. (215) 656-3618	13d. Cell No. (412) 889-9150	13e. Fax No. (215) 561-5135	13f. E-Mail Address jcaggiano@wwdlaw.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) Jessica C. Caggiano, Esq.	Signature 	Title Counsel for AFSCME, D.C. 84	Date 01/08/20

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 TO RC PETITION OF PETITIONER
AFSCME DISTRICT COUNCIL 84, AFL-CIO

Section 5b. Description of Unit Involved

Included: All Full-time, Part-time & PRN non-professional employees including, but not limited to, Licensed Professional Nurses ("LPNs"), Certified Nursing Assistants ("CNAs"), Assistant Physical Therapists ("APAs"), Activity Assistants ("AAs"), as well as Housekeeping, Laundry, Dietary, and Maintenance employees.

Excluded: All Managerial, Supervisory, and Professional employees and Guards as defined by the Act.

Section 11d. Election Location(s): Sunroom on the Third Floor, 1050 Broadview Boulevard, Brackenridge, Pennsylvania 15104.

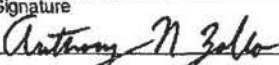
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
06-RC-254933Date Filed
1-22-20

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: CY+ Dispensary - Pittsburgh, PA		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2116 Penn Ave, Pittsburgh, PA 15222	
3a. Employer Representative - Name and Title: Heather Mazzarella (Dispensary Manager)		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 724-276-0069	3d. Cell No. 724-799-9003	3e. Fax No. N/A	3f. E-Mail Address heather.mazzarella@crescolabs.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Licensed Dispensary		4b. Principal Product or Service Medical Cannabis	5a. City and State where unit is located: Pittsburgh, PA
5b. Description of Unit Involved: Included: (See attached form) Excluded: (See attached form)			6a. Number 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? <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) 01/22/2020 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:	
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 <input checked="" type="radio"/> 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Friday, February 21, 2020		11c. Election Time(s): 10:00-11:00 & 17:00-18:00 (Both EST)	
11d. Election Location(s): Break Room			
12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers Union Local 1776KS, AFL-CIO-CLC		12b. Address (street and number, city, State and ZIP code): 3031a Walton Rd, Ste 201, Plymouth Meeting, PA 19462	
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. 610-940-1878	12e. Cell No. 610-513-9998	12f. Fax No. 610-941-9525	12g. E-Mail Address tzollo@ufcw1776.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Anthony N. Zollo, Attorney		13b. Address (street and number, city, State and ZIP code): 3031a Walton Rd, Ste 201, Plymouth Meeting, PA 19462	
13c. Tel. No. 610-940-1878	13d. Cell No. 610-513-9998	13e. Fax No. 610-941-9525	13f. E-Mail Address tzollo@ufcw1776.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) Anthony N. Zollo	Signature 		Title Attorney
			Date 01/22/2020

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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CY+ Dispensary – Pittsburgh, PA
RC Petition Attachment

Included: All full-time and regular part-time employees, including patient care specialists, patient coordinators, and receptionists employed by the Employer at its 2116 Penn Ave, Pittsburgh, PA facility.

Excluded: All other employees, including pharmacists, casual employees, office clerical employees, confidential employees, managers, security guards, and supervisors as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-255567

Date Filed

1-31-20

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

VT Hackney, Inc.

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

914 Saegers Station Road, Montgomery, PA 17752

3a. Employer Representative - Name and Title

Lesa Hopper, HR Manager

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

Same

3c. Tel. No.

(570) 547-1681 ext 7312

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

lhopper@vthackney.com

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

factory

4b. Principal product or service

refrigerated distribution products

5a. City and State where unit is located:

Montgomery, PA

5b. Description of Unit Involved

Included: All full-time and regular part-time production, quality control, and maintenance employees at the Employer's facility in Montgomery, PA

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

6a. No. of Employees in Unit:

Approximately 200

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) by petition and Employer declined recognition on or about no reply (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):

February 25, 2020

11c. Election Time(s):

5 - 7 a.m. and 2 - 3:30 p.m.

11d. Election Location(s):

main break room

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

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

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

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

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

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

12d. Tel No.

(412) 562-2529

12e. Cell No.

(412) 418-4333

12f. Fax No.

(412) 562-2555

12g. E-Mail Address

bmanzollilo@usw.org

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

13a. Name and Title

Brad Manzollilo, USW Organizing Counsel

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

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

13c. Tel No.

(412) 562-2529

13d. Cell No.

(412) 418-4333

13e. Fax No.

(412) 562-2555

13f. E-Mail Address

bmanzollilo@usw.org

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

Name (Print)

Brad Manzollilo

Signature

Brad Manzollilo

Title

Organizing Counsel

Date

1/31/20

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 will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RD-254218

Date Filed

1-7-20

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Quality Life Services Chicora (Inc.)		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1100 Medical Center Rd Chicora PA 16025	
3a. Employer Representative - Name and Title Kory Tack Administrator		3b. Address (If same as 2b - state same) 2002 Hobson Drive Ford City PA 16226	
3c. Tel. No. 724-445-2000	3d. Fax No. 724-445-7042	3e. Cell No.	3f. E-Mail Address ktack@qualitylifeservices.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home		4b. Principal product or service healthcare	

5a. Description of Unit Involved Included: LNAs, CNAs, housekeeping, maintenance Excluded: RNs, office staff		5b. City and State where unit is located: Chicora, PA
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6. No. of Employees in Unit **76** 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent
SEIU Healthcare Pennsylvania

8b. Affiliation, if any

8c. Address 1500 North 2nd Street Harrisburg PA 17102-2499	8d. Tel. No. 717-238-3030	8e. Cell No.
	8f. Fax No. 717-238-8354	8g. E-Mail Address

9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
April, 1, 2020

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No 11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

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

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

13a. Election Type: ☐ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)
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14. Full Name of Petitioner **(b) (6), (b) (7)(C)**

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

14f. Affiliation, if any

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

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

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

Name (Print) (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 12/31/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RD-254564

Date Filed

1-14-20

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Blackburn's Physicians Pharmacy		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 301 Corbett St., Tarentum, PA, 15084	
3a. Employer Representative - Name and Title Dawn Cetti		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 724-224-9100	3d. Fax No. 724-224-9124	3e. Cell No. 724-321-4261	3f. E-Mail Address dawn.cetti@Blackburnsmed.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) DME Provider, Pharmacy		4b. Principal product or service DME equipment, supplies & Pharmacy Service	
5a. Description of Unit Involved Included: Technicians, Drivers (delivery & technician) Shipping & Distribution Excluded: Office clerical employees, Customer service emp., Guards, Supervisors			5b. City and State where unit is located: Tarentum, PA
6. No. of Employees in Unit 13	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent United Steel Workers Union		8b. Affiliation, if any 1324-14 District 10	
8c. Address 1945 Lincoln Highway, North Versailles PA, 15137		8d. Tel. No. 412-824-8440	8e. Cell No.
		8f. Fax No. 412-824-9124	8g. E-Mail Address RMCAULIFFE@usw.org
9. Date of Recognition or Certification		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 2/29/20	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 1/23/20	13c. Election Time(s) 8-9 AM, 6-6:30 PM	13d. Election Location(s) Warehouse Break room	
14. Full Name of (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title Individual	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title Individual	Date Filed 1/10/20

STATEMENTS ON

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITIONCase No:
06-RD-255099Date Filed
1-23-20

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Environmental Charter School		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 5525 Columbo Street Pittsburgh, PA 15206	
3a. Employer Representative - Name and Title Jon McCann, CEO		3b. Address (If same as 2b - state same) same	
3c. Tel. No. (412) 247-7970	3d. Fax No. (412) 247-7971	3e. Cell No. (412) 247-7970	3f. E-Mail Address jon.mccann@ecspgh.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) public schools			4b. Principal product or service education
5a. Description of Unit Involved Included: teachers, assistant teachers, associate directors, student services employees Excluded: administration, paraprofessionals, personal care assistants, non-professional staff			5b. City and State where unit is located: Pittsburgh, PA
6. No. of Employees in Unit 78		7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent The Environmental Charter School Federation of Teachers Local 6056			8b. Affiliation, if any AFT
8c. Address 10 S 19th St, Pittsburgh, PA 15203		8d. Tel. No. (412) 431-5900	8e. Cell No. (412) 431-5900
		8f. Fax No. (412) 431-6882	8g. E-Mail Address (b) (6), (b) (7)(C) @aftpa.org
9. Date of Recognition or Certification December 27, 2018		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) none	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		11d. If so, approximately how many employees are participating? a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) none			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) February 21, 2020	13c. Election Time(s) 4:30pm	13d. Election Location(s) Environmental Charter School Intermediate School	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any member of ECSFT			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No.
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 01/22/2020

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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