

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
06-RC-257293

Date Filed
3-2-20

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 Carpenter Latrobe Specialty Metals		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1680 Debence Dr. Franklin 16323	
3a. Employer Representative - Name and Title Robert Hicks		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (814) 432-8575	3d. Cell No.	3e. Fax No. (814) 437-4765	3f. E-Mail Address rhicks@cartech.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) factory		4b. Principal product or service produce steel bars	
5b. Description of Unit Involved Included: All full-time and regular part-time production and maintenance employees at the Employer's facility in Franklin, PA Excluded: All temporary employees, office clerical and professional employees, guards, and supervisors as defined in the Act		5a. City and State where unit is located: Franklin	
		6a. No. of Employees in Unit: Approximately 85	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>by petition</u> and Employer declined recognition on or about <u>no reply</u> (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 3/19/20	11c. Election Time(s): 5 - 7 a.m. and 1 - 3 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 <i>Brad Manzollilo</i>	Title Organizing Counsel	Date 3/2/20

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.

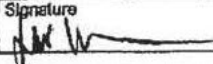
FORM NLRB-502 (RC)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
06-RC-257382Date Filed
3-3-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, ~~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 5b 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: Twinbrook Healthcare & Rehabilitation Cnt		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3805 Field St, Erie, PA 16511	
3a. Employer Representative - Name and Title: Thomas Foster, Administrator		3b. Address (if same as 2b - state same): same as 2b	
3c. Tel. No. (814) 898-5600	3d. Cell No.	3e. Fax No. 814-265-1796	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Long Term Care Nursing Facility		4b. Principal Product or Service Long Term Care	5a. City and State where unit is located: Erie, PA
5b. Description of Unit Involved: Included: All full time and regular part time Licensed Practical Nurses (LPNs) Excluded: All other employees, including RNs, Professionals, Service + Maintenance, Supervisors and Guards, as defined by the Act		6a. Number of Employees in Unit 18	
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) 3/3/20 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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: On site, multiple shift times		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 3/11/20	11c. Election Time(s): 6:15am-7:45am, 2pm-4:15pm, 630-730pm	11d. Election Location(s): In facility	
12a. Full Name of Petitioner (including local name and number): SEIU Healthcare Pennsylvania		12b. Address (street and number, city, State and ZIP code): 1500 N. 2nd Street, Harrisburg, PA 17102	
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. 717-238-3030	12e. Cell No. 717-775-9986	12f. Fax No. 717-238-8354	12g. E-Mail Address jesse.wilderman@sciuhcpa.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jesse Wilderman, Secretary Treasurer		13b. Address (street and number, city, State and ZIP code): 1500 N 2nd Street, Harrisburg, PA, 17102	
13c. Tel. No. 717-775-9986	13d. Cell No. 717-775-9986	13e. Fax No. 717-238-8354	13f. E-Mail Address jesse.wilderman@sciuhopa.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) Jesse Wilderman	Signature 	Title Secretary Treasurer	Date 3/3/20

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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FORM NLRB-502 (RC)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

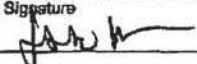
06-RC-257392

Date Filed

3-3-20

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: Twinbrook Healthcare & Rehabilitation Cnt		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3805 Field St, Erie, PA 16511	
3a. Employer Representative - Name and Title: Thomas Foster, Administrator		3b. Address (if same as 2b - state same): same as 2b	
3c. Tel. No. (814) 898-5600	3d. Cell No.	3e. Fax No. 814-265-1796	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Long Term Care Nursing Facility		4b. Principal Product or Service Long Term Care	5a. City and State where unit is located: Erie, PA
5b. Description of Unit Involved: Included: All full time and regular part time Service and Maintenance Employees Excluded: All other employees including professional employees, RNs, LPNs, Supervisors and Guards as defined by the Act			5c. Number of Employees in Unit: 70
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) 3/3/20 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: On site, multiple shift times		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 3/11/20	11c. Election Time(s): 6:15am-7:45am, 2pm-4:15pm, 630-730pm	11d. Election Location(s): In facility	
12a. Full Name of Petitioner (including local name and number): SEIU Healthcare Pennsylvania		12b. Address (street and number, city, State and ZIP code): 1500 N. 2nd Street, Harrisburg, PA 17102	
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. 717-238-3030	12e. Cell No. 717-775-9986	12f. Fax No. 717-238-8354	12g. E-Mail Address jesse.wilderman@seihcpa.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jesse Wilderman, Secretary Treasurer		13b. Address (street and number, city, State and ZIP code): 1500 N 2nd Street, Harrisburg, PA, 17102	
13c. Tel. No. 717-775-9986	13d. Cell No. 717-775-9986	13e. Fax No. 717-238-8354	13f. E-Mail Address jesse.wilderman@seihcpa.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) Jesse Wilderman	Signature 	Title Secretary Treasurer	Date 3/3/20

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-257435

Date Filed

3-4-20

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 NAES Corporation		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2862 William Penn Avenue PA Johnstown 15909-	
3a. Employer Representative - Name and Title Robert Burchfield		3b. Address (If same as 2b - state same) 2862 William Penn Avenue PA Johnstown 15909-	
3c. Tel. No. (814) 924-0334	3d. Cell No.	3e. Fax No.	3f. E-Mail Address burchfield@cpvfairview.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electric Utilities		4b. Principal product or service Electrical Power generation	
5a. City and State where unit is located: Johnstown, PA		5b. Description of Unit Involved	
Included: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 17	
Excluded: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 03/04/2020 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): Three Weeks from today	11c. Election Time(s): any convenient times for workers	11d. Election Location(s): Plant
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12a. Full Name of Petitioner (including local name and number)
Paul Cameron
International Brotherhood of Electrical Workers, Local 459

12b. Address (street and number, city, state, and ZIP code)
408 Broadstreet
PA Johnstown 15906-2717

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. (814) 535-7655	12e. Cell No.	12f. Fax No. (814) 535-7657	12g. E-Mail Address paulibew459@gmail.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 Brian T Kadlubek Attorney Gilardi, Oliver & Lomupo	13b. Address (street and number, city, state, and ZIP code) The Benedum Trees Bldg., 10th Floor 223 Fourth Avenue PA Pittsburgh 15222-
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13c. Tel No. (412) 391-9770	13d. Cell No.	13e. Fax No. (412) 391-9780	13f. E-Mail Address btkadlubek@lawgol.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) Brian T Kadlubek	Signature Brian T. Kadlubek	Title Attorney	Date 03/4/2020 10:41:46
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Attachment

DO NOT WRITE IN THIS SPACE	
Case 06-RC-257435	Date Filed 3-4-20

Employees Included

All Production and Maintenance employees

Employees Excluded

All office, clerical, 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.
06-RC-257937

Date Filed
3-12-20

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2a. Name of Employer General Cable		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 409 Reighard Ave Williamsport PA 17701	
3a. Employer Representative - Name and Title Barry Hill		3b. Address (If same as 2b - state same) 409 Reighard Ave Williamsport PA 17701	
3c. Tel. No. (570) 326-3771	3d. Cell No.	3e. Fax No.	3f. E-Mail Address bhill@gencab.com <i>General Cable.com (1701)</i>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory/Manufacturing		4b. Principal product or service Wire/Cable	
5b. Description of Unit Involved Included: All full and part time regular employees in the Utility Laborer, Shipping, Material Handling, Shift Tech, Electrician, Maintenance, Drawing, Stranding, Cabling, Rigid Frame, Extruder, and West Mill Groups Excluded: Managers, Supervisors, Coordinators and Guards as defined in the act		5a. City and State where unit is located: Williamsport, PA	
		6a. No. of Employees in Unit: 171	
		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? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

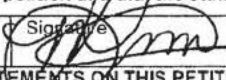
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): April 6, 2020 & April 7, 2020		11c. Election Time(s): 5:30AM-9:30AM & 5:30PM-9:30PM both days		11d. Election Location(s): Training Rooms 1, 2 & 3			
12a. Full Name of Petitioner (including local name and number) International Brotherhood of Electrical Workers Local 812				12b. Address (street and number, city, state, and ZIP code) 500 Jordan Ave, Montoursville, PA 17754			
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							
12d. Tel No. 518-703-2365		12e. Cell No. 518-703-2365		12f. Fax No.		12g. E-Mail Address maria_vooris@ibew.org	

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

13a. Name and Title Maria L. Vooris		13b. Address (street and number, city, state, and ZIP code) 4 Clervue Terrace Rensselaer NY 12144	
13c. Tel No. 518-703-2365	13d. Cell No. 518-703-2365	13e. Fax No. N/A	13f. E-Mail Address maria_vooris@ibew.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) Maria L. Vooris	Signature 	Title International Lead Organizer	Date March 12, 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.

06-RC-258518

Date Filed

3/27/20

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:
Harborcreek Youth Services

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
5712 Iroquois Avenue, Harborcreek, PA 16421

3a. Employer Representative - Name and Title:
John Petulla, CEO

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

3c. Tel. No.
814-899-7664

3d. Cell No.

3e. Fax No.
814-899-3075

3f. E-Mail Address
jpetulla@hys-erie.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.):
Child and Family Social Service Agency

4b. Principal Product or Service
Social Services

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

5b. Description of Unit Involved:
Included:
Maintenance and Housekeeping
Excluded:

6a. Number of Employees in Unit:
7

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)** 2/27/2020 **and Employer declined recognition**
on or about (Date) 2/27/2020 (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? 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:
Schedule the election two (2) weeks after filing of petition.

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

11b. Election Date(s):
March 31 - April 1, 2020

11c. Election Time(s):
12 p.m. - 1 p.m.

11d. Election Location(s):
Harborcreek Youth Services

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

12b. Address (street and number, city, State and ZIP code):
One Gateway Center, Suite 1400, Pittsburgh, PA 15222

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

12d. Tel. No.
412-471-8919

12e. Cell No.
724-630-0878

12f. Fax No.
412-471-8999

12g. E-Mail Address
john.thompson@ueunion.org

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

13a. Name and Title:
John Thompson, UE International Representative

13b. Address (street and number, city, State and ZIP code):
One Gateway Center, Suite 1400, Pittsburgh, PA 15222

13c. Tel. No.
412-471-8919

13d. Cell No.
724-630-0878

13e. Fax No.
412-471-8999

13f. E-Mail Address
john.thompson@ueunion.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)
John Thompson

Signature
John Thompson

Title
UE International Representative

Date
3/18/2020

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