

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-228825

Date Filed

10-9-18

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
Asplundh Tree Expert Co.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
708 Blair Mill Road, Willow Grove, PA 19090-1701

3a. Employer Representative - Name and Title
John Dettl
Labor Relations Manager

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

3c. Tel. No.
(800)248-8733

3d. Cell No.
(215)284-5816

3e. Fax No.
(215)784-1371

3f. E-Mail Address
jdettl@asplundh.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Utility/Tree Service

4b. Principal product or service
Line Clearance/Tree Trimming

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

5b. Description of Unit Involved

Included: All full-time and regular part-time employees of the Employer performing line clearance tree trimming on the property of Penelec (a First Energy property) in the State of Pennsylvania including crew forepersons, trimmers, trimmer trainees, work planners, sprayers and groundpersons;

Excluded: but excluding general forepersons, office clerical employees, professional employees, guards and supervisors as defined in the Act, and all other employees.

6a. No. of Employees in Unit:
50

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

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
October 24, 2018

11c. Election Time(s):
3:30 pm - 6:00 pm - Union City
6:00 am - 7:30 am - Bradford

11d. Election Location(s):
Union City - Union City Library
Bradford - unknown

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

International Brotherhood of Electrical Workers Local 1919, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
986 Greentree Road, Pittsburgh, PA 15220-3237

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

12d. Tel No.
(412)921-5757

12e. Cell No.
(412)760-0795

12f. Fax No.
(412)920-1661

12g. E-Mail Address
john.seidel@verizon.net

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

13a. Name and Title
John E. Seidel
VP

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

13c. Tel No.
SAME AS ABOVE

13d. Cell No.
SAME AS ABOVE

13e. Fax No.
SAME AS ABOVE

13f. E-Mail Address
SAME AS ABOVE

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 E. Seidel

Signature

John E. Seidel

Title
VP

Date

10/9/2018

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.

1-2357664289

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
06-RC-228976

Date Filed
10-10-18

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: Lenzner Tour and Travel/Coach Usa		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 110 Lenzner court, Sewickley, Pa 15143	
3a. Employer Representative - Name and Title: Roy Hoffman, General manager		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 1-800-342-2349	3d. Cell No.	3e. Fax No. 412-741-8510	3f. E-Mail Address Roy.hoffman@coachusa.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Passenger Transportation		4b. Principal Product or Service Transportation/maintenance	
5a. City and State where unit is located: Sewickley, Pa		5b. Description of Unit Involved: Included: All full-time, part-time hourly employees including but not limited to drivers mechanics bus washers wash Excluded: Office clerical employees, supervisors and professional employees as defined in the act.	
6a. Number of Employees in Unit: 55		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) by petition 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 Known		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 Known			
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: Mixed Manual/Mail		11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 11/01/18-11/8/18-11/14/18		11c. Election Time(s): 8 am through 12:00 pm and 3 pm through 6 pm	
11d. Election Location(s): Breakroom			
12a. Full Name of Petitioner (including local name and number): General Teamsters, Chauffeurs and Helpers Local Union 249, a/w IBT		12b. Address (street and number, city, State and ZIP code):	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 412-682-3700	12e. Cell No.	12f. Fax No. 412-682-3732	12g. E-Mail Address kz@teamsters249.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Steven E. Winslow, Union Attorney		13b. Address (street and number, city, State and ZIP code): Jubeliter Pass & Interior, P.C., 214 Fort Pitt Blvd, Pittsburgh, PA 15222	
13c. Tel. No. 412-281-3850	13d. Cell No. 412-802-2653	13e. Fax No. 412-281-1985	13f. E-Mail Address sw@jpilaw.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) Steven E. Winslow	Signature [Signature]	Title Union Attorney	Date 10/10/2018

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
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-229353

Date Filed

10-16-18

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:
lenzner Tour and travel/Coach USA

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
110 Lenzner Court, Sewickley, PA 15143

3a. Employer Representative - Name and Title:
Roy Hoffmann GM

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

3c. Tel. No.
1-800-342-2349

3d. Cell No.

3e. Fax No.
412-741-8510

3f. E-Mail Address
Roy.hoffman@coachusa.com

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

4b. Principal Product or Service
Transportation/Maintence

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

6b. Description of Unit Involved:

Included:

All full time, part time Drivers, Mechanics and cleaners

Excluded:

office clerical, supervisors and proffesional employees as defined in the act.

6a. Number of Employees in Unit:
50

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 (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 known

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):
11/1/18

11c. Election Time(s):
8am-12pm 3pm-6pm

11d. Election Location(s):
employees lounge

12a. Full Name of Petitioner (including local name and number):
Amalgamated Local 1931 ESJB

12b. Address (street and number, city, State and ZIP code):
420 West Merrick Rd Valley Stream N.Y 11580

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

12d. Tel. No.
(516) 825-1851

12e. Cell No.

12f. Fax No.
(516) 872-6409

12g. E-Mail Address
angd@local298.com

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

13a. Name and Title:
Jim Vogt

13b. Address (street and number, city, State and ZIP code):
420 West Merrick rd. Valley Stream NY. 11580

13c. Tel. No.
(516) 825-1851

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
angd@local298.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)
Jim Vogt

Signature

Title
Business Agent

Date
10/15/18

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-230122

Date Filed

10-29-18

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 ABC Transit, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 201 Hahn Road, Pittsburgh, PA 15209	
3a. Employer Representative - Name and Title Sandy Smith, Terminal Manager		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 412-477-5057	3d. Cell No. 412-821-4000	3e. Fax No.	3f. E-Mail Address info@abctransit.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Bus Garage	4b. Principal product or service School Bus Transportation	5a. City and State where unit is located: Pittsburgh, PA (North Hills)
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5b. Description of Unit Involved Included: All full-time/part-time employees, including but not limited to Drivers, Excluded: Monitors and Aides Office clerical, supervisors, and professional employees as defined in Act	6a. No. of Employees in Unit: 55
	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) By Petition and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

11b. Election Date(s): 12/3/18, 12/4/18, 12/5/18	11c. Election Time(s): After AM + PM Shifts	11d. Election Location(s): North Hills Terminal
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12a. Full Name of Petitioner (including local name and number) General Teamsters, Chauffeurs and Helpers Local Union 249	12b. Address (street and number, city, state, and ZIP code) 4701 Butler Street, Pittsburgh, PA 15201
--	--

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

12d. Tel. No. 412-682-3700	12e. Cell No.	12f. Fax No. 412-682-3732	12g. E-Mail Address kz@teamsters249.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Steven Winslow, Union Attorney		13b. Address (street and number, city, state, and ZIP code) 219 Fort Pitt Blvd, Pittsburgh, PA 15222	
13c. Tel. No. 412-281-3850	13d. Cell No. 412-802-2653	13e. Fax No. 412-281-1985	13f. E-Mail Address sw@jpilaw.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) Steven Winslow	Signature 	Title Union Attorney	Date 10/29/2018
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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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RD-229191

Date Filed

10-12-18

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: 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 Radiant Steel Products		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 205 Locust Street, Williamsport, Pennsylvania 17701	
3a. Employer Representative - Name and Title Shawn Sairs		3b. Address (If same as 2b - state same) same as 2b	
3c. Tel. No. (570) 322-7828	3d. Cell No.	3e. Fax No. 570-322-6838	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service fabricated metal products manufacturing	
		5a. City and State where unit is located: Williamsport, PA	
5b. Description of Unit Involved Included: All full-time and regular part-time factory workers employed by the Employer Excluded: All guards and supervisors as defined in the Act, and all other employees.			6a. No. of Employees in Unit: 6 6b. 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 <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 United Steelworkers Union Local 4907		8b. Address 100 Maynard Street, Williamsport, PA 17701	
8c. Tel. No. 570-327-4207	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any United Steel, Paper & Forestry, Rubber, MFG, Energy, Allied Industrial & Service Workers		8h. Date of Recognition or Certification 5 year CBA expires 12/31/18	
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 those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail
11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s):

12a. Full Name of Petitioner
(b) (6), (b) (7)(C)
12b. Address (street and number, city, state, and ZIP code)
(b) (6), (b) (7)(C)
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

12d. Tel. No. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title (b) (6), (b) (7)(C), an individual		13b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	
13c. Tel. No. (b) (6), (b) (7)(C)	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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

Name (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title an individual	Date 12/10/18
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WILLFUL FALSE STATEMENT THIS PETITIONER IS SUBJECT TO PUNISHMENT 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-229543Date Filed
10-19-18

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 Comcast Xfinity Store USC		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 100 Siena Drive, Suite 120, Pittsburgh Pa 15241	
3a. Employer Representative - Name and Title Michael Harper		3b. Address (if same as 2b - state same) 15 Summit Park Drive Pittsburgh Pa 15275	
3c. Tel. No. (412) 747-6104	3d. Fax No.	3e. Cell No.	3f. E-Mail Address Mark_Harper@comcast.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Sales equipment exchange cell phones store		4b. Principal product or service TV Internet Home phone and Cell phones	
5a. Description of Unit Involved Included: Sales, Equipment exchange and billing Excluded:			5b. City and State where unit is located: Pittsburgh Pennsylvania
6. No. of Employees in Unit 6	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 CWA AFL-CIO Unit 115		8b. Affiliation, if any	
8c. Address Western Region 315 Third Ave Carnegie Pa 15106		8d. Tel. No. (412) 429-9292	8e. Cell No.
		8f. Fax No. (412) 429-0493	8g. E-Mail Address CWA.Western@verizon.net
9. Date of Recognition or Certification 12/31/2015		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/31/2018/	
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) n/a (Insert Address) since (Month, Day, Year) a labor organization, of			
12. Organizations or individuals other 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 n/a	12b. Address n/a	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) 10/30/18	13c. Election Time(s) 1 PM - 1:20 PM	13d. Election Location(s) 100 Siena Drive Pittsburgh Pa 15241	
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 Employee			
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	
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.			
(b) (6), (b) (7)(C)		Title (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)		Date Filed 10-12-18	

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-229591

Date Filed

10-19-18

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 Eastern Area Prehospital Services		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 192 1st ST, Turtle Creek PA 15145	
3a. Employer Representative - Name and Title Stephen Shurgot - Director		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 412-829-8155	3d. Fax No.	3e. Cell No. 412-670-6262	3f. E-Mail Address SShurgot@easternareaems.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Ambulance Service		4b. Principal product or service Prehospital Emergency Care	
5a. Description of Unit Involved Included: Paramedics, EMTs, Van Drivers - Full Time + Part-Time Excluded: Management, Office Staff			5b. City and State where unit is located: Turtle Creek, PA
6. No. of Employees in Unit		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 Fraternal Association of Professional Paramedics		8b. Affiliation, if any	
8c. Address PO Box 8454 Pittsburgh PA 15220		8d. Tel. No. 412-481-2652	8e. Cell No.
		8f. Fax No. 412-481-2654	8g. E-Mail Address
9. Date of Recognition or Certification June 18, 2014		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) December 31, 2017	
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)	13c. Election Time(s)	13d. Election Location(s) Station 310 Lounge	
14. Full Name of Petitioner (b) (6), (b) (7)(C)		(b) (6), (b) (7)	
(b) (6), (b) (7)(C)		14b. Tel. No.	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 (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)		15c. Tel. No.	15d. Fax No.
(b) (6), (b) (7)(C)		15e. Cell No. (b) (6), (b) (7)(C)	15f. 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)	
Date Filed 10/19/18		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.