UNITED STATES	GOVERNMENT		[DO NOT	NRITE IN THE	S SPACE
NATIONAL LABOR			Case No.	01-RC-24451		
RC PE	TITION			VI-10-24401	4	7/9/19
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, ww	w.nlrb.gov. submit a	nnal of this l	Petition to a	n NLRB office in the Region
in which the employer concerned i						
of service showing service on the						
(Form NLRB-505); and (3) Descript						
with the NLRB and should <u>not</u> be s					oning or int	erect cheala chily be hieu
1. PURPOSE OF THIS PETITION: RC-CEI	RTIFICATION OF	REPRESENTATIV	/E - A substantial number	of employees wish to	be represented	d for purposes of collective
bargaining by Petitioner and Petitioner de	esires to be certifi	ed as representative	e of the employees. The I	Petitioner alleges that	t the followin	g circumstances exist and
requests that the National Labor Relat 2a. Name of Employer	ions Board proc		er authority pursuant to Iress(es) of Establishment			
Transdev Services, Inc.		1 10	Cross Street		a number, eny	
3a. Employer Representative – Name and	Title	<u></u>	Bridgeport 06610- 3b. Address (If same as	2b - state same)		
Dawn Poirier			1 Cross Street CT Bridgeport 066			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress
(203) 366-7070	(203) 650-1246	;	(203) 579-0900		dawn.poirier@tr	ansdev.com
4a. Type of Establishment (Factory, mine, w	vholesaler, etc.)	4b. Principal prod	uct or service		5a. City	and State where unit is located:
Transportation			Transit Service			Bridgeport, CT
5b. Description of Unit Involved			· · · · · · · · · · · · · · · · · · ·			6a. No. of Employees in Unit:
Included: See Attached Page 2 for addition	nal details					5
						6b. Do a substantial number (30% or more) of the employees in the
Excluded: See Attached Page 2 for addition	nal details					unit wish to be represented by the
						Petitioner? Yes [] No []
Check One: 7a. Request for re	cognition as Barg	aining Representati	ive was made on (Date)	and	Employer dec	lined recognition on or about
	• • • • • • • • • • • • • • • • • • • •	(If no reply received,				
			presentative and desires of	certification under the	Act.	
8a. Name of Recognized or Certified Barg	gaining Agent (n	none, so statej.	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
-				0.00	o	
8g. Affiliation, if any		1	3h. Date of Recognition or	Certification		Date of Current or Most Recent y (Month, Day, Year)
						·
9. Is there now a strike or picketing at the E	mployer's establis	hment(s) involved?	If so, approxi	imately how many em	ployees are pa	rticipating?
(Name of labor organization)		, has picke	eted the Employer since (A	Month, Day, Year)		
10. Organizations or individuals other than F						
known to have a representative interest in a	ny employees in	the unit described in	item 5b above. (If none,	so state)	,	5
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conducts any such election. 	an election in thi	s matter, state your	position with respect to	11a. Election Type:	🔽 Manual ʃ	Mail Mixed Manual/Mail
11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Location	on(s):	
July 9, 2019		n. to 12:00 noon		Driver's Lounge		
12a. Full Name of Petitioner (Including Io Mustafa Salahuddin Amalgamated Transit Union Local 1336				955 Connecticut Aver	and number, in the Bidg. 5-B, L	city, state, and ZIP code) Init# 5223-24
12c. Full name of national or international la Amalgamated Transit Union	bor organization	of which Petitioner is	s an affiliate or constituent	t (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ac atuloca11336@	idress Daol.com
(203) 333-5544 13. Representative of the Petitioner who	(203) 343-3229	ce of all papers for	r purnoses of the repres			
13a. Name and Title	Will decept sel vi		13b. Address (street and			
Daniel B. Smith Assistant General Counsel			10000 New Hampshire A	Avenue	,	
Amalgamated Transit Union	13d. Cell No.		MD Silver Spring 20903- 13e. Fax No.		13f. E-Mail Ad	
(301) 431-7100	(202) 714-4219				dsmith@atu.or	g
I declare that I have read the above petiti	on and that the s	statements are true	e to the best of my know	ledge and belief.		
	nature		Title		Date	
	iniel B. Smith		Assistant General Couns		07/9/2019	
WILLFUL FALSE STATEME	NIS ON THIS PE	THON CAN BE PL	UNISHED BY FINE AND	IMPRISONMENT (U.S	. CODE, HTL	E 10, 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.

DO N	OT WRITE IN THIS SPACE
Case	Date Filed

ı

Attachment

Employees Included

All full-time and regular part-time Dispatch/Supervisors employed by the Employer at its facility in Bridgeport, Connecticut. (The Petitioner seeks an Armour Globe election to include the petitioned-for employees within the Petitioner's existing unit of the Employer's Bridgeport, Connecticut employees.)

Employees Excluded

All other employees, schedulers, reservationists, office clerical employees and guards, and professional employees and supervisors as defined in the Act.

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FORM NLRB-502 (RC)	UNITED	STATES OF A	MERICA	٩			DO NOT	NRITE IN THIS SPACE	
(2-18)	_	ABOR RELAT		DARD		Case No.		Date F	filed
	R	IC PETITIO	N			01-RC	-244753	7-12	2_10
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	The petition me s named in the	ust be accomp e petition of: (1	banied b 1) the pe	y both a sh tition; (2) S	owing of interest (s tatement of Positio	of this Petiti see 6b below on form (For	on to an NLRB (v) and a certifica m NLRB-505); a	office in the Region in v te of service showing nd (3) Description of Re	which the service on epresentation
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labo	tioner desires to	o be certified a	s represe	entative of th	ie employees. The P	Petitioner all	eges that the fo	lowing circumstances	
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) invo	olved (Street	and number, Cit	y, State, ZIP code):	
Schnitzer Steele Inc.			J	• •	Everett Ma 021	•			
3a. Employer Representative - Nar	me and Title:		3b. Add	ress (if sam	e as 2b - state same	»):			
John Silva			same	:					
3c. Tel. No.	3d. Cell No.		• · · -	3e. Fax No).		Mail Address a@schn.coi	n	
4a. Type of Establishment (Factory, I	mine wholesal	ler etc.)		4b Princin	al Product or Service			nd State where unit is loo	rated:
Metal Processing		,,			ecycling		Everett		
5b. Description of Unit Involved:				metal				er of Employees in Unit:	
Included:									
All full time and regular p	part time so	cale opera	tors at	t the Eve	ratt Ma locatio	n	3	ubstantial number (30%	or more)
All other employees inclu	ding Man	agore cune	micor	e and m	ards as defined	d in the /	of the	employees in the unit wis	s <u>h t</u> o be ′
								ented by the Petitioner?	Yes No
Check One: 7a. Request for rec on or about (Date) 7b. Petitioner is cu	•	(If n	o reply re	eceived, so	state).			declined recognition	
8a. Name of Recognized or Certific								,	
none	ou burgunniy	7-30-1- (// //one	,						
8c. Tel. No.	8d. Cell No.	·····		8e. Fax No		8f. E-I	Mail Address		
8g. Affiliation, if any:	<u> </u>		81	h. Date of Re	ecognition or Certifica		piration Date of C nt Contract, if any	urrent or Most (Month, Day, Year)	
	· · ·		<u></u>	0.3.1					
9. Is there now a strike or picketing a	it the Employer	's establishmei	nt(s) invo	Ned? NO	ir so, appro	•		es are participating?	
(Name of Labor Organization)						, has pic	keted the Employ	er since (Month, Day, Yo	ear)
10. Organizations or individuals other individuals known to have a repre								es and other organizatio	ns and
none									
10a. Name	. 10	b. Address				10c. 1	el. No.	10d. Cell No.	
						10e. F	ax No.	10f. E-Mail Address	
11. Election Details: If the NLRB con	nducts and ele	ction in this ma	itter, stat	e your posit	ion with respect to an	ny such elec	ion: 11a. Electio		d Manual/Mail
11b. Election Date(s):	11	lc. Election Tim	ne(s):			1	Election Location(
7/29/19	tl	od				Eve	rett Location	1	
12a. Full Name of Petitioner (includ	ling local name	and number):			12b. Address (street	t and numbe	r, city, State and	ZIP code):	
International Brotherhood	l of Teams	ters Local	Unior	n 25	544 Main St. 1	Boston N	la 02129		
12c. Full name of national or internati IBT Local #25	ional labor orga	anization of wh	ich Petiti	oner is an a	ffiliate or constituent	(if none, so	state):		
12d. Tel. No.	12e. Cell No.			12f. Fax No	````	120 F	-Mail Address		
617.241.3989	120.000110.		[617.242		-		msterslocal25.co	m
13. Representative of the Petitione						l vom	omisky (with	unswisiocaizs.co	
13a. Name and Title:		ont convice of	all pape			ntation pro	cooding		
	r who will acc	ept service of	all pape	ers for purp	oses of the represe				<u>-</u>
Chris Smolinsky- Organizer		ept service of	all pape	ers for purp 13b. Addre		er, city, State			
		ept service of	all pape	ers for purp 13b. Addre 544 Mai	oses of the represe ss (street and numbe n St. Boston Ma	er, city, State a 02129	and ZIP code):		
13c. Tel. No.		ept service of	all pape	ers for purp 13b. Addre 544 Mai 13e. Fax N	oses of the represe ss (street and numbe n St. Boston Ma o.	er, city, State a 02129 	and ZIP code): -Mail Address		
13c. Tel. No. 617.241.3989	13d. Cell No.			ers for purp 13b. Addre 544 Mai 13e. Fax N 617.242	oses of the represe ss (street and numbe n St. Boston Ma o. 2.4284	er, city, State a 02129 13f. E CSM	and ZIP code): -Mail Address olinsky(@)tea	umsterslocal25.co	
13c. Tel. No.	13d. Cell No.	that the state	nents ar	ers for purp 13b. Addre 544 Mai 13e. Fax N 617.242	oses of the represe ss (street and numbe n St. Boston Ma o. 2.4284	er, city, State a 02129 13f. E CSM	and ZIP code): -Mail Address olinsky(@)tea		
13c. Tel. No. 617.241.3989 I declare that I have read the above	13d. Cell No.		nents ar	ers for purp 13b. Addre 544 Mai 13e. Fax N 617.242	oses of the represe ss (street and numbe n St. Boston Ma o. 2.4284	er, city, State a 02129 13f. E CSM edge and be	e and ZIP code): -Mail Address olinsky@tea elief.		m

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.

FORM NLRB-502 (RC) (4-15)

	S GOVERNMENT			DO NOT	WRITE IN THE	
NATIONAL LABOR		ARD	Case No.	· 1.	Date	
	TITION			<u>C-245253</u>		22/19
INSTRUCTIONS: Unless e-Filed us						
in which the employer concerned i	is located. The	e petition must be acc	ompanied by l	both a showing o	of interest (se	e 6b below) and a certificate
of service showing service on the	employer and	all other parties name	d in the petitic	on of: (1) the peti	tion; (2) Stat	ement of Position form
(Form NLRB-505); and (3) Descript						
with the NLRB and should not be s				······	•	• • • • • • • • • • • • • • • • • • • •
1. PURPOSE OF THIS PETITION: RC-CE				of employees wish to	be represente	for purposes of collective
bargaining by Petitioner and Petitioner d						
requests that the National Labor Relation	tions Board proc			t(s) involved (Street a		
2a. Name of Employer				it(s) involved (Street a	ano number, city	, State, ZIP Code)
Goodspeed Musicals 3a. Employer Representative – Name and		CT East Ha	6 Main Street	s 2b – state same)	· · ·	
	, nue	50. A0	O Box A, 6 Main	Street		
Michael Gennaro	3d. Cell No.			06423	3f. E-Mail Add	
	Ju. Cell NU.	Je, Fa	KINO.			1635
(860) 873-8664 4a. Type of Establishment (Factory, mine, v		4b. Principal product or se	nico	[5a City	and State where unit is located:
Value of Establishment (Factory, mine, V	viloiesaler, elc.)		Musical Theater		Sa. Chy	Chester, CT
5b. Description of Unit Involved		<u> </u>	wusical meater			6a. No. of Employees in Unit:
						15
Included: See Attached Page 2 for addition	nal details					6b. Do a substantial number (30%
		· · · · · · · · · · · · · · · · · · ·				or more) of the employees in the
Excluded: See Attached Page 2 for addition	nal details					unit wish to be represented by the
						Petitioner? Yes [] No []
		aining Representative was		<u>7/03/2019</u> an	d Employer dec	lined recognition on or about
		(If no reply received, so state				
7b. Petitioner is c 8a. Name of Recognized or Certified Ban		d as Bargaining Representa	8b. Address	certification under the	e Act.	
Sa. Name of Recognized of Certified Bar	gaining Agene (#	none, so statej.	du Address			
8c. Tel No.	8d Cell No.	8e. Fax	(No.		8f. E-Mail Add	ress
8g. Affiliation, if any			of Recognition of		8 Expiration	Date of Current or Most Recent
og. Anniation, n'any		on. Date	of Recognition of	Gertification		y (Month, Day, Year)
9. Is there now a strike or picketing at the E	mployer's establis	hment(s) involved? No	If so, approx	imately how many en	nployees are pá	rticipating?
(Name of labor organization)		has picketed the	Employer since ()	Month. Dav. Year)		
10. Organizations or individuals other than						
known to have a representative interest in a						
}				· · · · · · · · · · · · · · · · · · ·		
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.
				40- F		
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts	an election in thi	s matter, state your position	with respect to	11a Election Tuno		Mail Mixed Manual/Mail
any such election.				Па. Еlecuon туре		
11b. Election Date(s):		ection Time(s):		11d. Election Locat	tion(s):	
August 30, 2019	10:00 a			Local 400		
12a. Full Name of Petitioner (including lo Joseph Messina Joseph Messina, Connecticut Valley Federation of M	Ausicians, Local 400			56 Townline Rd CT Rocky Hill CT 06		city, state, and ZIP code)
12c. Full name of national or international la American Federation of Musicians	bor organization	of which Petitioner is an affil	iate or constituen	t (if none, so state)		
12d. Tel No.	12e. Cell No.	12f. Fa			12g. E-Mail Ad	dress D. necoxmail.com
(860) 563-1606	(860) 680-2313		53-1501			
13. Representative of the Petitioner who 13a. Name and Title	will accept servi					
		150. AC	שובסס וסוובבו מוונ	d number, city, state,		
13c. Tel No.	13d. Cell No.	13e. Fa	av No	····	13f. E-Mail Ad	dress
		138. Го	40 (TU.			
I declare that I have read the above petiti	on and that the s	statements are true to the	best of my know	ledge and belief.		
	gnature	Title			Date	
	seph Messina	Preside			07/19/2019	
						E 18, SECTION 1001)

PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or 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. .

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	DO NOT WRI	TE IN THIS SPACE
Case	A CONTRACTOR	Date Filed
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Attachment

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Employees Included Musicians at the Norma Terris Theater

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Employees Excluded management

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FORM NLRB-502 (RC) (4-15)

UNITED STATE	S GOVERNMENT				DO NOT	WRITE IN THIS	SPACE
	RELATIONS BOARD		Case			Date F	
RC PE INSTRUCTIONS: Unless e-Filed us	TITION			01-1	RC-245315	J	<u>uly 23, 2019</u>
INSTRUCTIONS: Unless e-Filed us	ing the Agency's	website, <u>w</u> v	<u>ww.nlrb.gov</u> , su	ıbmit a	n original of this	Petition to ar	NLRB office in the Region
in which the employer concerned	is located. The p	etition must	be accompani	ed by l	both a showing o	of Interest (see	e 6b below) and a certificate
of service showing service on the	employer and all	other partie	s named in the	petitic	on of: (1) the peti	tion; (2) State	ment of Position form
(Form NLRB-505); and (3) Descript	lion of Represent	ation Case F	Procedures (Fo	rm NLI	RB 4812). The sl	howing of inte	rest should only be filed
with the NLRB and should not be s						•	•
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF RE	PRESENTATI	VE - A substantial	number	of employees wish to	be represented	for purposes of collective
bargaining by Petitioner and Petitioner d requests that the National Labor Relation	estres to be certified a	as representativ	e of the employee	s. The l	Petitioner alleges the	at the following	circumstances exist and
2a. Name of Employer	dous poard proceed	2b. Ad	dress(es) of Estab	lishmen	(s) involved (Street e	and number. cltv.	State. ZIP code)
Center for Extended Care At Amh	erst				erst, MA 01059		
3a. Employer Representative - Name and					2b - state same)		
David lanacone			SAME		· ·		
3c, Tel. No.	3d. Cell No.		3e. Fax No.			3f. E-Mail Addr	895
413-256-8185	860-978-9186					dianacone@	cecaa.com
4a. Type of Establishment (Factory, mine, v	vholesaler, etc.) 4	b. Principal pro	duct or service	-		5a. City a	nd State where unit is located:
Nursing Home	N	ursing Care	•			Amhers	ť, MÁ
5b. Description of Unit Involved			· · · · · · · · · · · · · · · · · · ·				6a. No. of Employees in Unit:
Included: PLEASE SEE AT	TACHED					1	3
							6b. Do a substantial number (30% or more) of the employees in the
Excluded:							unit wish to be represented by the
							Petitioner? Yes 🗸 No
Check One: 7a. Request for re	cognition as Bargaini	ng Representa	tive was made on	(Date)	an	d Employer decli	ned recognition on or about
		o reply received		•			
	urrently recognized as				certification under the	Act.	
8a. Name of Recognized or Certified Bar	gaining Agent (If noi	ne, so state).	8b. Ad	dress			
None 8c. Tel No.	8d Cell No.	·	8e, Fax No.			8f. E-Meil Addr	
80. 19110.			00, FAX 110.				586
8g. Affiliation, if any	1	·····	8h. Date of Recog	nition or	Certification	8i, Expiration D	ate of Current or Most Recent
			-			Contract, if any	(Month, Day, Year)
	<u></u>						
9. Is there now a strike or picketing at the E							
10. Organizations or individuals other than i	Petitioner and those n	amed in items	8 and 9, which hav	/e claime	ed recognition as rep	resentatives and	other organizations and individuals
known to have a representative interest in a	ny employees in the i	unit described i	n Item 5b above. ((If none,	so state)		
10a. Name	10b. Addres	<u> </u>	· · · · · · · · · · · · · · · · · ·		10c. Tel, No,		10d. Cell No.
iva. Namo	TOD. Addies				100. 10. 10.		•
					10e. Fax No.		10f. E-Mall Address
· · · · · · · · · · · · · · · · · · ·			·				
11. Election Details: If the NLRB conducts	an election in this ma	atter, state you	r position with resp	ect to	11a. Election Type	: 🔽 Manual 🗌	Mail Mixed Manual/Mail
any such election. 11b. Election Date(s):	11c, Election	on Time(s):			11d. Election Loca	lon(s):	
Wednesday, August 14, 2019	.12:00 - 12:				150 University Driv		01059
12a. Full Name of Petitioner (<i>including lo</i> 1199SEIU United Healthcare Workers Ea		er)			12b. Address (street 108 Myrtle Street		ity, state, and ZIP code) y, MA 02171
12c. Full name of national or International la Service Employees International Union		hich Pelitioner	is an affiliate or co	nstituent	t (if none, so state)		· · · · · · · · · · · · · · · · · · ·
12d. Tel No.	12e. Cell No.		12f, Fax No.			12g. E-Mail Add	fress
	617-640-0643					patrick.mccabe	
13. Representative of the Petitioner who	will accept service o	of all papers fo	r purposes of the	repres	entation proceeding	3.	-
^{13a. Name and Title} David Rome	Attorney		13b. Address (st	lreet and	i number, city, state,	and ZIP code)	
David Kome	, Alloiney		Pyle Rome Ehrenbe	erg PC, 2	Liberty Square, 10th Flo	or, Boston, MA 021	09
13c. Tel No.	13d. Cell No.		13e. Fax No.			13f. E-Mail Add	
617-367-7200 I declare that I have read the above petiti	617-680-4374	monte are tre	617-367-4820		lodge and holisf	drome@pyleror	IIA'COШ
· · · · · · · · · · · · · · · · · · ·		កាចាល ងាម ហើង		IN KIIOW	and a sun nellet.	- 1.6	
Name (Print) David Rome	matura d R	mo	Title Attorney			Date July 23, 201	19
					IMPRISONMENT (U		

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.

1199SEIU and Center for Extended Care at Amherst NLRB Petition-July 23, 2019

ATTACHMENT

5b. Description of Unit.

Unit: Unit: All full-time and regular part-time cooks employed by the Home at its 150 University Drive, Amherst, Massachusetts, nursing home, excluding all other employees, dieticians, registered nurses, graduate nurses, licensed practical nurses, recreational personnel, office clerical employees, professional employees, guards, chef, temporary employees as defined herein, high school students receiving academic credit for work study or any high school students hired through a vocational cooperative program, and supervisors as defined in the National Labor Relations Act, as amended to date.

A vote in favor of union representation is a vote to be added to the existing unit of employees represented by the Union, which consists of:

All regular full-time and regular part-time maintenance and housekeeping employees, kitchen employees, nurses' aides, and orderlies employed by the Home at its 150 University Drive, Amherst, Massachusetts, nursing home, excluding all other employees, dieticians, registered nurses, graduate nurses, licensed practical nurses, recreational personnel, office clerical employees, professional employees, guards, chef, temporary employees as defined herein, high school students receiving academic credit for work study or any high school students hired through a vocational cooperative program, and supervisors as defined in the National Labor Relations Act, as amended to date.

FORM NLRB-502 (RC) (4-15)

	GOVERNMENT			DO NOT	WRITE IN THIS	SPACE
NATIONAL LABOR		RD	Case No.		Date F	iled
RC PE			01-RC-2	244740		12–19
INSTRUCTIONS: Unless e-Filed usi	ing the Agency	r's website, <u>w</u> v	<u>vw.nlrb.gov,</u> submit a	n original of this	Petition to ar	n NLRB office in the Region
in which the employer concerned is	s located. The	petition must	be accompanied by I	both a showing o	of interest (see	e 6b below) and a certificate
of service showing service on the e	employer and a	all other partie	s named in the petitio	on of: (1) the peti	tion; (2) State	ment of Position form
(Form NLRB-505); and (3) Descript						
with the NLRB and should not be s	erved on the e	mplover or an	v other party.	-	-	-
1. PURPOSE OF THIS PETITION: RC-CEI bargaining by Petitioner and Petitioner de	RTIFICATION OF esires to be certifie	REPRESENTATI	VE - A substantial number ve of the employees. The	Petitioner alleges th	nat the following	circumstances exist and
requests that the National Labor Relat	ions Board proce					
2a. Name of Employer			dress(es) of Establishment ew Boston Air Force Station			State, ZIP code)
Akima Global Services, LLC 3a. Employer Representative – Name and	Title	N	New Boston 03070- 3b. Address (If same as			
Andrew Heck				ce Station 317 Chesi 3070-	tnut Hill Road	
3c, Tel, No.	3d. Cell No.		NH New Boston 03 3e, Fax No.	3070	3f. E-Mail Addr	DCC
(603) 472-4097	(603) 933-0274		00.1 ax No.		andrew.heck@ak	
4a. Type of Establishment (Factory, mine, w		4b. Principal prod	duct or service			nd State where unit is located:
Security Systems & Services			security services			New Boston, NH
5b. Description of Unit Involved	······					6a. No. of Employees in Unit:
Included: See Attached Page 2 for addition	al details					4
					Γ	6b. Do a substantial number (30%
Excluded: See Attached Page 2 for addition	-		· · · · · · · · · · · · · · · · · · ·			or more) of the employees in the unit wish to be represented by the
EXCIUDED: See Attached Page 2 for addition	iai uetalis					Petitioner? Yes [] No []
Check One: 7a. Request for re	cognition as Baroa	aining Representa	tive was made on (Date)	an	d Employer decli	ned recognition on or about
	(Date) (I					..
7b. Petitioner is cu	urrently recognized	I as Bargaining Re	epresentative and desires	certification under the	Act.	
8a. Name of Recognized or Certified Barg			8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess
8g. Affiliation, if any			8h. Date of Recognition or	Certification		ate of Current or Most Recent (Month, Day, Year)
9. Is there now a strike or picketing at the Er	mployer's establish	nment(s) involved	? No If so, approx	imately how many er	nployees are par	ticipating?
(Name of labor organization)		, has pick	eted the Employer since (I	Month, Day, Year)		
10. Organizations or individuals other than F known to have a representative interest in a					resentatives and	other organizations and individuals
10a. Name	10b, Add	ress		10c, Tel. No,		10d, Cell No.
	100,7400					
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts	an election in this	matter, state you	r position with respect to	11a. Election Type	: 🔽 Manual 厂] Mixed Manual/Mail
any such election. 11b. Election Date(s):	11c. Eie	ection Time(s):		11d. Election Loca	tion(s):	
August 1, 2019		n to 1:00pm		New Boston Air Fo	rce Station	
12a. Full Name of Petitioner (including lo Charles Strebeck United Federation of Special Police and Security Off	cal name and nul ficers, Inc.	mber)		12b. Address (stre 540 North State Roa NY Briarcliff Manor	et and number, c ad 10510-	ity, state, and ZIP code)
12c. Full name of national or international la none	ibor organization o	f which Petitioner	is an affiliate or constituen	t (if none, so state)		
12d. Tel No. (914) 941-4103	12e. Cell No. (908) 413-3285		12f. Fax No. (914) 941-4472		12g. E-Mail Ad charlesstrebect	dress (@gmail.com
13. Representative of the Petitioner who		e of all papers fo	<u></u>	entation proceedin		
13a. Name and Title			13b. Address (street and	•	-	
Christopher G Roach Special Assistant to the United Federation of Special Police and Sec	e President		69 Colehamer Avenue NY Troy 12180-7117		,	
13c. Tel No.	13d. Cell No. (518) 727-5041		13e. Fax No.		13f. E-Mail Add cgroach.troy@	Iress gmail.com
I declare that I have read the above petiti	• •	tatements are tru	le to the best of my know	ledge and belief.		
	gnature		Title		Date	
Christopher G Roach Ch	ristopher G Roach		Special Assistant to the		07/11/2019	
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE P	PUNISHED BY FINE AND	IMPRISONMENT (U	.S. CODE, TITLE	E 18, SECTION 1001)

PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or 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.

DO NOT WRITE IN THIS SPAC

Case

Date Filed

Employees Included

Attachment

All full-time flight sergeants employed by the Company to perform work at the New Boston Air Force Station located in New Boston, New Hampshire.

Employees Excluded

Office clerical employees, administrative assistants, confidential employees, managerial employees, professional employees, security officers, part-time flight sergeants and supervisors as defined in the Act.

SOIS JUL 12 PM 1: 10

RECENTED NATIONS BOARD RELATIONS BOARD