UNITED STATES OF AMERICA     NATIONAL LABOR RELATIONS BOARD     CHARGE AGAINST LABOR ORGANIZATION OR ITS     AGENTS     INSTRUCTIONS: File an original of this charge with the NLRB Regional     occurred or is occurring.         1. LABOR ORGANIZATION OR ITS AGENTS A     a. Name     1199 SEIU United Healthcare Workers East     c. Address     310 W 43rd St, New York, NY 10036-3981	Case 29-CB-226858 Director of the region in whice GAINST WHICH CHARGE IS BR b. Union Representative to Daniel Calise Union Representative d. Tel. No.	COUGHT Contact
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS INSTRUCTIONS: File an original of this charge with the NLRB Regional occurred or is occurring. 1. LABOR ORGANIZATION OR ITS AGENTS A a. Name 1199 SEIU United Healthcare Workers East c. Address	29-CB-226858 Director of the region in white GAINST WHICH CHARGE IS BR b. Union Representative to Daniel Calise Union Representative d. Tel. No.	09/06/2018 The alleged unfair labor practice OUGHT O Contact VC
INSTRUCTIONS: File an original of this charge with the NLRB Regional occurred or is occurring. 1. LABOR ORGANIZATION OR ITS AGENTS A a. Name 1199 SEIU United Healthcare Workers East c. Address	GAINST WHICH CHARGE IS BR b. Union Representative to Daniel Calise Union Representativ d. Tel. No.	OUGHT 5 Contact Ve
a. Name 1199 SEIU United Healthcare Workers East c. Address	<ul> <li>b. Union Representative to Daniel Calise</li> <li>Union Representativi</li> <li>d. Tel. No.</li> </ul>	o Contact ve
1199 SEIU United Healthcare Workers East	Daniel Calise Union Representati d. Tel. No.	ve
c. Address	Union Representation	
	d. Tel. No.	
		Coll Ma
310 W 43rd St, New York, NY 10036-3981	(CAE) 472 0200	e.e. Cell No.
	(646)473-9200	
	f. Fax No.	g. e-Mail
<ul> <li>h. The above-named labor organization or its agents have engaged in and a 8(b)(1)(A)of the National Labor Relations Act, and these unfair labor practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning of 2. Basis of the Charge (set forth a clear and concise statement of the facts concise state</li></ul>	lices are unfair practices affecting the Act and the Postal Reorgan	ng commerce within the meaning of ization Act.
Since about March 6, 2018, the above-named labor organiz exercise of rights protected by Section 7 of the Act by refusi employer's change of employees position for arbitrary or dis	ng to process the grievan criminatory reasons or in	ce of <sup>(b) (6), (b) (7)(C)</sup> , regarding bad faith.
3. Name of Employer	4a. Tel. No. 631-	4b. Cell No.
South Oaks Hospital	2-64-4000 4c. Fax No.	
Northwell Health	4C. Pax NO.	4d. e-Mail
5. Location of Plant Involved (street, city, state, and ZIP code)	6. Employer representative	to contact
400 Sunrise Hwy, Amityville, NY 11701-2508		
7. Type of Establishment (factory, mine, wholesaler) 8. Principal product	uct or service	9. Number of Workers employed
Hospital Healthcare		100
10. Evil name of party filing charge (b) (6), (b) (7)(C)	11a. Tel. No.	11b. Cell No.
(b)(b),(b)(1)(c)	(b) (6), (b) (7)(C)	
	11c. Fax No.	11d e-Mail
11. Address of party filing charge (street, city, state, and ZIP code)		
(b) (6), (b) (7)(C)		
12. DECLAR	ATION	
I declare that I have read the above charge and that the statement	ts therein are true to the best	of my knowledge and belief.
		Tel No.
(b) (6), (b) (7)(C)		
By: (b) (6), (b)	) (7)	(b) (6), (b) (7)(C)
	name and title or office, if any	Cell No.
Address:	Date:	Fax No.
(b) (6), (b) (7)(C)		
	8-28-2018	e-Mail

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#### WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 seg. The principal use of the information is to

UNITED STATES OF AMERICA		DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR RELATIONS BOARD		Case	Date filed				
CHARGE AGAINST LABOR ORGANIZATION AGENTS		29-CB-226894	9/5/2018				
INSTRUCTIONS: File an original of this charge with the NLRB Regional Director of the region in which the alleged unfair labor practice occurred or is occurring.							
	DR ITS AGENTS AGA	INST WHICH CHARGE IS BR					
a. Name Local 282, International Brotherhood of Team	b. Union Representative to (b) (6), (b) (7)(C)						
c. Address 2500 Marcus Ave, Lake Success, NY 11042		d. Tel. No. (516)488-2822	e.e. Cell No.				
		f. Fax No. (516)488-4895	g. e-Mail				
<ul> <li>h. The above-named labor organization or its agents have 8(b) (1)(A), and b(2) of the National Labor Relations Act meaning of the Act, or are unfair practices affecting com</li> </ul>	, and these unfair lat merce within the me	por practices are unfair practic aning of the Act and the Post	ces affecting commerce within the al Reorganization Act.				
2. Basis of the Charge (set forth a clear and concise statem	nent of the facts cons	stituting the alleged unfair lab	or practices)				
Since about (b) (6), (b) (7)(C),2018 the above-name			ause and caused Marjam				
Supply Co., Inc. to discharge (b) (6), (b) (7)(C	) for unlawful re	easons.					
Since about <sup>(b) (6), (b) (7)(C)</sup> 2018, the above-name							
exercise of rights protected by Section 7 of the							
regarding the termination of employment for	or arbitrary or dis	scriminatory reasons or	in bad faith.				
ι			× .				
3. Name of Employer Marjam Supply Co., Inc.		4a. Tel. No.	4b. Cell No.				
		4c. Fax No. (718)989-0029	4d. e-Mail				
5. Location of Plant involved (street, city, state, and ZIP cod	de)	6. Employer representative	to contact				
20 Rewe St, Brooklyn, NY 11211-1796		Kenny Braveman Safety Manager					
	8. Principal product		9. Number of Workers employed				
Building Supplies Facility	Building Supp		50				
10. Full name of party filing charge $(b)$ (6), (b) (7)(C)		11a. Tel. No. (b) (6), (b) (7)(C)	11b. Cell No.				
		11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)				
11. Address of party filing charge (street, city, state, and ZIF	code)	L					
(b) (6), (b) (7)(C)							
	12. DECLARAT	ION	of my knowledge and holiof				
(b) (6), (b) (7)(C)	nat the statements	therein are true to the best	Tel No.				
$\times$							
By	(b) (6), (b)		(b) (6), (b) (7)(C)				
(signature of r <sup>eli</sup> resentative or person making charge)	Print/type nar	ne and title or office, if any	Cell No.				
Address: (b) (6), (b) (7)(C)		Date: 9/5/2019	Fax No.				
		1/5/2017	e-Mail (b) (6), (b) (7)(C)				

#### WILLFUL FALSE STATEMENTS ON THIS CHARGE 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

UNITED STATES OF AMERICA		DO NOT I	WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD	)	Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION	V OR ITS		0/7/2019	
AGENTS		29-CB-226918	9/7/2018	
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.				
	OR ITS AGENTS	AGAINST WHICH CHARGE IS B		
a. Name National Association of Letter Carriers, Brand	Name National Association of Letter Carriers, Branch 357 David Van Ake			
c. Address PO Box 4213, Sunnyside, NY 11104-0213		d. Tel. No.	e.e. Cell No. (917)602-0319	
		f. Fax No.	Branch357@amaila	
8(b), subsection(s) (1)(A)of the National Labor Relation meaning of the Act, or are unfair practices affecting courses 2. Basis of the Charge (set forth a clear and concise state Since about (000,000,000) 2018, the above-named exercise of rights protected by Section 7 of the her (000,000, 2018 discipline for arbitrary or dis-	mmerce within th ment of the facts I labor organiz ne Act by refu	e meaning of the Act and the Po constituting the elleged unfair la zation has restrained and sing to process the grieva	stal Reorganization Act. noor practices) coerced employees in the	
3. Name of Employer		4a. Tel. No.	4b, Cell No.	
United States Postal Service		(718)349-4600 4c. Fax No.	(718)349-4600 4d. e-Mail	
5. Location of Plant involved (street, city, state, and ZIP of	ode)	6. Employer representativ	e to contact	
46-02 21st Street, Long Island City, NY 1110	1	Paul J. Stremel Po	stmaster	
7. Type of Establishment (factory, mine, wholesaler)		oduct or service	9. Number of Workers employed	
Post offic	Delivery o	f mail	100	
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No.	11b. Cell No. (b) (6), (b) (7)(C)	
		11c. Fax No.	$ \begin{array}{c} 11d & e^{-Mail} \\ (b) & (6), & (b) & (7)(C) \end{array} \end{array} $	
11. Address of party filing charge (street, city, state, and Z	(P code)		20	
(b) (6), (b) (7)(C)				
	12. DECLA	RATION	25	
I declare that I have read the above charge and	that the statem	outs therein are true to the her	t of my knowledge and belief	
(b) (6), (b) (7)(C)	Inal the statem	ene melen ale nue (V (16 De	Tel No.	
Ву:		(b) (7)(C)		
(signature or representative or person making charge)	Pnntzyp	e name and title or office, if any	Cell No. (b) (6), (b) (7)(C)	
Address:		Date:	Fax No.	
(b) (6), (b) (7)(C)				
			e-Mail (b) (6), (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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 osuse the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)

#### ATES OF AMERICA UNITE NATIONAL CHARGE AGAINST LABOR ORGANIZATION **OR ITS AGENTS**

		FORM EXEMPT UNDER 44 U.S.C 3512				
	DO NOT WRITE IN THIS SPACE					
Case	29-C	A-227156	Date Filed 09/12/2018			

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INSTRUCTIONS: File an original with NLRB Regional Director for the 1. LABOR ORGANIZATION OR ITS				ca or is occurring.
a. Name	AGEITIG AGAINGT MINOR	b. Union Re	<u> </u>	to contact
1199SEIU GNY EAST		Michael G	irubb	
		Title: VP		
		The VF		
c. Address (Street, city, state, and ZIP code)	<u> </u>	d. Tel. No.		e. Cell No.
		(b) (6), (b) (7	)(C)	
100 Duffy ave NY Hicksville 11801		f. Fax No.		g. e-Mail
· · · · · · · · · · · · · · · · · · ·				(b) (6), (b) (7)(C)
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A), (3)	of the Nati	onal Labor Re	lations Act.	and these unfair labor practices
are unfair practices affecting commerce within the meaning of the A meaning of the Act and the Postal Reorganization Act.	ct, or these unfair labor pract	ces are untai	practices a	fecting commerce within the
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair labor	practices)	
	i i i i i i i i i i i i i i i i i i i		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
See additional page				
ີ ນ				
ECEIVED 29 ECEIVED 29 7 N. NY 11201				
N I N I N I N I N I N I N I N N I N N I N				
3. Name of Employed		4a. Tel. No.		b. Cell No.
Affinity Skilled living and rehabilitation center				
BR 20		c. Fax No.		d. e-Mail
5. Location of plant involved (street, city, state and ZIP code)				yer representative to contact
305 Locust Ave			· ·	ie Malone
NY Oakdale 11769-1652				ministrator
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numb	er of workers employed
Healthcare	Nursing homes		300	
10. Full name of party filing charge		11a. Tel. N		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7	)(C)	
		c. Fax No.		d. e-Mail (b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.)		<u> </u>		
(b) (6), (b) (7)(C)		· · ·		
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to	the best of my knowledge and beli		i. No. (b) (6),	(b) (7)(C)
$(\mathbf{b})$ (6) (b) (7)(C)	(b) (6), (b) (7)(C)		ll No.	
By signature of representative or person making charge) (Print/type		_		
	Title:		x No.	
(b) (6), (b) (7)(C)			Mail	
		8 20:14:20		), (b) (7)(C)
Address				
WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PU	NISHED BY FINE AND IMPR	<b>ISONMENT</b>	U.S. CODE	TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

# **Basis of the Charge**

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### 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

## 8(b)(3)

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Within the previous six months, the above-named labor organization has failed and refused to bargain in good faith with the employer.

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#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

FORM EXEMP	T UNDER 44	U.S.C 3512
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DO NOT WRITE IN THIS SPACE

Date Filed

9/17/2018

Case 29-CB-227439

INSTRUCTIONS:	File an original with N	ILRB Regional Director	for the region in which the	e alleged unfair labor	practice occurred or is occurring.
					,

1. LABOR ORGANIZATION OR ITS	S AGENTS AGAINST WHICH	I CHARGE IS	BROUGHT			
a. Name		b. Union Rep		to contact		
NATIONAL ASSOCIATION OF LETTER CARRIERS (NALC)		RICHARD RAY				
		Title: LOC	AL 99 PRES			
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.		
(b) (6), (b) (7)(C)		(b) (6), (b) (7)	(C)			
		f. Fax No.		g. e-Mail		
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Nati	onal Labor Rel	ations Act	and these unfair labor practices		
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair labor j	oractices)			
See additional page						
See additional page						
3. Name of Employer		4a. Tel. No.		b. Cell No.		
UNITED STATES POSTAL SERVICE		E Free Ma				
		c. Fax No.		d. e-Mail		
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	ver representative to contact		
2562 Hylan Blvd. NEW DORP STATION NY STATEN ISLAND 10306			Title:			
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed		
Others	MAIL		2000			
10. Full name of party filing charge		11a. Tel. No		b. Cell No.		
(b) (6), (b) (7)(C)		(b) (6), (b) (7)	(C)	(b) (6), (b) (7)(C)		
		c. Fax No.		d. e-Mail		
11. Address of party filing charge (street, city, state and ZIP code.)				(b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C)						
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to	the best of my knowledge and beli		No. (b) (6), (l	b) (7)(C)		
By (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Cell	No. (b) (6), (l	a) (7)(C)		
(signature of representative or person making charge) (Print/type	name and title or office, if an Title:	y) Fax		5)(1)(5)		
(b) (6), (b) (7)(C)	Huo.		1-11			
	00/16/201	e-M		), (b) (7)(C)		
Address	(date) <sup>09/16/20</sup>	10 10:00:00	$(\mathbf{D})$			

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

## **Basis of the Charge**

## 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD	2	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATIO AGENTS		29-CB-227731	9/20/2018
INSTRUCTIONS: File an original of this charge with the	e NLRB Regional D	irector of the region in whic	h the alleged unfair labor practice
occurred or is occurring.	OR ITS AGENTS AG	AINST WHICH CHARGE IS BR	OUGHT
a. Name	b. Union Representative to		
National Association of Letter Carriers, Brand	ch 41.	John P Murphy	
c. Address		d. Tel. No.	e.e. Cell No.
2262 Bath Ave, Brooklyn, NY 11214-5714		(718)373-0681	
		f. Fax No.	g. e-Mail
h. The above-named labor organization or its agents have			
8(b)(1)(A) of the National Labor Relations Act, and the			
the Act, or are unfair practices affecting commerce with 2. Basis of the Charge (set forth a clear and concise state			
2. Duble of the onarge (set forth a clear and concise state		strating the theybe dinal lab	o, p. 400000
(b) (c) (b) (7)(c)			
Since about (1)(6)(6)(7)(C) 2018 the above-named I			
exercise of rights protected by Section 7 of the			
regarding the Employer's refusal to restore	<sup>(6), (1</sup> to <sup>(0), (6), (1</sup> previous	s position for arbitrary of	discriminatory reasons or in
bad faith.			
3. Name of Employer		4a. Tel. No.	4b. Cell No.
United States Postal Service		44. 101. 100.	45. 00.110.
		4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP c	ode)	6. Employer representative	to contact
86 Wyckoff Ave, Brooklyn, NY 11237			
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produc	t or service	9. Number of Workers employed
Postal Office	Postal Service	9	50
10. Full name of party filing charge		11a. Tel. No.	11b. Cell No.
(b) (6), (b) (7)(C)		1	(b) (6), (b) (7)(C)
		110 Eav No	
		11c. Fax No.	11d e-Mail
11. Address of party filing charge (street, city, state, and Z	IP code)		
			X 2 6
(b) (6), (b) (7)(C)	12. DECLARA		
			7 P 50
I declare that I have read the above charge and	that the statements	therein are true to the best	
(b) (6), (b) (7)(C)			
By:	(b) (6), (b	(7)(C)	1
(signature or representative or person making charge)		me and title or office, if any	Cell No.
			(b) (6), (b) (7)(C)
Address:		Date:	Fax No.
(b) (6), (b) (7)(C)			
			e-Mail

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#### WILLFUL FALSE STATEMENTS ON THIS CHARGE 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

		DO NOT WRITE IN THIS SPACE				
NATIONAL LABOR RELATIONS BOARD	)	Case Date filed				
CHARGE AGAINST LABOR ORGANIZATION AGENTS		29-CB-227776	9/20/2018			
INSTRUCTIONS: File an original of this charge with th occurred or is occurring.	e NLRB Regional D	Pirector of the region in whi	ch the alleged unfair labor practice			
	OR ITS AGENTS AG	AINST WHICH CHARGE IS B	ROUGHT			
a. Name		b. Union Representative				
APWU						
c. Address		d. Tel. No.	e.e. Cell No.			
350 West 31st St, #3, New York, NY 10001						
		f. Fax No.	g. e-Mail			
h. The above-named labor organization or its agents have						
8(b)(1)(A)of the National Labor Relations Act, and these the Act, or are unfair practices affecting commerce with						
2. Basis of the Charge (set forth a clear and concise state						
Since about <sup>(b) (0), (b) (7)(C)</sup> 2018 the above-named Ia	abor organizatio	n has restrained and co	perced employees in the			
exercise of rights protected by Section 7 of th						
÷	•					
regarding the Employer's refusal to restore	to previou	s position for arbitrary of	or discriminatory reasons or in			
bad faith.						
3. Name of Employer		4a. Tel. No.	4b. Cell No.			
United States Postal Service						
		4c. Fax No.	4d. e-Mail			
5. Location of Plant involved (street, city, state, and ZIP co	ode)	6. Employer representativ	e to contact			
86 Wyckoff Ave, Brooklyn, NY 11237						
7. Type of Establishment (factory, mine, wholesaler)	<ol><li>Principal produce</li></ol>	t or service	9. Number of Workers employed			
Postal Office	Postal Servic		50			
10. Full name of party filing charge		11a. Tel. No.	11b. Cell No. (b) (6), (b) (7)(C)			
(b) (6), (b) (7)(C)			(b) (0), (b) (1)(c)			
		11c. Fax No.	11d e-Mail and the			
11. Address of party filing charge (street, city, state, and Zi	P code)	· · · · · · · · · · · · · · · · · · ·				
(b) (6), (b) (7)(C)						
	12. DECLARA	TION				
I declare that I have read the above charge and	that the statement	s therein are true to the bes	t of my knowledge and belief			
			Tal Na			
(b) (6), (b) (7)(C)	p					
By		00 23				
	(b) (6), (t	(7)(C)				
(signature or representative or person marking charge)		me and title or office, if any	Cell No.			
		· · · · · · · · · · · · · · · · · · ·	(b) (6), (b) (7)(C)			
Address:		Date:	Fax No.			
(b) (6), (b) (7)(C)						
			e-Mail			

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

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	DO NOT WRITE IN THIS	SPACE
Case	29-CB-227839	Date Filed 09/24/2018

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR IT	TS AGENTS	AGAINST WHICH CHAR	GE IS BROL	GHT			
a. Name Local 947, United Service Workers Union, IUJAT				b. Union Representative to contact Jose Vega, Business Agent			
c. Address (Street, city, state, and ZIP code) 3 Main Street,	3 Main Street,			. No. e. Cell No. 70-5660			
Kings Park, New York 11754				f. Fax. No. 631-670-5662			
			g. e-mail jvega@lo	cal947.org			
<ul> <li>h. The above-named labor organization has engaged in and is enga (list subsections) (b)(1)(A) practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.</li> </ul>	f the Act, or th	of the Nation nese unfair labor practice	onal Labor Re s affecting co	elations Act, a	nd these unf in the meanir	air labor ng of	
2. Basis of the Charge (set forth a clear and concise statement of the For about the last three months and continuing to date, the (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C)	he facts const Union by its C) grievance	ituting the alleged unfair agent (0)(0)(0)(0)(0) es regarding the Emplo	labor practica failed to pro oyer's failur	e to assign o	overtime by	) (7)(C) seniority.	
3. Name of Employer Riva Precision Manufacturing	<u> </u>	4a. Tel. No. 718-361-3100	b. Cell No.		c. Fax No. 718-492-0		
		d. e-mail tdoudak@riva precis	ion.com	-	E H	10	
5. Location of plant involved (street, city, state and ZIP code) 140 58th Street, Floor 8B, Brooklyn, NY			6. Employe Ted Doud	r representati lak, CEO	ve to contact	20	
7. Type of establishment (factory, mine, wholesaler, etc.) Factory		rincipal product or servic anufacturing	e •	9. Number o	of workers en	nployed	
10. Full name of party filing charge (b) (6), (b) (7)(C), an individual							
11. Address of party filing charge (street, city, state and ZIP code) (b) (6), (b) (7)(C)		11a, Tel, No. (b) (6), (b) (7)(C)	b, Cell No. (b) (6), (b) (	7)(C)	c. Fax No.		
12. DECLARATION Lectore that I have read the above charge are true to the best of my knowled	and that the	statements		Tel. No. b) (6), (b) (7)((	C)		
(b) (6), (b) $(7)(C)$ (b) (6), (b) $(7)(C)$ (b) (6), (b) $(7)(C)$ (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)				Cell No. b) (6), (b) (7)(0	C)		
signature of representative or points on making charge)		ame and tille or office, if any)		Fax No.			
Address (b) (6), (b) (7)(C)	· ·	Date 9/22/18		e-mail b) (6), (b) (	(7)(C)		

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

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

Case		
	29-CB-227942	

Date Filed 09/24/2018

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: File an original with NLRB Regional Director for the region in v	which the alleged unfair labor practice occurred or is occurring.
--	---

1. LABOR ORGANIZATION OR ITS	SAGENTS	AGAINST WHICH CHAR	GE IS BRO	JGHT			
				nion Representative to contact Vega, Business Agent			
c. Address (Street, city, state, and ZIP code) 3 Main Street, Vinge Back, New York 11754			d. Tel. No 631-670-		e. Cell No.		
Kings Park, New York 11754			f. Fax. No 631-670-				
			g. e-mail jvega@lo	ocal947.org			
<ul> <li>h. The above-named labor organization has engaged in and is engaged (list subsections) (b)(1)(A)</li> <li>practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.</li> <li>2. Basis of the Charge (set forth a clear and concise statement of the formation of the charge (set forth a clear and concise statement of the formation of the charge (set forth a clear and concise statement of the formation of the charge (set forth a clear and concise statement of the formation of the formation of the charge (set forth a clear and concise statement of the formation of the formation of the charge (set forth a clear and concise statement of the formation of the formation of the charge (set forth a clear and concise statement of the formation of the formation of the charge (set forth a clear and concise statement of the formation of the for</li></ul>	the Act, or th	of the Natio nese unfair labor practice	nal Labor R s affecting c	elations Act, a ommerce with	nd these unfair labor in the meaning of		
2. Basis of the Charge (set forth a clear and concise statement of the Since District 2018, the Union by its agent	led to proc	ess employed <sup>(b)</sup> (6), (b)	(7)(C): grie	DRCOKLYN HY	2018 SEP 21		
3. Name of Employer Riva Precision Manufacturing		4a. Tel. No. 718-361-3100	b. Cell No	, AR	c. Fax No. 2 218-492-0665		
		d. e-mail tdoudak@riva precis	ion.com	.12	2:5		
5. Location of plant involved (street, city, state and ZIP code) 140 58th Street, Floor 8B, Brooklyn, NY				er representati dak, CEO	ve to contact		
7. Type of establishment (factory, mine, wholesaler, etc.) Factory	8. Identify p jewelry m	nincipal product or servic anufacturing	e	9. Number	of workers employed		
10. Full name of party filing charge (b) (6), (b) (7)(C), an individual							
11. Address of party filing charge (street, city, state and ZIP code) 38-(b) (6), (b) (7)(C)		11a. Tel. No.	b. Cell No (b) (6), (b)	). (7)(C)	c. Fax No.		
		d. e-mail (b) (6), (b) (7)(C	)				
12. DECLARATION I declare that I have read the above charge a are true to the best of my knowled	and that the	statements f		Tel. No.			
(b) (6), (b) (7)(C)	(b) (6), (b	) (7)(C) an individual		Cell No. same as 11b			
(signature of representative or person making charge)		ame and title or office, if eny)		Fax No.			
Address same as 11		Date 9-21-18	8	e-mail same as 11d	•		

#### WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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.

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FORM NLRB-508	r - r		EMPT UNDER 44 U.S.C. 35
UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOAR		DO NOT WRITE	IN THIS SPACE
CHARGE AGAINST LABOR ORGA			Date Filed
OR ITS AGENTS	29-CI	B-228042	9/25/2018
NSTRUCTIONS: ile an original and 4 copies of this charge and an additiona	l copy for each organization, eac	h local, and each i	ndividual named
n item 1 with the NLRB Regional Director of the region in wi 1. LABOR ORGANIZATION OR I	hich the alleged unfair labor prac	tice occurred or is	occurring.
I. LABOR ORGANIZATION OR I	TS AGEINTS AGAINST WHICH CH.		epresentative to contact
New York's Health and Human Service Em	ployees Union,		Leon, Vice-
199/SEIU, AFL-CIO		Preside	
c. Telephone No. & Fax No.         d. Address (street, city           (212) 582-1890         310 West 43rd	, state and ZIP code) Street, 12th Fl <b>oor, New</b>		ork 10036
. The above-named organization(s) or its agents has (have) en	gaged in and is (are) engaging in up	nfair labor practices	within the
neaning of section 8(b), subsection(s) (1)(A) of the National Lab neaning of the Act.	· · · · · · ·		, _
. Basis of the Charge (set forth a clear and concise statement of	of the facts constituting the alleged t	unfair labor practice	5)
<b>••</b>			
Since on or about a date within the pas			
abor organization, by its officers, agents, a	and represent <b>atives</b> , ha	s failed and	refused, for reasons
which are arbitrary and invidious; to pro-	ocess the grievance of	of employee	(b) (6) (b) (7)(C)
egarding etermination by the below-nam			
	ios employen		^
			NL-RE-1 2018 SEP EROCKL
			S S
			NLRE-REG 2018 SEP 25 BROOKLYN
			7 5 30
by these and other acts, the above-named labor organization has Section 7 of the Act	s restrained and coerced employee	s in the exercise of t	he rights guaranteed in
Name of Employer	· · · · · · · · · · · · · · · · · · ·	4. Telepho	ne No. & Fax No.
SUS Services for the Underserved			143-3880 2
			NU
. Location of plant involved (street, city, state and ZIP code)		6. Employ	er représentative to contact
602 Quincy Street, Brooklyn, New York	(11221	Latoya	Ellis-Alleyne
		Human	Resources
. Type of establishment (factory, mine, wholesaler, etc.)	<ol> <li>Identify principal product or servi</li> </ol>		of workers employed
Group Home	Social Services		500
0. Full name of party filing charge			
b) (6), (b) $(7)(C)$			
1. Address of party filing charge (street, city, state an 1 ZIP cod	e)	12. Teleph	one No. & Fax No.
b) (6), (b) $(7)(C)$		(b) (b	6), (b) (7)(C)
	6. DECLARATION		
I declare that I have read the above charge and ha		the best of my know	ledge and belief.
ly		Title A	n Individual
(b) (6) (b) (7)(C)			
Signature of representative or person making tharge			
all manual at the second and a hersen the second se			
Address	Telephone N		Date
Address			
Address See Above WILLFUL FALSE STATEMENTS ON THE	See Abov	e	September 24, 2018

No.

UNITED STATES OF AMERICA		DO NO	OT WRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD		Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION AGENTS		29-CB-228152	9/27/18
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.	e NLRB Regiona	al Director of the region in	which the alleged unfair labor practice
1. LABOR ORGANIZATION	OR ITS AGENTS		
a. Name Local 808, International Brotherhood of Team	nsters	<ul> <li>b. Union Representation</li> <li>Chris Silvera</li> <li>Secretary Treas</li> </ul>	
5-28 51st Ave, Long Island City, NY 01111		d. Tel. No.	e.e. Cell No. (b) (6), (b) (7)(C)
		f. Fax No.	g. e-Mail
<ul> <li>h. The above-named labor organization or its agents have 8(b),(1)(A) of the National Labor Relations Act, and thes the Act, or are unfair practices affecting commerce with</li> </ul>	se unfair labor pr	actices are unfair practices a	affecting commerce within the meaning of
2. Basis of the Charge (set forth a clear and concise stater			
Since about 2018, the above-named labo			
of rights protected by Section 7 of the Act by			
discharge from employment at La Guardia	a Airport for a	rbitrary or discriminato	ry reasons or in bad faith.
5			
		4a. Tel. No.	4b. Cell No.
<ol> <li>Name of Employer</li> <li>ABM - Facility Services</li> </ol>			
		4a. Tel. No. 4c. Fax No.	4b. Cell No. 4d. e-Mail
ABM - Facility Services		4c. Fax No.	4d. e-Mail
ABM - Facility Services 5. Location of Plant involved (street, city, state, and ZIP co			4d. e-Mail
ABM - Facility Services 5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> 1 Liberty Plz, FI 7, New York, NY 10006-1417	7	4c. Fax No. 6. Employer represent	4d. e-Mail tative to contact
ABM - Facility Services 5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> <u>1 Liberty Plz, Fl 7, New York, NY 10006-1417</u> 7. Type of Establishment ( <i>factory, mine, wholesaler</i> )	8. Principal pro	4c. Fax No. 6. Employer represent duct or service	4d. e-Mail ative to contact 9. Number of Workers employed
ABM - Facility Services 5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> <u>1 Liberty Plz, Fl 7, New York, NY 10006-1417</u> 7. Type of Establishment ( <i>factory, mine, wholesaler</i> ) Airport Maintenance	7	4c. Fax No. 6. Employer represent duct or service leaning	4d. e-Mail tative to contact 9. Number of Workers employed 100
ABM - Facility Services 5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> <u>1 Liberty Plz, Fl 7, New York, NY 10006-1417</u> 7. Type of Establishment ( <i>factory, mine, wholesaler</i> ) <u>Airport Maintenance</u> 10. Full name of party filing charge	8. Principal pro	4c. Fax No. 6. Employer represent duct or service leaning 11a. Tel. No.	4d. e-Mail ative to contact 9. Number of Workers employed
ABM - Facility Services 5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> 1 Liberty Plz, FI 7, New York, NY 10006-1417 7. Type of Establishment ( <i>factory, mine, wholesaler</i> ) Airport Maintenance	8. Principal pro	4c. Fax No. 6. Employer represent duct or service leaning 11a. Tel. No. (b) (6), (b) (7)(C)	4d. e-Mail ative to contact 9. Number of Workers employed 100 11b. Cell No.
ABM - Facility Services 5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> <u>1 Liberty Plz, Fl 7, New York, NY 10006-1417</u> 7. Type of Establishment ( <i>factory, mine, wholesaler</i> ) <u>Airport Maintenance</u> 10. Full name of party filing charge	8. Principal pro	4c. Fax No. 6. Employer represent duct or service leaning 11a. Tel. No.	4d. e-Mail tative to contact 9. Number of Workers employed 100
ABM - Facility Services 5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> 1 Liberty Plz, FI 7, New York, NY 10006-1417 7. Type of Establishment ( <i>factory, mine, wholesaler</i> ) Airport Maintenance 10. Full name of party filing charge (b) (c), (b) (7)(C)	8. Principal pro Airport C	4c. Fax No. 6. Employer represent duct or service leaning 11a. Tel. No. (b) (6), (b) (7)(C)	4d. e-Mail ative to contact 9. Number of Workers employed 100 11b. Cell No.
ABM - Facility Services 5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> <u>1 Liberty Plz, Fl 7, New York, NY 10006-1417</u> 7. Type of Establishment ( <i>factory, mine, wholesaler</i> ) <u>Airport Maintenance</u> 10. Full name of party filing charge (D) (D) (D) (T) (C) 11. Address of party filing charge ( <i>street, city, state, and Zli</i> )	8. Principal pro Airport C	4c. Fax No. 6. Employer represent duct or service leaning 11a. Tel. No. (b) (6), (b) (7)(C)	4d. e-Mail ative to contact 9. Number of Workers employed 100 11b. Cell No.
ABM - Facility Services 5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> 1 Liberty Plz, FI 7, New York, NY 10006-1417 7. Type of Establishment ( <i>factory, mine, wholesaler</i> ) Airport Maintenance 10. Full name of party filing charge (b) (6), (b) (7)(C)	8. Principal pro Airport C	4c. Fax No. 6. Employer represent duct or service leaning 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	4d. e-Mail ative to contact 9. Number of Workers employed 100 11b. Cell No.
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ABM - Facility Services 5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> <u>1 Liberty Plz, Fl 7, New York, NY 10006-1417</u> 7. Type of Establishment ( <i>factory, mine, wholesaler</i> ) <u>Airport Maintenance</u> 10. Full name of party filing charge (D) (D) (D) (T) (C) 11. Address of party filing charge ( <i>street, city, state, and Zli</i> )	8. Principal pro Airport C P code) 12. DECLA	4c. Fax No. 6. Employer represent duct or service leaning 11a. Tel. No. (b) (6). (b) (7)(C) 11c. Fax No. RATION	4d. e-Mail ative to contact 9. Number of Workers employed 100 11b. Cell No. 11d 'e-Mail best of my knowledge and belief.
ABM - Facility Services 5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> 1 Liberty Plz, Fl 7, New York, NY 10006-1417 7. Type of Establishment ( <i>factory, mine, wholesaler</i> ) Airport Maintenance 10. Full name of party filing charge (b) (b) (c) (7)(C) 11. Address of party filing charge ( <i>street, city, state, and ZI</i> ) (b) (6), (b) (7)(C) I declare that I have read the above charge and for	8. Principal pro Airport C P code) 12. DECLA	4c. Fax No. 6. Employer represent duct or service leaning 11a. Tel. No. (b) (6). (b) (7)(C) 11c. Fax No. RATION	4d. e-Mail ative to contact 9. Number of Workers employed 100 11b. Cell No. 11d 'e-Mail
ABM - Facility Services 5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> 1 Liberty Plz, FI 7, New York, NY 10006-1417 7. Type of Establishment ( <i>factory, mine, wholesaler</i> ) Airport Maintenance 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge ( <i>street, city, state, and ZI</i> ) (b) (6), (b) (7)(C)	8. Principal pro Airport C P code) 12. DECLA	4c. Fax No. 6. Employer represent duct or service leaning 11a. Tel. No. (b) (6). (b) (7)(C) 11c. Fax No. RATION	4d. e-Mail ative to contact 9. Number of Workers employed 100 11b. Cell No. 11d 'e-Mail best of my knowledge and belief.
ABM - Facility Services 5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> 1 Liberty Plz, Fl 7, New York, NY 10006-1417 7. Type of Establishment ( <i>factory, mine, wholesaler</i> ) Airport Maintenance 10. Full name of party filing charge (b) (b) (c) (7)(C) 11. Address of party filing charge ( <i>street, city, state, and ZI</i> ) (b) (6), (b) (7)(C) I declare that I have read the above charge and for	8. Principal pro Airport C P code) 12. DECLA	4c. Fax No. 6. Employer represent duct or service leaning 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. RATION ents therein are true to the	4d. e-Mail         tative to contact         9. Number of Workers employed         100         11b. Cell No.         11d 'e-Mail         best of my knowledge and belief.         Tel No.
ABM - Facility Services 5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> 1 Liberty Plz, FI 7, New York, NY 10006-1417 7. Type of Establishment ( <i>factory, mine, wholesaler</i> ) Airport Maintenance 10. Full name of party filing charge (b) (c), (b) (7)(C) 11. Address of party filing charge ( <i>street, city, state, and ZII</i> (b) (6), (b) (7)(C) I declare that I have read the above charge and the above charge at	8. Principal pro Airport C P code) 12. DECLA that the statement (D) (6), (b) (0)	4c. Fax No. 6. Employer represent duct or service leaning 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. RATION ents therein are true to the	4d. e-Mail tative to contact 9. Number of Workers employed 100 11b. Cell No. 11d 'e-Mail best of my knowledge and belief. Tel No. (b) (6), (b) (7)(C)
ABM - Facility Services 5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> 1 Liberty Plz, Fl 7, New York, NY 10006-1417 7. Type of Establishment ( <i>factory, mine, wholesaler</i> ) Airport Maintenance 10. Full name of party filing charge (b) (c), (b) (7)(C) 11. Address of party filing charge ( <i>street, city, state, and ZI</i> ) (b) (6), (b) (7)(C) I declare that I have read the above charge and the above charge (b) (c) (c) (c) By: (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	8. Principal pro Airport C P code) 12. DECLA that the statement (D) (6), (b) (0)	4c. Fax No. 6. Employer represent duct or service leaning 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. RATION ents therein are true to the	4d. e-Mail tative to contact 9. Number of Workers employed 100 11b. Cell No. 11d 'e-Mail best of my knowledge and belief. Tel No. (b) (6), (b) (7)(C)
5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> 1 Liberty Plz, Fl 7, New York, NY 10006-1417 7. Type of Establishment ( <i>factory, mine, wholesaler</i> ) Airport Maintenance 10. Full name of party filing charge (b) (c), (b) (7)(C) 11. Address of party filing charge ( <i>street, city, state, and Zli</i> (b) (6), (b) (7)(C) I declare that I have read the above charge and th	8. Principal pro Airport C P code) 12. DECLA that the statement (D) (6), (b) (0)	4c. Fax No. 6. Employer represent duct or service leaning 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. RATION ents therein are true to the (C) mame and title or office, if a	4d. e-Mail         tative to contact         9. Number of Workers employed         100         11b. Cell No.         11d e-Mail         best of my knowledge and belief.         Tel No.         (b) (6), (b) (7)(C)         ny         Cell No.
ABM - Facility Services 5. Location of Plant involved ( <i>street, city, state, and ZIP co</i> 1 Liberty Plz, Fl 7, New York, NY 10006-1417 7. Type of Establishment ( <i>factory, mine, wholesaler</i> ) Airport Maintenance 10. Full name of party filing charge (b) (c), (b) (7)(C) 11. Address of party filing charge ( <i>street, city, state, and ZI</i> (b) (c), (b) (7)(C) I declare that I have read the above charge and the above charge and the above charge ( <i>street, city, state, and ZI</i> (b) (c), (b) (7)(C) By: (c) (7)	8. Principal pro Airport C P code) 12. DECLA that the statement (D) (6), (b) (0)	4c. Fax No. 6. Employer represent duct or service leaning 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. RATION ents therein are true to the (C) mame and title or office, if a	4d. e-Mail tative to contact 9. Number of Workers employed 100 11b. Cell No. 11d 'e-Mail best of my knowledge and belief. Tel No. (b) (6), (b) (7)(C) ny Cell No. Fax No. e-Mail

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WILLFUL FALSE STATEMENTS ON THIS CHARGE 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

#### UNITE CATES OF AMERICA NATIONAL OR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	FORM EXEMPT UNDER 44 U.S.C 3512
DO NOT WRIT	E IN THIS SPACE
Case 29-CB-228247	Date Filed

09/28/2018

1. LABOR ORGANIZATION OR	ITS AGENTS AGAINST WHICH			red or is occurring.	
a. Name		b. Union Rep			
APWU (USPS)		Lilian Pascal			
		Title: Presi	dent		
c. Address (Street, city, state, and ZIP code)		d. Tel. No. (718) 445-22	86	e. Cell No.	
14202 20th Ave NY Flushing 11351-3000		f. Fax No.		g. e-Mail	
h. The above-named organization(s) or its agents has (have) engage subsection(s) (list subsections) (3) are unfair practices affecting commerce within the meaning of the meaning of the Act and the Postal Reorganization Act.	of the Mat	ional Labor Dal	atione Act	and those unfair labor practices	
2. Basis of the Charge (set forth a clear and concise statement of	f the facts constituting the allege	ed unfair labor p	ractices)		
NLRS-RECTON 28 NLRS-RECTON 28 REP 26 PM 2: 24 DN 28 RR 8 KLYN, NY 11281 RR 8 KLYN, NY 11281					
3. Name of Employer	•	4a. Tel. No. (718) 457-99	<del></del>	b. Cell No.	
USPS		c. Fax No.		d. e-Mail	
5. Location of plant involved (street, city, state and ZIP code)			6. Emplo	byer representative to contact	
5502 69th street NY maspeth 11378			Djari Me Title: St	dhi ation manager	
7. Type of establishment (factory, mine, wholesaler, etc.). Others	8. Identify principal produc	t or service	9. Numb 40	per of workers employed	
10. Full name of party filing charge		11a. Tel. No. (b) (6), (b) (7)		b. Cell No.	
(b) (6), (b) (7)(C)		c. Fax No.		d. e-Máil (b) (6), (b) (7)(C)	
11. Address of party filing charge (street, city, state and ZIP code. (b) (6), (b) (7)(C)	)				
12. DECLARATION declare that I have read the above charge and that the statements therein are true By (b) (6), (b) (7)(C)	te to the best of my knowledge and be (b) (6), (b) (7)(C)	lief.	(b) (6),	(b) (7)(C)	
		ny)			
(signature of representative or person making charge) (Print/t)	ype name an <b>d title or office, if a</b> Title:	Fax	No.		

# Basis of the Charge

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8(b)(3)

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Within the previous six months, the above-named labor organization has failed and refused to bargain in good faith with the employer.

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V ITED STATES OF AMERICA		DONO	T WRITE IN THIS SPACE
NATIC HAL LABOR RELATIONS BOARD		Case	Date filed
CHARGE AGAINS I LABOR ORGANIZATION OF AGENTS	RITS	29-CB-22828	39 9/28/2018
NSTRUCTIONS: File an original of this charge with the N secured of is occurring.	LRB Regional Direct	or of the region in wh	ich the alloged unfair labor practic
1. LABOR ORGANIZATION OF	R IT'S AGENTE AGAINET	WHICH CHARGE IS BRI	DUGHT
x. Name 1199 SEIU United Heatthcare Workers East		<ul> <li>b. Union Representa Fabish Joseph Attorney</li> </ul>	
Address		d. Tel. No. (212)582-1890	e.e. Celino
		f. Fax No.	g. e-Mali gwilcox@ievyratner.com
n. The above-ran ed labor organization or its egente aection 8(b)(1)(A) of the National Labor Relations Act, and meaning of the Act, or a v unitair practices alfecting commi-	these unfait jabor pra-	the act and the Rection	es alleoling commerce within the
2. Basis of the Charge (set forth a clear and concise stateme Since in or around (0.00.0002016, the above- the exercise of right protected by Section 7 of r	nt of the facts constitut named labor orga	ing the alleged unfair / nization has restra	abor practices) Ined and coerced amployees
the exercise of right protected by Section 7 of i biotection and the section of t	the Act by refusing scriminatory reaso	) to erbitrate the g one or in bad faith.	ntevance of (D) (D), (D) (7)
Name of Employer Richmond University Medical Center	4a. Tel No.	[	th. Cell No.
	4c. Fax No.	1	id. e-Mail
Location of Plant involve 1 (street, city, state, and ZIP code)	6. Employer repres	entative to contact	
355 Bard Ave, State 1 Island, NY 10310-1699	Maryellen Po	rter Nurse Manage	er
. Type of Establishment (1 ictory, mine, wholesaler)	8: Principal product	tor Bervice	. Number of Workers employed
Hospital	Medical Serv	rices	100
0. Full name of party filing charge	11a Tel No		Ith. Cell No.
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(		
	11c Fax	No. 1	(b) (6), (b) (7)(C)
11 Address of Darty Slipe of arms (sheet city state and $ZP$ o b) (6), (b) (7)(C)	ode)		
(b) (6), (b) (	2. DECLARATION	n are true to the best	of my knowledge and belief.
町代で)(6)、(b)(7)(C)			iel No.
By (b) (6), (b) (6), (b) (7)	<sub>(c</sub> (b) (6), (b) (	7)(C)	(b) (6), (b) (7)(C)
Site Campaceartante Contractory Contractory	Print/type name an	d bible or office, if say, (	Cell No.
Address: (b) (6), (b) (7)(C)	Date: 9/0	7/18	≊aκ No.
		7 1	e-Mati

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(b) (6). (b) (7)(C)

(b) (6), (b) (7)(C)

TLIFUL FALSE STATEME ITS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1991) PRIVACY ACT STATEMENT S divitation of the information or this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 15) et seq. The principal uses for the information is to a six the National Labor Relation & Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information or fully st forth in the Related Register, 1 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the

NURB is voluntary; however, fair no to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-508				FORMEX	EMPT UNDER 44 (	J.S.C 3512			
				UNITED STATES OF AMERICA			WRITE IN T	HIS SPACE	
	CHARGE AGAINST LABOR ORGANIZATION		Case		Date Filed				
OR ITS AGENTS			-228308		9/27/201	8			
INSTRUCTIONS: File an original with NLRB Regional Director for th	he region in w	hich the alleged unfair la	abor practice	occurred or is	s occurring.				
1. LABOR ORGANIZATION OR I	TS AGENTS	AGAINST WHICH CHAP	GE IS BRO	UGHT					
a. Name			b. Union F	Representative	e to contact				
Int'l Association of Machinists & Aerospace Workers, Dist	rict 15, Eur	eka Lodge 434	Billy Se	nff, Busines	s Representativ	e			
c. Address (Street, city, state, and ZIP code)			d. Tel. No 718-422		e. Cell No.				
652 4th Avenue			f. Fax. No	D. `	1				
Brooklyn, NY 11232			718-422	-0177					
			g. e-mail						
			wsenff@	jiamdistrict l	5.org				
h. The above-named labor organization has engaged in and is enga	aging in unfai	r labor practices within th	e meaning o	of section 8(b)	, subsections (1)	and			
(list subsections) (A)					and these unfair				
practices are practices affecting commerce within the meaning of	f the Act, or th	nese unfair labor practice	es affecting o	commerce with		of =			
the Act and the Postal Reorganization Act.					ROBS				
2. Basis of the Charge (set forth a clear and concise statement of the	he facts'const	lituting the alleged unfair	labor practic	ces)	Y FB	1.1			
	- Los androit		CTT '		E.N	in a			
Since on or about August 31; 2018, the above-named Union Section 7 rights, by failing and refusing to process their gri	n has restrai	ned and coerced a gro	after a 2 n	on members.	in the exerise of	their			
for a successor collective bargaining agreement, for reason	s that are ar	bitrary, discriminatory	, or otherv	vise unlawfu	1				
					2	2 5			
					F	5			
					12	5			
3. Name of Employer		4a. Tel. No.	b. Cell No	).	C. Fax No.				
		631-957-2300							
GKN Aerospace Monitor Inc.		d. e-mail							
5. Location of plant involved (street, city, state and ZIP code)		•	6. Employ	er representat	tive to contact				
1000 New Horizons Blvd.									
Amityville, NY 11701			Mike An	esta, Directo	or of HR				
7. Type of establishment (factory, mine, wholesaler, etc.)		rincipal product or servic	e		of workers emplo	byed			
aerospace factory	design, in	spect, build aircraft		20+					
10. Full name of party filing charge (b) (6), (b) (7)(C)									
11. Address of party filing charge (street, city, state and ZIP code)		11a. Tel. No.	b, Cell No (b) (6), (b)		c. Fax No.				
(b) (6), (b) (7)(C)		d. e-mail							
(b) (b), (b) (7)(C)		o. e-mail							
12. DECLARATION				Tel. No.					
I declare that I have read the above charge	and that the	statements							
(b) (6), (b) $(7)(C)^{(0)}$		) (6), (b) (7)(C)		Cell No.					
			[	same as abo	ve				
(signature of representative or person making charge)	(Print/lype na	me and title or office, if any)		Fax No.					
same as above		9/25/18	E C	e-mail					
Address		Date 9/25/18							

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

FORM EXEMPT UNDER 44 U.S.C 3512

(6-18)	(6-18) UNITED STATES OF AMERICA			DO NOT WRITE IN THIS SPACE				
	NATIONAL LABOR RELATIONS BO	ARD		Case 7	DONOI	WRITEINTH		
	CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS			Case 29-CB	8-228311		Date Filed 9/27/20	18
INSTRUCTIONS: File	an original with NLRB Regional Director for th	e region in w	hich the alleg	ged unfair lat	or practice	occurred or is	occurring.	
	1. LABOR ORGANIZATION OR IT	S AGENTS	AGAINST WI	HICH CHAR	GE IS BROU	JGHT		
'a. Name					b. Union R	epresentative	to contact	
Int'l Association of	Machinists & Aerospace Workers, Dist	rict 15, Eur	eka Lodge 4	434	Billy Sen	ff, Business	Representativ	ve
c. Address (Street, city	r, state, and ZIP code)				d. Tel. No 718-422-		e. Cell No.	
652 4th Avenue Brooklyn, NY 1123	2				f. Fax. No 718-422-		·	
	;				g. e-mail wsenff@	iamdistrict1	5.org	
h. The above-named la	abor organization has engaged in and is enga	in unfai	r labor practic	ces.within the	e meaning o	f section 8(b);	subsections (1	) and
(list subsections) (					-	• •	nd these unfair	
	es affecting commerce within the meaning of	the Act, or the	nese unfair la					
<b>)</b>	tal Reorganization Act.							
	(set forth a clear and concise statement of th	e facts const	ituting the all	eged unfair l	abor oractic	esi	· ·	
2. Build of the onlinge			noung the an	egeo uman i				
month strike during	ugust 31, 2018, the above-named Union e of their Section 7 rights, by failing an negotiations for a successor collective	d refusing t	o process th	eir grievan	ces regard	ing their disc	harge after a	
otherwise unlawful.								
							2010 \$	1-
3. Name of Employer			4a. Tel, No 631-957-2		b, Cell No		c Fax No.	2-1
GKN Aerospace M	onitor Inc.		d. e-mail		· · · · · · · · · · · · · · · · · · ·		- P	
5. Location of plant inv	olved (street, city, state and ZIP code)				6. Employe	er representati	ve to contact	
1000 New Horizons							ii ii	NO
Amityville, NY 117	701				Mike An	esta, Directo	rofHR	Sec. 2
							È UI	
7. Type of establishme	nt (factory, mine, wholesaler, etc.)	8. Identify p	rincipal produ	uct or service	l	9. Number o	f workers empl	oyed
aerospace factory		design, in	spect, build	aircraft		20+		•
10. Full name of party (b) (6), (b) (7)(C)	filing charge	L						
11. Address of party filin	g charge (street, city, state and ZIP code)		11a. Tel. N	0.	b. Cell No		c. Fax No.	
			(b) (6), (b) (	7)(C)	(b) (6), (b)	(7)(C)		
(b) (6), (b) (7)(C)			d, e-mail					
	12. DECLARATION	······				Tel. No.		
(b) (6), (b)	I declare that I have read the above charge	and that the			1	same as abov	/e	
	are use to the best of my knowled	•	(b) (6), (b) (7)(C)		1	Cell No.		
(b) ( (b) (6)					h	same as abov	/e	
( insture of n	sentātive o <mark>r person making charge)</mark>		ame and title or			Fax No.		
same as ab Address	oove		Date	8	[	e-mail		
		<u> </u>						

#### WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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-508 (6-18)

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