# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	29-RC-245981	Date Filed	8/5/19					

INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition mu named in the	st be accomp petition of: (1	nanied by	y both a si tition; (2) \$	howing of inte Statement of F	rest (see 61 Position for	b below) and m (Form NL	d a certificat RB-505); an	e of service showing s d (3) Description of Re	ervice on presentation	
PURPOSE OF THIS PETITION: For bargaining by Petitioner and Petitioner and Petitioner and Laboratory      Purpose of This Petitional Petitional Laboratory	ioner desires to	be certified as	s represe	entative of t	the employees.	The Petitio	ner alleges	that the foll	owing circumstances e		
2a. Name of Employer: Bob's Discount Furniture	3050	Middle	Establishment County Ro Y 11767		(Street and	number, City	, State, ZIP code):				
	Employer Representative - Name and Title: rena Domke, HR Director  3b. Address (if same as 2b - state same): 50 Rt. 46, Totowa, NJ 07512										
3c, Tel. No. (973) 785-0159	3d. Cell No.			3e. Fax N	0,		3f, E-Mail A Serena.		mybobs.com		
4a. Type of Establishment (Factory, I Retail store	mine, wholesale	er, etc.)		4b. Princip Furnitu	pal Product or S IPE	Service			d State where unit is loc 1Set, NY	ated:	
5b. Description of Unit Involved: Included: All full-time and regular p	part-time sa	ıles associ	ates.					6a. Numbe 26	r of Employees in Unit		
Excluded: All other employees inclu	ding guard	s and supe	ervisoı	rs as def	fined in the	Act.		of the	ubstantial number (30% employees in the unit wis ented by the Petitioner?	h to be	
Check One: 7a. Request for reconnection on or about (Date) 7b. Petitioner is cur		(If no	o reply re	eceived, so	state).	rtification un		d Employer	declined recognition		
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 N	0.		8f. E-Mail A	Address			
8g. Affiliation, if any:			81	Date of R	Recognition or (	Certification			n Date of Current or Most tract, if any (Month, Day, Year)		
Is there now a strike or picketing a     (Name of Labor Organization)	t the Employer's	s establishmer	nt(s) invo	lved? No	lf so		-		s are participating? er since (Month, Day, Ye	ear)	
<ol> <li>Organizations or individuals other individuals known to have a representation.</li> </ol>									es and other organization	ns and	
10a. Name	10	b. Address				10c. Tel. No.			10d. Cell No.		
							10e. Fax N	0.	10f. E-Mail Address		
11. Election Details: If the NLRB co.	nducts and elec	tion in this ma	itter, stat	e your posi	ition with respe	ct to any suc	ch election:	11a. Electio		l Manual/Mail	
11b. Election Date(s): 8/21/2019		c. Election Tim pm-5pm	ne(s):					ees break		6	
12a. Full Name of Petitioner (includ	ing local name	and number):			12b. Address	(street and	number, city	, State and 2	ZIP code):		
United Food and Commer									erford, NJ 07073		
12c. Full name of national or internati United Food and Commer					affiliate or cons	tituent (if no	ne, so state)	:			
12d. Tel. No. (914) 668-8881 12e. Cell No. 12f. Fax No. 12g. E-Mail Address											
13. Representative of the Petitione 13a, Name and Title: Wendell Shepherd, Esq. Barnes, Iaccarino & Shepher	Wendell Shepherd, Esq.				poses of the r ess (street and w Mill Rive	number, cit	y, State and	ZIP code):		ĸ	
13c. Tel. No. (914) 592-1515	13d. Cell No.			13e. Fax			Tsr. E-Mail	Address	awfirm.com		
I declare that I have read the above	e petition and t						and belief.			D. (.	
Name (Print) Wendell Shepherd		Signature	$\supset$	ou	ee ~	Title	torney			08/02/19	

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

:11 RB-RE11011 29			
DECT DEC	DO NOT WRITE	IN THIS SPACE	
Case No.	. 29-RC-246051	Date Filed	8/6/1

	INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlib.gov</u> ) 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 <u>not</u> be						
<ol> <li>PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitione</li> </ol>						
requests that the National Labor Re						
2a. Name of Employer		2b. Ad	dress(es) of Establishment	(s) involved (Street a	nd number, city,	State, ZIP code)
Richmond university medical center			5 Bard avenue Y staten island 10314-			
3a. Employer Representative - Name a	and Title		3b. Address (If same as			
ronald musselwhite		k -	355 Bard avenue NY staten island 10	0314-		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ess
(718) 818-2438					rmusselwhite@ru	<del></del>
4a. Type of Establishment (Factory, mine	e, wholesaler, etc.)	4b. Principal prod	duct or service		5a. City a	nd State where unit is located:
Healthcare Facilities			security guards			New York, NY
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: See Attached Page 2 for add	itional details				-	6b. Do a substantial number (30%
						or more) of the employees in the
Excluded: See Attached Page 2 for add	itional details				- 1	unit wish to be represented by the
						Petitioner? Yes [ ] No [ ]
Check One: 7a. Request fo				and	d Employer decli	ned recognition on or about
	(Date)	(If no reply received	d, so state).			
			epresentative and desires of	ertification under the	Act.	
8a. Name of Recognized or Certified E	Sargaining Agent (f	f none, so state).	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  8l. Expiration Date of Current or Most R Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing at the	e Employer's establi	shment(s) involved	? If so, approxi	mately how many en	nployees are par	ticipating?
			keted the Employer since (I			
10 Organizations or individuals other tha	an Petitioner and the	se named in items	8 and 9, which have claime	ed recognition as rep	resentatives 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)		
special and superior officers association				40a Tal No		10d. Cell No.
10a. Name	10b. Ad	idress		10c, Tel. No. (631) 587-9116		10d. Cell No.
ronald fedizzi	199 nort	th wellwood avenue	•	10e. Fax No.		10f. E-Mail Address
president	NY linde	enhurst 11757				
11. Election Details: If the NLRB condi	ucts an election in th	nis matter, state you	r position with respect to	11a. Election Type	: 🖊 Manual 📗	Mail Mixed Manual/Mail
11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Loca	tion(s):	
August 22 2019	tbd			employers location		
12a. Full Name of Petitioner (including charles strebeck united federation of special police and security of the charles are the charles of t	fficers inc			540 north state road NY briarcliff manor.	et and number, o 10510-	city, state, and ZIP code)
12c, Full name of national or international N/A	al labor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)		
12d, Tel No.	12e, Cell No. (908) 413-3285		12f. Fax No. (914) 941-4472		12g. E-Mail Ad charlesstrebec	dress k@gmail.com
(914) 941-4103  13. Representative of the Petitioner w				entation proceeding	9.	
13a. Name and Title	no will accope sort	noc or an papero .	13b. Address (street and			
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	dress
I declare that I have read the above p	etition and that the	statements are tr	ue to the best of my know	rledge and belief.		
Name (Print)	Signature		Title		Date	
charles strebeck	charles strebeck		president		15:34:42	

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.

Attachment

MLRB-REGIO	129	DO NOT WRITE	IN THIS SPACE	
RECEIVE	Case	·	Date Filed	
mia alig -5 Pt	1 2:01	·		

**Employees Included** 

all armed and unarmed full time and part time and per diem security officers employed at richmond university medical center located at 355 bard avenue and 1130 south avenue staten island NY

**Employees Excluded** 

excluding all other employees, lieutenants, sergeants, managerial, clerical employees and all others as defined by the act

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	29-RC-246280	Date Filed 8/9/2019						

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.

the employer and all other parties Case Procedures (Form NLRB 48								
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioners that the National Laboratory	ioner desires to be	certified as repre	sentati	ive of the employees. The Pe	etitioner alleges	that the following circu	mstances exist and	
2a. Name of Employer:		Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 0 Albin Ave.						
Maryhaven Center of Hop	be			bylon, NY 11704				
3a. Employer Representative - Nar Lauren Jentz House Manager	ne and Title:	San		(if same as 2b - state same)	:		1	
3c. Tel. No. 631-482-9441	3d. Cell No.		3e.	Fax No.	3f. E-Mail A	Address		
4a. Type of Establishment (Factory, Nursing Home	mine, wholesaler,	etc.)		Principal Product or Service abilitation for the dis	abled	5a. City and State when West Babylon,		
5b. Description of Unit Involved: Included: All Licensed Practical Nu Excluded:	rses, Day Ha	bilitation Sp	eciali	ists and Direct Supp	ort Profs.	6a. Number of Employe 3 1 6b. Do a substantial nu		
All other employees, cleri	- 0	•		•		of the employees in represented by the l	the unit wish to be Petitioner? X Yes No	
Check One: X 7a. Request for reconnection on or about (Date)  7b. Petitioner is cu		(If no reply	receive	s made on (Date)  red, so state).  tative and desires certificatio		d Employer declined reco	gnition	
8a. Name of Recognized or Certific				8b. Address:				
							*	
8c. Tel. No.	8d, Cell No.		8e. I	Fax No.	8f. E-Mail A	8f. E-Mail Address		
8g. Affiliation, if any:			8h. Dat	ite of Recognition or Certifica		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing a	t the Employer's e	stablishment(s) in	volved	? No If so, approx		ny employees are particip		
(Name of Labor Organization)	r than Datitioner or	od those named in	itoma	R and O which have daimed		the Employer since (Mor		
<ol> <li>Organizations or individuals othe individuals known to have a representation.</li> </ol>							organizations and	
10a. Name	10b. /	Address			10c. Tel. N	10c. Tel. No. 10d. Cell No.		
					10e. Fax N	o. 10f. E-Mail	Address	
11. Election Details: If the NLRB co The first practicable Thur		n in this matter, st	ate you	ur position with respect to any	y such election:	11a. Election Type:   Manual Mail	Mixed Manual/Mail	
11b. Election Date(s): 9/6//		election Time(s):	Oa.W	4:00 - 6:	00.	on Location(s):	Conference Roa	
12a. Full Name of Petitioner (included United Food & commerca	ling local name and	d number):		12b. Address (street	and number, city VC.	, State and ZIP code):		
12c. Full name of national or internat United Food & Commerc	ional labor organiz ial Workers (	ation of which Pe	titioner	is an affiliate or constituent (	if none, so state)	:		
12d. Tel. No. 800-522-0456	12e. Cell No.		12f.	Fax No.	12g. E-Mail info@u	Address fcw1500.org		
13. Representative of the Petitione 13a. Name and Title: Damien O. Maree - Attorney	etitioner who will accept service of all pap			or purposes of the represer Address (street and number O Crossways Park Driv Dodbury, NY 11797	r, city, State and	ZIP code):		
13c. Tel. No. 516-248-5757	13d. Cell No.			. Fax No. 6-742-1765	13f. E-Mail dom@c	Address ohmlaw.com		
I declare that I have read the above	e petition and tha		are tru	ue to the best of my knowle			Deta	
Name (Print) Damien O. Maree	Signature				Attorney	attorney BIGA		

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 29-RC-246284 Date Filed 8/9/19

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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 720 Albin Ave. Maryhaven Center of Hope West Babylon, NY 11704 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Lauren Jentz House Manager 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 3e. Fax No. 631-482-9441 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Habilitation for the disabled West Babylon, NY Nursing Home 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All Registered Nurses (RNs) Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X All other employees, including: clericals, guards and supervisors as defined by the Act Check One: X 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. 8b. Address: 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None 8f. E-Mail Address 8d. Cell No. 8e. Fax No. 8c. Tel. No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 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? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: On a Thursday, as soon as is practicable. Mixed Manual/Mail 11d. Election Location(s) 11b. Election Date(s): 11c. Election Time(s): Main 8:00-10:00 a.m. 12b. Address (street and number, city, State and ZIII 12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers Union, Local 1500 425 Merrick Ave, Westbury, NY 11590 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food & Commercial Workers Union 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 8000-522-0456 info@ufcw1500.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): 100 Crossways Park Drive West, Suite 200 Damien O. Maree - Attorney Woodbridge, NY 11797 13e. Fax No. 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 516-248-5757 516-742-1765 dom@cohmlaw.com I declare that I have read the above petition and that the statements are type to the best of my knowledge and belief. Name (Print) Signature Title Damien O. Maree Attorney

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

DO NOT WRITE IN THIS SPACE								
Case No.	29-RC-246448	Date Filed 8/13/19						

ROFEITION								29-RC	-246448		8/13/19		
INSTRUCTIONS: Unioss e-Filed u employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 48	The petition is named in t	must b	e accompa tion of: (1)	nied by the peti	both tion;	a sh (2) S	owing of Interest (site temperature)	ee 6b	below) and n (Form NLF	a certificat RB-505); and	e of service sho d (3) Description	wing se	rvice on resentation
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Peti     requests that the National Laboratery	tioner desires	to be	certified as a	represen	tative	of th	e employees, The P	etitio	ner alleges t	hat the foll	owing circumst	ances e	
2a. Name of Employer;						•	Establishment(s) Invo		•	umber, City,	State, ZIP code	):	
Polycraft Industries Corp	),		4	40 Ra	nick	Rd	, Hauppauge, I	NY	11788				
Samuel Brach, President Ezra Lebowitz, Managin	t	-					as 2b - state same) Hauppauge, N		11788				
3c. Tel. No.	3d. Cell No.			- 1	Be. Fa	w No			3f. E-Mail A	ddroon			
(631) 234-5300 4a. Type of Establishment (Factory,			to I		(63	31)	630-6731 al Product or Service			polycra	aftind.con		tod
Factory	illino, wildios	101, 01			FD, FII	ПСГР	Plastics			Haup	pauge, N	Y 117	788
5b. Description of Unit Involved:										6a, Numbe	r of Employees I	n Unit:	
Included: All plant employees Included drivers.  Excluded: Office clerical, supervisor										35			
Ad.	,,,	,								of the e	ibstantial numbe mployees in the inted by the Petit	unit wist	to be
Check One: 7a. Request for red on or about (Date)				reply rec				/201	9 and		locknod recognit		
7b. Petitioner is cu								n und	der the Act.				
8a. Name of Recognized or Certific None	ed Bargainin	ig Agei	nt (II none, :	SO <b>Sta(</b> 0)	810	), Ad	dross;						
8c. Tel. No.	8d, Cell No.			8	Be. Fa	x No			8f. E-Mail Address				
8g. Affliation, if any:				8h.	Date	of Re	ecognition or Certifica	ation			rrent or Most (Month, Day, Yea	er)	
9. Is there now a strike or picketing a	t the Employ	er's est	ablishment(	(s) Involv	ed?		If so, appro	ximat	ely how man	y employee:	are participating	g?	
(Name of Labor Organization)								, pl	has pickeled	the Employe	er since (Month,	Day, Ye	ar)
10. Organizations or individuals othe individuals known to have a represione											es and other orga	anization	s and
10a. Name		10b. Ad	ddress						10c. Tel. No. 10d. Cell No.				
									10e, Fax No	),	10f, E-Mail Add	ress	
11. Election Details: If the NLRB co As soon as possible		lection	In this matte	er, state	your	positi	on with respect to an	ny suc	ch election:	11a, Election		Mixed	Manual/Mall
11b. Election Date(s); TBD		11c. El	ection Time	(s):					11d. Election	n Location(s	):		
12a, Full Name of Petitioner (include	ling local nan	ne and	number):				12b. Address (street	t and	number, city	State and 2	ZIP code):		
Consolidated Commercia	l Worker	s of A	America	, Loca	al 52	8	148-06 Hillsid	de A	ve, Jama	aica, NY	11435		
12c. Full name of national or internati National Organization of		•						•			and Allied	Trade	
12d. Tel. No.	12e. Cell No		de Onioi		2f. Fa			Unit	12g, E-Mall		and Amed	Trade	s (IOJA I)
718-291-3434 ext. 615	128. Ç611 NC	J.					5-2920		awilliam		l,org		
13. Representative of the Petitione	r who will ac	ccept s	ervice of a										
13a. Name and Title: Andre Williams, Esq., In-Ho	ouse Coun	sel		- 1			ss (street and number Hillside Avc, Jan			Annual Control			
13c, Tel. No.	13d, Cell No	).			13e. F	ax N	0.		13f. E-Mail	Address			
718-291-3434 ext. 615					718-	526	5-2920		awilliam	_	ı.org		
declare that I have read the above	petition an			onts are	true	tg th	e best of my knowle	_	and belief.				
Name (Print)			Signatulo	del	h	57	W.	Title		ouncel			Date 9/0/2∩10
Andre Williams, Esq.			LIA	Till.	1	110		III-	-House C	ounsei			8/9/2019

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

PRIVACY ACT STATEMENT

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#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	29-RC-246396	Date Filed	8/12/19					

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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 101 Hospital Road, Patchogue NY 11772 2a. Name of Employer: Long Island Community Hospital 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Nick Salerno-Director of Facilities 101 Hospital Road, Patchogue NY 11772 Management 3c. Tel. No. 3d. Cell No. 3e, Fax No. 631-654-7732 631-241-4208 nsalerno@licommunityhospital.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Facility Maintenance Hospital Patchogue NY 5b. Description of Unit Involved: 6a, Number of Employees in Unit Included: See attachment Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No All office and professional employees, guards and supervisors under the act. Check One: [x] 7a. Request for recognition as Bargaining Representative was made on (Date) 8/06/2019 and Employer declined recognition on or about (Date) No Reply (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. Be. Fax No. 8f. E-Mail Address CD 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? 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 BRO 10b. Address 10c. Tel. No. 10d. Cell No. 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 8/29/2019 1:00 pm to 3:00 pm Conference room 12b. Address (street and number, city, State and ZIP code): 16-16 Whitestone Expressway, Whitestone NY 11357 12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 30 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers 12e. Cell No. 12f. Fax No 12g. E-Mail Address 718-805-2172 718-847-8484 ext 209 917-680-4291 vincentfiorentino@iuoelocal30.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a, Name and Title: 13b. Address (street and number, city, State and ZIP code) 16-16 Whitestone Expressway, Whitestone NY 11357 Vincent Fiorentino Organizer 13c. Tel. No. 13d. Cell No. 13f, E-Mail Address 13e. Fax No. 718-805-2172 718-847-8484 ext 209 917-680-4291 vincentfiorentino@yahoo.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) Vincent Fiorentino 8/8/2019 Organizer

## **Job Titles For The Facilities Workers**

All full time and part time Facility Maintenances workers 25, the title provided to these employees by the employer, excluding all as defined under the act.

- 1. Boiler operator
- 2. HVAC
- 3. HVAC helper
- 4. Plumber
- 5. Mechanic
- 6. Painter
- 7. Electrician
- 8. Carpenter
- 9. General maintenance
- 10. Bed mechanic

ML\_RD-REGIES 29 2019 AUG -8 PM I2: 37 UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. 29-RC-246550 Date Filed 8/14/19

RC PETITION

in which the employer concerned									
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									
						RB 4812). The si	howing	of inte	rest should only be filed
with the NLRB and should not be 1. PURPOSE OF THIS PETITION: RC-0	SERVED ON THE	empioyer	or an	y otner p	party.	of employees wish to	o he renr	esented t	or nurnoses of collective
bargaining by Petitioner and Petitioner requests that the National Labor Re	desires to be cert	ified as repres	sentativ	e of the er	mployees. The	Petitioner alleges th	nat the fo	llowing	circumstances exist and
2a. Name of Employer			2b, Ad	dress(es)	of Establishmen	t(s) involved (Street a	and numb	ber, city,	State, ZIP code)
NYU Winthrop Hospital	1 771		main c				01 (see	attache	d rider for additional locations)
3a. Employer Representative – Name a see attached rider	ind Title				fress (If same as	s 2b – state same)			
3c. Tel. No.	3d. Cell No.			same 3e, Fax	No		25 E BA	ail Addre	00
516-663-4905	Su. Cell No.				3-3835			tached	
4a. Type of Establishment (Factory, mine	, wholesaler, etc.)	4b. Princi	pal prod	duct or ser					nd State where unit is located:
acute care hospital		health c							New York
5b. Description of Unit Involved									6a. No. of Employees in Unit:
Included: see attached ride	er							_	pproximately 1600
	<b>.</b>								6b. Do a substantial number (30% or more) of the employees in the
excluded: see attached ride	r								unit wish to be represented by the
									Petitioner? Yes ✓ No
Check One: 7a, Request for	recognition as Ba					an	d Employ	yer declin	ed recognition on or about
7h Petitioner in		(If no reply r				certification under the	a Aat		
8a. Name of Recognized or Certified B				presentat	8b. Address	certification under the	ACL		
None	3 3 3								
8c, Tel No.	8d Cell No.	8d Cell No. 8e, Fax No. 8f. E-Mail Address							55
8g, Affiliation, if any				8h, Date o	of Recognition or	r Certification			ite of Current or Most Recent
							Contrac	ct, ir any	(Month, Day, Year)
9, is there now a strike or picketing at the	Employer's estab	lishment(s) in	volved'	No.	If so, approx	imately how many er	nplovees	are parti	cipating?
						Month, Day, Year)			
10. Organizations or individuals other tha								ves and	other organizations and individuals
known to have a representative interest in							// Cac/itati	ves and t	oriei organizations and individuals
None									
10a, Name	10b, A	ddress				10c. Tel. No.			10d. Cell No.
						10e, Fax No.			10f. E-Mail Address
<ol> <li>Election Details: If the NLRB condu any such election;</li> </ol>	cts an election in t	his matter, sta	ate your	r position v	with respect to	11a. Election Type	: 🗸 Ma	anual	Mail Mixed Manual/Mail
11b. Election Date(s):		Election Time	(s):			11d. Election Local			
September 12, 2019  12a. Full Name of Petitioner (including		tached rider							asement, 259 First Street, Mineola, NY
1199SEIU United Healthcare Workers 8		number)							y, state, and ZIP code) , NY 11801 attn: David Greenberg
12c. Full name of national or international	labor organization	of which Pet	litioner	is an affilia	ate or constituen	t (if none, so state)			
12d. Tel No.	Service Employees International Union  12d. Tel No. 12e, Cell No. 12f, Fax No. 12g, E-Mail Address						7000		
124. 101110.	126, 0011110,			121, 1 83	140,			21199.0	
13. Representative of the Petitioner wh			pers fo	r purpose	s of the repres	entation proceeding	g.		
13a: Name and Title William S.	Massey, E	sq.				d number, city, state, LLP, 817 Broadway 6th			
13c, Tel No, 212-228-7727	13d, Cell No.			13e, Fax 212-228-				Mail Addr	
I declare that I have read the above pet	ition and that the	statements	are tru			ledge and belief.	2111.0000	769	.,,
	Signature :	(A)		Title		_	Dat	te	
William S. Massey	Vill	Noy		Attorney				ust 14, 2	019

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

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.

### Rider

2b. Additional Locations (other than the main campus address already listed on the petition):

200 Old Country Road, Mineola, NY 11501

264 Old Country Road, Mineola, NY 11501

222 Station Plaza North, Mineola, NY 11501

120 Mineola Blvd, Mineola, NY 11501

212 Jericho Turnpike, Mineola, NY 11501

777 Zeckendorf Boulevard, Garden City, NY 11530

1300 Franklin Ave., Garden City, NY 11530

1 Fulton Ave., Hempstead, NY 11550

175 Fulton Ave., #307, Hempstead, NY 11550

530 Hicksville Road, Bethpage, NY 11714

255 Warner Ave., Roslyn Heights, NY 11577

### 3a & 3f. Employer Representatives & Their Email Addresses:

Stacey Pfeffer, Senior Vice President for Human Resources and Organizational Development: stacey.pfeffer@nyulangone.org

Diego Chiarandini, A.V.P. for Human Resources: diego.chiarandini@nyulangone.org

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

(b) (6), (b) (7)(C) @nyulangone.org

### 5b. Description of Unit Involved:

<u>Included</u>: All full-time and regular part-time, including per-diem\*, service employees employed by NYU Winthrop Hospital in Nassau County, New York.

\*Eligible to vote are all employees in the unit who worked an average of at least four (4) hours per week for the 13 weeks preceding the eligibility date.

Excluded: All other employees, professional employees, technical employees, skilled maintenance employees, business office clerical employees, confidential employees, guards and supervisors as defined in the Act.

### 11c. Proposed Election Times:

5:30 a.m. - 9:00 a.m.; 11:00 a.m. - 5:00 p.m.; 6:30 p.m. - 8:30 p.m.; and 10:30 p.m. - 11:30 p.m.

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No. 29-RC-246522	Date Filed 8/14/2019					

RC PETITION 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Platinum Amenity Services LTD 26 West Street, Brooklyn, NY, 11222 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Joel Berkovic 1370 60th Street, Brooklyn, NY, 11219, 3c, Tel, No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 212-235-5474 212-235-5475 JB@pbsfacilityservice.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Residential building **Building services** Brooklyn, NY 11222 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All building service workers 6h Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Statutory guards and supervisors, including superintendents 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 None 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? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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) 10c, Tel, No. 10d. Cell No. 10a, Name 10b. Address 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11d. Election Location(s): 11c. Election Time(s): 2:30pm-3:30pm 2nd floor lounge Nearest Thursday 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) SEIU LOCAL 32BJ 25 West 18th Street New York, N.Y. 10011 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) SEIU LOCAL 32BJ 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 212 388-3800 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Katchen Locke, Attorney 13b. Address (street and number, city, state, and ZIP code) 25 W. 18th Street, New York, NY, 10011 13c. Tel No. 13d, Cell No. 13e. Fax No. 13f. E-Mail Address 212 539 2941 Klocke@seiu32bj.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AM) 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.

Katchen Locke

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE	
29-RC-247010	8-22-19

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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1782 Union Blvd. Bay Shore, NY 11706 Safelite Auto Glass 3a. Employer Representative - Name and Title:
Michele Sabattini, Operations Manager 3b. Address (if same as 2b - state same): 1782 Union Blvd. Bay Shore, NY 11706 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (631)708-7534 Michele.sabattini@safelite.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Glass Repair 5a. City and State where unit is located: Bay Shore, NY 11706 Auto Glass Shop 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All mobile and stationary technicians. Excluded: Office clerical, supervisory, guards, and all others as defined in the National Labor RelationsAct. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 8/20/2019 and Employer declined recognition on or about (Date) No Reply (If no reply received, so state). Tb. 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: None 8c. Tel. No. 8d. Cell No. 8e. Fax No 8f. F-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? If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c Tel No 10d. Cell No. 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: As soon as possible Manual Mail Mixed Manual/Mail 11b, Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 09/13/2019 7:00 a.m. to 9:00 a.m. Break Room 12a, Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Consolidated Commercial Workers of America, Local 528 148-06 Hillside Ave, Jamaica, NY 11435 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): National Organization of Industrial Trade Unions (NOITU) - International Union of Journeymen and Allied Trades (IUJAT) 12d. Tel. No. 12f. Fax No. 12g. E-Mail Address 12e. Cell No. 718-291-3434 ext. 615 718-526-2920 awilliams@noitu.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Andre Williams, Esq., In-House Counsel 148-06 Hillside Ave, Jamaica, NY 11435 13c. Tel. No. 13d. Cell No. 13a Fax No. 13f. E-Mail Address 718-291-3434 ext. 615 718-526-2920 awilliams@noitu.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date 8/20/2019 Andre Williams, Esq. In-House Counsel

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

DO NOT WRITE IN THIS SPACE	
29-RC-247041	Date Fied 8-22-19

**RC PETITION** HISTRUCTIONS: Unless e-Fyed using the Apency's website, | The chitatory |, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is incated. The patition must be accompanied by both a showing of interest (see 4b below) and a cartificate of service showing service on the employer and all other perties nemed in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4212). 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 amployees wish to be represented for purposes of collective perpaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Patitioner 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: LEGAL AID SOCIETY OF SUFFOLK 2b. Address(as) of Establishment(a) Involved (Street and number, City, State, ZIP code) 320 Carleton Avenue, Suite 2500, Central Islip, NY 11722 COUNTY, INC. Ja. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same). 260 Madison Avenue, New York, NY 10016-2404 Alan Sash, Esq. 3c. Tel. No. 3d. Cell No. 30 Fax No. 3 E-Mail Address (212) 448-1100 (212) 448-0066 asash@mclaughlinstem.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Se. City and State where unit is located Suffolk County, New York Legal Services Legal Services Organization Sb. Description of Unit involved: 6a Number of Employees in Unit: Included All Staff Attorneys, including Senior Staff Attorneys, Lead Staff Attorneys, and Mentor Staff Attorney 6b Oo a substantial number (30% or more)
of the employees in the unit with to be
represented by the Petitioner? (2) Yes All other employees, including guards and supervisors defined by the Act Check One | 7a. Request for recognition as Bergaining Representative was made on (Date) 08/19/19 and Employer declined recognition No Reply on or about (Data) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and dealers certification under the Act Sa. Name of Recognized or Certified Bargaining Agent (if none, so state) | 8b. Address: None Bc. Tel No. 8d. Cell No. Se Fax No 8/. E-Mail Address Bo. Affiliation, if any: Sh. Date of Recognition or Certification St. 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 Patitionar 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) 10s. Name 10b Address IDc. Tel. No. 10d Cell No. None IDa Fax No. 100 F-Mail Address 15. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election; 11a, Election Type IsM'leunaM bexiM | IsM | IsunaM | Island 11d. Election Location(s): 11b. Election Dale(s): 11c. Election Time(s): 9/10/2019 Sec Rider 1:00 p.m. - 6:00 p.m. 12b. Address (street and number, city, State and ZIP code): P.O. Box 293, Islip Terrace, NY 11752 12s. Full Name of Petitioner (including local name and number).
Suffolk County Legal Aid Attorneys Association 12c. Full name of national or intermetional labor organization of which Potitioner is an efficient or constituent (if more, so state): None 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g E-Meil Address 631-249-6565 631-777-6906 iversocki@abgllaw.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13e. Name and Title: 13b. Address (street and number, city, State and ZIP code) One Huntington Quadrangle, Suite 4C10, P.O. Box 9064, Melville, NY 11747 James Versocki, Esq. Archer, Byington, Glennon & Levine, LLP 13c. Tel. No. 631-249-6565 13d. Call No. 13f E-Mail Address 13a. Fax No 631-777-6906 jversocki@abgllaw.com I declare that I have read the above putition and that the statements are true to the beat of my knowledge and bellat. Name (Print) Signature Date WVERSUCK SCLAMA 8-21-19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PURISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1881) PRIVACY ACT STATEMENT

Solicitation of the Information on this form is authorized by the National Lebor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Lebor 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. 74942-41 (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.