

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

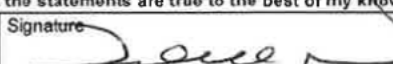
29-RC-245981

Date Filed

8/5/19

INSTRUCTIONS: Unless e-Filed 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: Bob's Discount Furniture LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3050 Middle County Rd Nesconset, NY 11767	
3a. Employer Representative - Name and Title: Serena 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 No.	3f. E-Mail Address Serena.Domke@mybobs.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail store		4b. Principal Product or Service Furniture	
5a. City and State where unit is located: Nesconset, NY		5b. Description of Unit Involved: Included: All full-time and regular part-time sales associates. Excluded: All other employees including guards and supervisors as defined in the Act.	
6a. Number of Employees in Unit: 26		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 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). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11a. Election Type:		11b. Election Date(s): 8/21/2019	
11c. Election Time(s): 2pm-5pm		11d. Election Location(s): Employees break-room	
12a. Full Name of Petitioner (including local name and number): United Food and Commercial Workers Union Local 888		12b. Address (street and number, city, State and ZIP code): 160 East Union Avenue, East Rutherford, NJ 07073	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food and Commercial Workers International Union			
12d. Tel. No. (914) 668-8881	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Wendell Shepherd, Esq. Barnes, Iaccarino & Shepherd, LLP		13b. Address (street and number, city, State and ZIP code): 258 Saw Mill River Road, Elmsford, NY 10523	
13c. Tel. No. (914) 592-1515	13d. Cell No.	13e. Fax No. (914) 592-3213	13f. E-Mail Address wshepherd@bislawfirm.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) Wendell Shepherd		Signature 	Title Attorney
			Date 08/02/19

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

NLRB-REGION 29
RECEIVED

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-246051

Date Filed

8/6/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Richmond university medical center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 355 Bard avenue NY staten island 10314-	
3a. Employer Representative - Name and Title ronald musselwhite		3b. Address (If same as 2b - state same) 355 Bard avenue NY staten island 10314-	
3c. Tel. No. (718) 818-2438	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rmusselwhite@numcsi.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities		4b. Principal product or service security guards	
5a. City and State where unit is located: New York, NY			5b. Description of Unit Involved
Included: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 26
Excluded: See Attached Page 2 for additional details			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ 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)
special and superior officers association

10a. Name ronald fedizzi president	10b. Address 199 north wellwood avenue NY lindenhurst 11757-	10c. Tel. No. (631) 587-9116	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

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

11b. Election Date(s): August 22 2019	11c. Election Time(s): tbd	11d. Election Location(s): employers location
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12a. Full Name of Petitioner (including local name and number)
charles strebeck
united federation of special police and security officers inc

12b. Address (street and number, city, state, and ZIP code)
540 north state road
NY harristown 10510-

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

12d. Tel No. (914) 941-4103	12e. Cell No. (908) 413-3285	12f. Fax No. (914) 941-4472	12g. E-Mail Address charlesstrebeck@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

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

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

Name (Print) charles strebeck	Signature charles strebeck	Title president	Date 07/29/2019 15:34:42
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

NLRB-REGION 29 RECEIVED		DO NOT WRITE IN THIS SPACE	
2019 AUG -5 PM 2:01		Case	Date Filed

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.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Maryhaven Center of Hope		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 720 Albin Ave. West Babylon, NY 11704	
3a. Employer Representative - Name and Title: Lauren Jentz House Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 631-482-9441	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home		4b. Principal Product or Service Habilitation for the disabled	
5b. Description of Unit Involved: Included: All Licensed Practical Nurses, Day Habilitation Specialists and Direct Support Profs. Excluded: All other employees, clericals, guards and supervisors as defined by the Act.		5a. City and State where unit is located: West Babylon, NY	
6a. Number of Employees in Unit: 31		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: The first practicable Thursday			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 9/6/19		11c. Election Time(s): 8:00 - 10:00 a.m. 4:00 - 6:00 p.m.	
11d. Election Location(s): Main Conference Room			
12a. Full Name of Petitioner (including local name and number): United Food & commercial Workers Union, Local 1500		12b. Address (street and number, city, State and ZIP code): 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. 800-522-0456	12e. Cell No.	12f. Fax No.	12g. E-Mail Address 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: Damien O. Maree - Attorney		13b. Address (street and number, city, State and ZIP code): 100 Crossways Park Drive West, Suite 200 Woodbury, NY 11797	
13c. Tel. No. 516-248-5757	13d. Cell No.	13e. Fax No. 516-742-1765	13f. E-Mail Address dom@cohmlaw.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) Damien O. Maree		Signature 	Title Attorney
		Date 8/6/19	

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

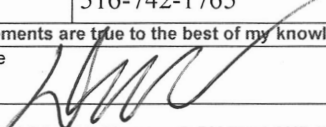
29-RC-246284

Date Filed

8/9/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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2a. Name of Employer: Maryhaven Center of Hope		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 720 Albin Ave. West Babylon, NY 11704	
3a. Employer Representative - Name and Title: Lauren Jentz House Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 631-482-9441	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home		4b. Principal Product or Service Habilitation for the disabled	
5a. City and State where unit is located: West Babylon, NY		5b. Description of Unit Involved: Included: All Registered Nurses (RNs) Excluded: All other employees, including: clericals, guards and supervisors as defined by the Act	
6a. Number of Employees in Unit: 4		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: On a Thursday, as soon as is practicable.			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 9/6/19		11c. Election Time(s): 8:00-10:00 a.m. 4-6:00 p.m.	
11d. Election Location(s): Main Conference Room			
12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers Union, Local 1500		12b. Address (street and number, city, State and ZIP code): 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. 8000-522-0456	12e. Cell No.	12f. Fax No.	12g. E-Mail Address 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: Damien O. Maree - Attorney		13b. Address (street and number, city, State and ZIP code): 100 Crossways Park Drive West, Suite 200 Woodbridge, NY 11797	
13c. Tel. No. 516-248-5757	13d. Cell No.	13e. Fax No. 516-742-1765	13f. E-Mail Address dom@cohmlaw.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) Damien O. Maree		Signature 	Title Attorney
		Date 8/6/19	

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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-246448

Date Filed

8/13/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petitioner; (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: Polycraft Industries Corp.	2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 40 Ranick Rd, Hauppauge, NY 11788
3a. Employer Representative - Name and Title: Samuel Brach, President Ezra Lebowitz, Managing Partner	3b. Address (if same as 2b - state same): 40 Ranick Rd, Hauppauge, NY 11788

3c. Tel. No. (631) 234-5300	3d. Cell No.	3e. Fax No. (631) 630-6731	3f. E-Mail Address ezra@polycraftind.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal Product or Service Plastics	5a. City and State where unit is located: Hauppauge, NY 11788

5b. Description of Unit Involved: Included: All plant employees including production, maintenance, shipping and receiving, plant clerical and truck drivers. Excluded: Office clerical, supervisory, foremen, guards, and all others as defined in the National Labor Relations Act.	6a. Number of Employees in Unit: 35
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 8/9/2019 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) None	8b. Address:
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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? _____ If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: As soon as possible
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): TBD	11c. Election Time(s): TBD	11d. Election Location(s): TBD
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12a. Full Name of Petitioner (including local name and number): Consolidated Commercial Workers of America, Local 528	12b. Address (street and number, city, State and ZIP code): 148-06 Hillside Ave, Jamaica, NY 11435
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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. 718-291-3434 ext. 615	12e. Cell No.	12f. Fax No. 718-526-2920	12g. E-Mail Address awilliams@noitu.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title:
Andre Williams, Esq., In-House Counsel

13b. Address (street and number, city, State and ZIP code): 148-06 Hillside Ave, Jamaica, NY 11435			
13c. Tel. No. 718-291-3434 ext. 615	13d. Cell No.	13e. Fax No. 718-526-2920	13f. E-Mail Address 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) Andre Williams, Esq.	Signature 	Title In-House Counsel	Date 8/9/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-246396

Date Filed

8/12/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Long Island Community Hospital

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
101 Hospital Road, Patchogue NY 11772

3a. Employer Representative - Name and Title:
Nick Salerno-Director of Facilities Management

3b. Address (if same as 2b - state same):
101 Hospital Road, Patchogue NY 11772

3c. Tel. No.
631-654-7732

3d. Cell No.
631-241-4208

3e. Fax No.

3f. E-Mail Address
nsalerno@licommunityhospital.org

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

4b. Principal Product or Service
Facility Maintenance

5a. City and State where unit is located:
Patchogue NY

5b. Description of Unit Involved:

Included:
See attachment

Excluded:

All office and professional employees, guards and supervisors under the act.

6a. Number of Employees in Unit:
25

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

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 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.

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? If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
8/29/2019

11c. Election Time(s):
1:00 pm to 3:00 pm

11d. Election Location(s):
Conference room

12a. Full Name of Petitioner (including local name and number):
International Union of Operating Engineers Local 30

12b. Address (street and number, city, State and ZIP code):
16-16 Whitestone Expressway, Whitestone NY 11357

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

12d. Tel. No.
718-847-8484 ext 209

12e. Cell No.
917-680-4291

12f. Fax No.
718-805-2172

12g. E-Mail Address
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:
Vincent Fiorentino Organizer

13b. Address (street and number, city, State and ZIP code):
16-16 Whitestone Expressway, Whitestone NY 11357

13c. Tel. No.
718-847-8484 ext 209

13d. Cell No.
917-680-4291

13e. Fax No.
718-805-2172

13f. E-Mail Address
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

Signature

Vincent Fiorentino

Title

Organizer

Date

8/8/2019

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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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

NLRB-REGION 29
RECEIVED
2019 AUG -8 PM 12:37
BROOKLYN, NY 11201

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-246550

Date Filed

8/14/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
NYU Winthrop Hospital

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
main campus: 259 First Street, Mineola, NY 11501 (see attached rider for additional locations)

3a. Employer Representative - Name and Title
see attached rider

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

3c. Tel. No.
516-663-4905

3d. Cell No.

3e. Fax No.
516-663-3835

3f. E-Mail Address
see attached rider

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
acute care hospital

4b. Principal product or service
health care

5a. City and State where unit is located:
Mineola, New York

5b. Description of Unit Involved
Included: see attached rider
Excluded: see attached rider

6a. No. of Employees in Unit:
approximately 1600
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

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

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

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
September 12, 2019

11c. Election Time(s):
see attached rider

11d. Election Location(s):
Spatz Conference Room in the Hospital basement, 259 First Street, Mineola, NY

12a. Full Name of Petitioner (including local name and number)
1199SEIU United Healthcare Workers East

12b. Address (street and number, city, state, and ZIP code)
100 Duffy Ave, Suite 300W, Hicksville, NY 11801 attn: David Greenberg

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

12d. Tel. No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
davidg@1199.org

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

13a. Name and Title William S. Massey, Esq.

13b. Address (street and number, city, state, and ZIP code)
Gladstein, Reif & Meginniss, LLP, 817 Broadway 6th FL, NY, NY 10003

13c. Tel. No.
212-228-7727

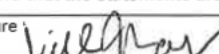
13d. Cell No.

13e. Fax No.
212-228-7654

13f. E-Mail Address
wmassey@grmny.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)
William S. Massey

Signature 

Title
Attorney

Date
August 14, 2019

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:

Included: 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
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 29-RC-246522

Date Filed 8/14/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer
Platinum Amenity Services LTD

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
26 West Street, Brooklyn, NY, 11222

3a. Employer Representative - Name and Title
Joel Berkovic

3b. Address (If same as 2b - state same)
1370 60th Street, Brooklyn, NY, 11219,

3c. Tel. No.
212-235-5474

3d. Cell No.

3e. Fax No.
212-235-5475

3f. E-Mail Address
JB@pbsfacilityservice.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Residential building

4b. Principal product or service
Building services

5a. City and State where unit is located:
Brooklyn, NY 11222

5b. Description of Unit Involved

Included: All building service workers

Excluded: Statutory guards and supervisors, including superintendents

6a. No. of Employees in Unit:
5

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

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

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
Nearest Thursday

11c. Election Time(s):
2:30pm-3:30pm

11d. Election Location(s):
2nd floor lounge

12a. Full Name of Petitioner (including local name and number)
SEIU LOCAL 32BJ

12b. Address (street and number, city, state, and ZIP code)
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.
212 388-3800

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

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.
212 539 2941

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
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)
Katchen Locke

Signature

Title

Date

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.

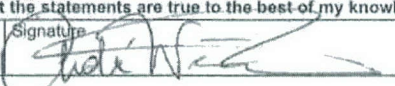
29-RC-247010

Date Filed

8-22-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Safelite Auto Glass		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1782 Union Blvd. Bay Shore, NY 11706	
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. (631)708-7534	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Michele.sabattini@safelite.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Auto Glass Shop		4b. Principal Product or Service Glass Repair	
5a. City and State where unit is located: Bay Shore, NY 11706		5b. Description of Unit Involved: Included: All mobile and stationary technicians. Excluded: Office clerical, supervisory, guards, and all others as defined in the National Labor Relations Act.	
6a. Number of Employees in Unit: 7		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 8/20/2019 and Employer declined recognition on or about (Date) No Reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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: As soon as possible			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 09/13/2019		11c. Election Time(s): 7:00 a.m. to 9:00 a.m.	
11d. Election Location(s): Break Room			
12a. Full Name of Petitioner (Including local name and number): Consolidated Commercial Workers of America, Local 528		12b. Address (street and number, city, State and ZIP code): 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. 718-291-3434 ext. 615	12e. Cell No.	12f. Fax No. 718-526-2920	12g. E-Mail Address 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: Andre Williams, Esq., In-House Counsel		13b. Address (street and number, city, State and ZIP code): 148-06 Hillside Ave, Jamaica, NY 11435	
13c. Tel. No. 718-291-3434 ext. 615	13d. Cell No.	13e. Fax No. 718-526-2920	13f. E-Mail Address 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) Andre Williams, Esq.		Signature 	Title In-House Counsel
		Date 8/20/2019	

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-247041

Date Filed

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 4b 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:
LEGAL AID SOCIETY OF SUFFOLK COUNTY, INC.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
320 Carleton Avenue, Suite 2500, Central Islip, NY 11722

3a. Employer Representative - Name and Title:
Alan Sash, Esq.

3b. Address (if same as 2b - state same):
260 Madison Avenue, New York, NY 10016-2404

3c. Tel. No.
(212) 448-1100

3d. Cell No.

3e. Fax No.
(212) 448-0066

3f. E-Mail Address
asash@mclaughlinstern.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Legal Services Organization

4b. Principal Product or Service
Legal Services

5e. City and State where unit is located
Suffolk County, New York

5b. Description of Unit involved:
Included:
All Staff Attorneys, including Senior Staff Attorneys, Lead Staff Attorneys, and Mentor Staff Attorneys
Excluded:
All other employees, including guards and supervisors defined by the Act

6a. Number of Employees in Unit:
107

6b. Do a substantial number (10% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 08/19/19 on or about (Date) No Reply (If no reply received, so state). and 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):
None

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

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

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

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

10a. Name
None

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11a. Election Type

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
9/10/2019

11c. Election Time(s):
1:00 p.m. - 6:00 p.m.

11d. Election Location(s):
Sec Rider

12a. Full Name of Petitioner (including local name and number):
Suffolk County Legal Aid Attorneys Association

12b. Address (street and number, city, State and ZIP code):
P.O. Box 293, Islip Terrace, NY 11752

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

12d. Tel. No.
631-249-6565

12e. Cell No.

12f. Fax No.
631-777-6906

12g. E-Mail Address
jversocki@abglaw.com

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

13a. Name and Title:
James Versocki, Esq.
Archer, Byington, Glennon & Levine, LLP

13b. Address (street and number, city, State and ZIP code):
One Huntington Quadrangle, Suite 4C10, P.O. Box 9064, Melville, NY 11747

13c. Tel. No.
631-249-6565

13d. Cell No.

13e. Fax No.
631-777-6906

13f. E-Mail Address
jversocki@abglaw.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)

JAMES W VERSOCKI

Signature

James W Versocki

Title

Counsel SCLATA

Date

8-21-19

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.