

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-255692

Date Filed

2-4-2020

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: SCO FAMILY OF SERVICES		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Alexander Place Glen Cove, NY 11542	
3a. Employer Representative - Name and Title: DIANA PERONE, VP HUMAN RESOURCE		3b. Address (if same as 2b - state same): 150 HALE AVENUE BROOKLYN, NY 11208	
3c. Tel. No. 516-759-1844	3d. Cell No.	3e. Fax No. 516-609-9217	3f. E-Mail Address dperone@SCO.ORG
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Home for Young Adults		4b. Principal Product or Service Healthcare	
5b. Description of Unit Involved: Included: COUNSELOR; Relief Counselors; Counselor Specialists Excluded: Supervisors, Managers, Office Clerical, Guards as define by the Act		5a. City and State where unit is located: B'klyn, NY	
		6a. Number of Employees in Unit: 11	
		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) 1-31-20 on or about (Date) (If no reply received, so state). and Employer declined recognition no reply <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? If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	
		BROOKLYN, NY	
12a. Full Name of Petitioner (including local name and number): DISTRICT 6 JUSTICE		12b. Address (street and number, city, State and ZIP code): 610, 601 US HWY 206 Unit 26 Hillsborough, NS, 08844	
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. 908-581-2787	12e. Cell No.	12f. Fax No. 908-281	12g. E-Mail Address GPERRY4529@AOL.COM
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Guy Perry President		13b. Address (street and number, city, State and ZIP code): 610, 601 US HWY 206 Unit 26, Hillsborough, NS, 08844	
13c. Tel. No. 908-581-2787	13d. Cell No.	13e. Fax No. 908-281-7714	13f. E-Mail Address GPerry4529@AOL.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) Guy Perry	Signature 	Title President	Date 1-31-20

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-255889

Date Filed

2/7/2020

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 1188 Flatbush Meat & Produce Inc. d/b/a Food Universe		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1188 Flatbush Ave. NY Brooklyn 11226-	
3a. Employer Representative - Name and Title Shee Chun Lee		3b. Address (If same as 2b - state same) 1188 Flatbush Ave. NY Brooklyn 11226-	
3c. Tel. No. (718) 284-5124	3d. Cell No.	3e. Fax No. (718) 284-5127	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (Grocery)		4b. Principal product or service Food	
		5a. City and State where unit is located: Brooklyn, NY	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 30
Included: 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"/>
Excluded: See Attached Page 2 for additional details		

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). Longshoremens Association, Local 1964		8b. Address 11 Teaneck Rd. NJ Ridgefield Park 07660-	
8c. Tel No. (201) 440-6525	8d. Cell No.	8e. Fax No. (201) 440-1863	8f. E-Mail Address
8g. Affiliation, if any Longshoremens Association, AFL-CIO		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.

11b. Election Date(s): March 13, 2020	11c. Election Time(s): 12:00 pm. - 3:00 p.m.	11d. Election Location(s): Basement of the Facility
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12a. Full Name of Petitioner (including local name and number) Irmaliz Fontanez United Food and Commercial Workers Local 342	12b. Address (street and number, city, state, and ZIP code) 166 E. Jericho Turnpike NY Mineola 11501-
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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)
United Food and Commercial Workers International Union

12d. Tel No. (516) 747-5980	12e. Cell No. (516) 640-8062	12f. Fax No.	12g. E-Mail Address lfontanez@ufcw342.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 Eric M Milner Attorney Simon & Milner	13b. Address (street and number, city, state, and ZIP code) 99 W. Hawthorne Ave. Suite 308 NY Valley Stream 11580-
13c. Tel No. (516) 561-6622	13d. Cell No.
	13e. Fax No. (516) 561-6828
13f. E-Mail Address emilner@simonandmilner.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) Eric M Milner	Signature ERIC M MILNER	Title Attorney	Date 02/4/2020 18:19:48
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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

DO NOT WRITE IN THIS SPACE	
Case 29-RC-255889	Date Filed 2/7/2020

Employees Included

All full and regular part-time grocery, cashiers, deli, meat, receivers and produce employees, employed by the employer at the 1188 Flatbush Ave., Brooklyn location

Employees Excluded

All other employees not listed in "Employees included" including guards, managers and supervisors 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-256430

Date Filed

2/18/2020

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:
Housing Works, a single employer
Please see Ex. "A", attached hereto

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
Please see Exhibit "A", attached hereto

3a. Employer Representative - Name and Title:
Charles King, President

3b. Address (if same as 2b - state same):
57 Willoughby Street, 2nd Floor, Brooklyn, NY 12201

3c. Tel. No.
347-473-7401

3d. Cell No.

3e. Fax No.
347-473-7464

3f. E-Mail Address
king@housingworks.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Non-profit

4b. Principal Product or Service
HIV/AIDS and homeless services

5a. City and State where unit is located:
Please see Ex. "B", attached hereto

5b. Description of Unit Involved:
Included:
Please see Exhibit "C", attached hereto
Excluded:
Please see Exhibit "D", attached hereto

6a. Number of Employees in Unit:
600

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)** 2/13/2020 **and Employer declined recognition**
on or about (Date) 2/13/2020 (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:
None

8c. Tel. No.
None

8d. Cell No.
None

8e. Fax No.
None

8f. E-Mail Address
None@example.com

8g. Affiliation, if any:
None

8h. Date of Recognition or Certification
None

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) None

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) None, has picketed the Employer since (Month, Day, Year) None

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
None

10b. Address
None

10c. Tel. No.
None

10d. Cell No.
None

10e. Fax No.
None

10f. E-Mail Address
None@example.com

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Please see Exhibit "E", attached hereto

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

11b. Election Date(s):
Please see Ex. "E", att. hereto

11c. Election Time(s):
Please see Ex. "E", attached hereto

11d. Election Location(s):
Please see Exhibit "E", attached hereto

12a. Full Name of Petitioner (including local name and number):
Retail, Wholesale, and Department Store Union, UFCW

12b. Address (street and number, city, State and ZIP code):
370 Seventh Avenue, Suite 501, New York, NY 10001
Attn: Adam Obernauer

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

12d. Tel. No.
212-684-5300

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
aobernauer@rwdsu.org

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

13a. Name and Title:
Larry Cary, counsel

13b. Address (street and number, city, State and ZIP code):
Cary Kane LLP, 1350 Broadway, Suite 1400, New York, NY 10018

13c. Tel. No.
212-871-0531

13d. Cell No.

13e. Fax No.
646-599-9571

13f. E-Mail Address
LCary@carykane.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)
Christopher S. Baluzy

Signature

Title
counsel

Date
02/14/20

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.

Exhibit A to RC Petition

Retail, Wholesale, and Department Store Union, UFCW

2a. Name of Employer

Housing Works, a/k/a Housing Works, Inc., Bailey House, Inc., Bailey-Holt House Housing Development Fund Corp., 594 Broadway Associates, Housing Works Used Book Café, Inc., Housing Works Thrift Shop, Inc., Housing Works Food Services, Inc., Housing Works Services, Inc., Housing Works Services II, Inc., Housing Works Health Services III, Inc., Housing Works Housing Development Fund Corporation, Housing Works East New York Housing Development Fund Corporation, Housing Works Harlem Housing Development Fund Corporation, Inc., Housing Works Pitkin Avenue Housing Development Fund Corporation, Inc., Positive Health Project, Inc., HIV Law Project, Inc., Housing Works Lyman Prospect Housing Development Fund Corporation, Housing Works 454 Lexington Avenue Housing Development Fund Corporation, Inc., Housing Works 874 Jefferson Avenue Housing Development Fund Corporation, Inc., Bronx Claremont Parkway G. P., Inc., AIDS Treatment Data Network, Inc., Life Force: Women Fighting AIDS, Inc., Housing Works 220 Hull Housing Development Fund Corporation, a single employer

2b. Addresses of Establishments involved

Name	Address	City	State
Downtown Brooklyn	57 Willoughby Street	Brooklyn	NY
Downtown Brooklyn	81 Willoughby Street	Brooklyn	NY
Bookstore Café Retail	126 Crosby Street	New York	NY
Crosby Location	594 Broadway	New York	NY
Midtown	301 W 37th Street	New York	NY
Bronx Health Home Care	1255 Rev James A. Polite Ave	Bronx	NY
Keith D. Cylar House	743-749 E 9th Street	New York	NY
Stand Up Harlem House	143-145 130 Street	New York	NY
Jefferson Avenue Supportive Housing	874 Jefferson Ave	Brooklyn	NY
East New York Housing	2611 Pitkin Ave	Brooklyn	NY
East New York Health Home	2605-2609 Pitkin Ave	Brooklyn	NY
454 Lexington Ave	454 Lexington Ave	Brooklyn	NY
Hall Housing	1061 Hall Place	Bronx	NY
Claremont Residence	415 Claremont Pkwy	Bronx	NY
Youth Supportive Housing	369 Howard Ave	Brooklyn	NY
Yorkville Thrift	1730 2nd Ave	New York	NY
West Village Thrift	245 W. 10th Street	New York	NY
Upper East Side Thrift	1200 Lexington Ave	New York	NY
SoHo Thrift	126 Crosby Street	New York	NY
Park Slope Thrift	266 5th Ave	Brooklyn	NY

Hell's Kitchen Thrift	730-732 9th Ave	New York	NY
East New York	2640 Pitkin Ave	Brooklyn	NY
Gramercy Thrift	157 East 23rd Street	New York	NY
Columbus & 74th Thrift	306 Columbus Ave	New York	NY
Chelsea Thrift	143 W 17th Street	New York	NY
Broadway & 96th St Thrift	2569 Broadway	New York	NY
South Slope Thrift	424 7th Ave	Brooklyn	NY
2nd Ave & 64th Thrift	1222 2nd Ave	New York	NY
Forest Hills Thrift	71-54 Austin Street	Forest Hills	NY
Brooklyn Heights Thrift	150 Montague Street	Brooklyn	NY
PDC Warehouse	48-49 35th Street	Long Island City	NY
Bailey House	1751 Park Ave	New York	NY
Bailey Holt House	180 Christopher Street	New York	NY

Exhibit B to RC Petition

Retail, Wholesale, and Department Store Union, UFCW

5a. City and State where unit is located

Brooklyn, New York

Long Island City, New York

Forest Hills, New York

New York, New York

Bronx, New York

Exhibit C to RC Petition

Retail, Wholesale, and Department Store Union, UFCW

5b. Description of Unit Involved

Included:

All full time and regular part time employees, including employees in the following titles employed at:

Downtown Brooklyn (57 Willoughby)

1. Health Home
 - a. Care Navigator
 - b. Care Manager
 - c. Intake Coordinator
 - d. Case Manager
 - e. Patient Navigator
2. ADHC
 - a. Licensed Clinical Social Worker
 - b. Social Worker
 - c. Registered Nurse
 - d. Intake/Manage Care Liaison
 - e. Intake Coordinator
 - f. Creative Arts Therapist
 - g. Nurse Care Coordinator
 - h. Recreation Coordinator
3. Primary Care
 - a. Primary Care Coordinator
 - b. Client Concierge
 - c. Health Coach
 - d. Medical Receptionist
 - e. Nurse Practitioner
 - f. Physician's Assistant
 - g. PrEP & Hep C Navigator
 - h. Medical Assistant
 - i. Substance Use Coordinator
 - j. Licensed Master Social Worker
 - k. Nurse Care Coordinator
 - l. Intake Specialist
 - m. Referral Specialist
4. Health Home Administration
 - a. Intake Coordinator

- b. Peer Navigator
 - c. Healthcare Data Analyst
 - d. Office Assistant
 - e. Housing Coordinator
- 5. Commercial Property
 - a. Custodian
- 6. Health Services Administration
 - a. Office Assistant
 - b. Outreach Specialist
 - c. Patient Service Representative
 - d. Outreach Worker
 - e. Data Entry Specialist
- 7. Job Training Program
 - a. Job Counselor Instructor
 - b. Job Placement Specialist
 - c. Voc Ed Specialist
- 8. Mental Health-
 - a. Retention & Adherence Supervisor
 - b. Mental Health Counselor
 - c. Patient Navigator
- 9. Behavioral Health
 - a. Depression Care Manager
- 10. Fleet Management
 - a. Driver
- 11. Data Operations
 - a. Office Manager

Downtown Brooklyn (81 Willoughby)

- 1. Legal
 - a. Staff Attorney
 - b. Law Fellow
- 2. HIV Law Project
 - a. Office Assistant
 - b. Paralegal
 - c. Staff Attorney
- 3. Community Partnerships
 - a. Community Partnerships Associate
 - b. Program Assistant
- 4. Construction & Engineering
- 5. Health Services Administration
 - a. Tobacco & Hypertension Coordinator
 - b. Quality Improvement Specialist
- 6. Marketing

7. Commercial Property
 - a. Custodian
 - b. Purchasing & Vendor Manager
8. Fleet Operations
 - a. Driver
9. Billing
 - a. Medical Biller
10. Housing Development Administration
11. Information Technology
12. City Advocacy
13. Housing Works Administration
 - a. Administrative Assistant
 - b. Program Assistant
14. Data Operations
15. PHS MCM
 - a. Data Entry Specialist
16. ADHC
 - a. MCO Liaison
17. Advocacy Communications & Marketing

Crosby (594 Broadway)

1. Health Home
 - a. Care Navigator
 - b. Care Manager
 - c. Intake Coordinator
 - d. Case Manager
 - e. Patient Navigator
2. Thrift Administration
3. Health Home Administration
 - a. Intake Coordinator
 - b. Peer Navigator
 - c. Healthcare Data Analyst
 - d. Office Assistant
 - e. Housing Coordinator
4. Commercial Property
 - a. Custodian
5. Donations
 - a. Donation Development Coordinator
6. Harm Reduction
 - a. Harm Reduction Counselor
7. Property Management

- a. Residential Aide
- b. Custodian
- c. Housekeeper
- d. Maintenance
- e. Residential Case Manager
- f. Senior Custodian

Cylar (743 E 9th St)

- 1. Health Home
 - a. Care Navigator
 - b. Care Manager
 - c. Intake Coordinator
 - d. Case Manager
 - e. Patient Navigator
- 2. Primary Care
 - a. Medical Assistant
 - b. Nurse Practitioner
 - c. Client Concierge
 - d. Patient Service Representative
 - e. Psychiatric Nurse Practitioner
 - f. Impact Model Clinician
 - g. PrEP & Hep C Navigator
 - h. PrEP Navigator
 - i. Intake Specialist
 - j. Patient Care Coordinator
- 3. Property Management
 - a. Residential Aide
 - b. Custodian
 - c. Kitchen Staff- Cook
- 4. ADHC
 - a. Registered Nurse
 - b. Data Entry/Billing Specialist
 - c. Licensed Master Social Worker
 - d. Sign Language Interpreter
 - e. Licensed Clinical Social Worker
 - f. Outreach Specialist
- 5. Mental Health
 - a. Licensed Clinical Social Worker
 - b. Fee-for-Service Professional Counselor
 - c. Clinical Social Worker
 - d. Therapist
 - e. Licensed Master Social Worker
 - f. Patient Service Representative

6. Harm Reduction
 - a. Peer Navigator
 - b. Outreach Worker
7. Community Partnerships
 - a. Community Partnerships Junior Associate
8. Commercial Property
 - a. Custodian
9. Ready for Work
 - a. Job Placement Specialist
10. Property Management
 - a. Cook

Bronx

1. Health Home
 - a. Care Navigator
 - b. Care Manager
 - c. Intake Coordinator
 - d. Case Manager
 - e. Patient Navigator
2. Health Home Administration
 - a. Intake Coordinator
 - b. Peer Navigator
 - c. Healthcare Data Analyst
 - d. Office Assistant
 - e. Housing Coordinator

Midtown

1. Positive Health Project
 - a. Licensed Master Social Worker
 - b. Administration Support & Client Services Navigator
 - c. Program Support & Data Entry
 - d. Case Manager
 - e. HIV Counselor
 - f. Licensed Clinical Social Worker
 - g. Peer Navigator
 - h. Administrative Assistant
 - i. Social Worker
 - j. Patient Navigator
 - k. Overdose Prevention Program Coordinator
 - l. Other
2. Harm Reduction
 - a. Peer Navigator
 - b. Case Manager

- c. Data Entry & Quality Assurance Technician
 - d. Overdose Prevention Coordinator
 - e. Licensed Clinical Social Worker
 - f. Medical Assistant
- 3. Health Services Administration
 - a. Referral Specialist
 - b. Healthcare Data Analyst
- 4. Commercial Property
 - a. Custodian
- 5. Youth & Preventive Services
 - a. Care Navigator
- 6. ADHC
 - a. Data Entry Clerk
- 7. Community Partnerships
 - a. Junior Associate Man

East New York (2640 Pitkin, 2611 Pitkin, 2609 Pitkin)

- 1. Primary Care
 - a. Medical Assistant
 - b. Nurse Practitioner
 - c. RAP Specialist
 - d. Eligibility Specialist
 - e. Medical Receptionist
 - f. Psychotherapist
 - g. Nurse Care Coordinator
 - h. PrEP Navigator
 - i. Outreach Specialist
 - j. Referral Specialist
 - k. Registered Nurse
 - l. Psychiatric Nurse Practitioner
- 2. Property Management
 - a. Residential Aide
 - b. Custodian
 - c. Housekeeper
 - d. Maintenance
 - e. Residential Case Manager
 - f. Senior Custodian
- 3. Youth & Prevention Services
 - a. Care Navigator
 - b. Programming Specialist
 - c. Outreach Specialist
 - d. Senior Outreach Specialist
 - e. Senior Case Manager

- f. Peer Specialist
 - g. Care Manager
 - h. Program Assistant
 - i. Patient Navigator
- 4. Health Home
 - a. Care Navigator
 - b. Care Manager
 - c. Intake Coordinator
 - d. Case Manager
 - e. Patient Navigator
- 5. OASIS
 - a. Administrative Assistant
 - b. Art Therapist
 - c. Clinical Social Worker
 - d. Licensed Master Social Worker
 - e. Substance Use Counselor
 - f. Outreach Specialist
 - g. Patient Service Representative
 - h. Registered Nurse
 - i. Nurse Care Coordinator
- 6. Community Partnerships
 - a. Community Partnerships Associate
 - b. Community Liaison
 - c. Jr Associate Man
- 7. ADHC
 - a. RAP Peer Worker
- 8. Commercial Property
 - a. Custodian
- 9. Fleet Management
 - a. Driver
- 10. Harm Reduction
 - a. Licensed Master Social Worker
- 11. Health Services
 - a. Client Concierge
 - b. Outreach Specialist
- 12. Health Home Administration
 - a. Intake Coordinator
 - b. Peer Navigator
 - c. Healthcare Data Analyst
 - d. Office Assistant
 - e. Housing Coordinator

1. Health Home
 - a. Care Manager
 - b. Case Manager
 - c. Housing Coordinator
 - d. Patient Navigator
 - e. Outreach Specialist
 - f. Housing Coordinator
2. Community Partnerships
 - a. Community Liaison
3. Primary Care
 - a. Nurse Practitioner
 - b. Medical Assistant
4. Property Management
 - a. Maintenance
5. Behavioral Health
 - a. Patient Service Representative
6. Housing Development Administration
7. Health Services
 - a. Health Care Board Client Rep
8. OASIS
 - a. Registered Nurse
9. Housing Placement & Assistance Unit
 - a. Housing Coordinator Supervisor
 - b. Housing Coordinator
10. STARS Program / Rapid Rehousing
 - a. Medical Receptionist
 - b. Case Manager
 - c. Outreach Specialist
 - d. Housing Coordinator
 - e. Data Entry Specialist
 - f. Mental Health Counselor
 - g. Patient Navigator
 - h. Care Navigator
 - i. Substance Use Counselor
 - j. Art Therapist
 - k. Office Assistant

Bailey Holt House

1. STARS
 - a. Residential Aide
 - b. Case Manager
 - c. Vocational Counselor
 - d. Maintenance

2. Property Management
 - a. Residential Aide
 - b. Kitchen Staff- Cook
3. Primary Care
 - a. Patient Care Coordinator
4. Health Home
 - a. Care Navigator
 - b. Care Manager
 - c. Intake Coordinator
 - d. Case Manager
 - e. Patient Navigator
5. Youth & Prevention Services
 - a. Case Manager
6. Rapid Rehousing

PDC Warehouse

1. PDC Moving
 - a. Mover
 - b. Donation/Dispatch Associate
 - c. Lead Mover
 - d. Sorter
2. Warehouse
 - a. Sorter
 - b. Operations Coordinator
 - c. Baler
 - d. Lead Mover
 - e. Mover

Bookstore

1. Bookstore Café
 - a. Online Sales Associate
 - b. Sales Associate
 - c. Customer Service Representative
 - d. Barista
 - e. Acting Assistant Manager
 - f. Café Manager
 - g. Sales Associate Bookstore
2. Online Store – UBC
 - a. Inventory Assistant
 - b. Online Sales Co-Manager
 - c. Online Sales Associate
 - d. Customer Services Representative
 - e. Web Sales Associates and Shipper

All Thrift Stores

1. Sales Associate
2. Customer Engagement Associate
3. Key Holder

Claremont Residence (Residential Unit)

1. Health Home
 - a. Care Manager
2. Young Adult Services
 - a. Case Manager
3. Property Management
 - a. Custodian

Stand Up Harlem House (Residential Unit)

1. Property Management
 - a. Residential Aide
 - b. Case Manager
 - c. Program Coordinator
 - d. Custodian

Jefferson Ave Supportive Housing

1. Property Management
 - a. Residential Aide
 - b. Custodian
2. Housing Development Administration
 - a. Residential Aide

Youth Supportive Housing

1. Property Management
 - a. Residential Aide
 - b. Custodian
2. Youth & Preventive Services
 - a. Case Manager
3. Housing Development Administration
 - a. Housing Coordinator

Hall Place Housing

1. Property Management
 - a. Residential Aide
2. Commercial Property
 - a. Custodian

MRT Housing (454 Lexington Ave)

1. Property Management
 - a. Residential Aide
 - b. Custodian
 - c. Residential Case Manager
 - d. Case Manager
2. Transgender Transitional Housing
 - a. Residential Case Manager
 - b. Program Assistant

Exhibit D to RC Petition

Retail, Wholesale, and Department Store Union, UFCW

5b. Description of Unit Involved

Excluded:

All supervisors as defined by the Act; all guards; all employees employed in the Human Resources Department located at 81 Willoughby Street, Brooklyn, New York; all employees assigned to work private events employed in the Food Service and Catering Department; and all employees in the following titles:

Accounting Manager
Accounts Payable Manager
Assistant Auction Manager
Assistant Director
Assistant Director of Nimble Stores
Assistant Manager (Thrift)
Assistant Program Director
Associate Director for Facility Maintenance
Associate Director of Staff Development
Associate Director of Staff Development
Asst Residential Safety Security Manager
Borough Director
Call Center Manager
Care Coordination Supervisor
Chief Financial Officer
Chief Medical Officer
Chief Operating Officer of HW Inc.
Clinic Director
Clinic Operations Manager
CoManager (Thrift)
Compliance Risk Management Coordinator
Department Manager
Director Client Services

Director Clinical Services
Director of Credentialing Contracting
Director of Events and Strategic Partner
Director of Facility Maintenance Operations
Director of Food Service
Director of Growth Product Development
Director of Healthcare Operations Art 28
Director of Housing Operations
Director of Human Resources
Director of National Advocacy
Director of New York Policy Organizing
Director of Nursing
Director of NYS Community Mobilization
Director of Operations
Director of Prep HepC Initiative
Director of Private Event Sales
Director of Processing Salvage Moving
Director of Project Management
Director of Psychiatry
Director of Purchasing and Procurement
Director of Ready To Work Program
Director of Revenue Management
Director of Stores
Director YAS and Rapid Rehousing Program
Executive Assistant
Executive Director
Facilities Manager
First Cook
Haiti Country Director
HCBS Director RTW Counselor
HR Administrative Assistant
HR Generalist
Kitchen Assistant

Lead Curator Auction Manager

Managing Director Harm Reduction Services

Operations Manager Administration

President Chief Executive Officer

President Executive Director

Processing and Curation Manager

Program Administrative Coordinator

Program Coordinator

Program Director

Project Manager

Purchasing Vendor Manager

Regional Director, CP

Residential Aide Supervisor

Residential Safety Security Manager

Retention Adherence Supervisor

Roster Manager

Senior Account Manager, CP

Senior Managing Director

Senior Program Coordinator

Senior Program Director

Senior Staff Attorney

Site Director Behavioral Mental Health

Store Manager (Thrift)

SVP Healthcare Integration

SVP Housing Development Facilities Operations

SVP Programs

Unit Supervisor

Vice President for Housing

Vice President of Data and Software
Applications

Vice President of Development and Market

VP ADHC Operations

VP Community Mobilization

VP Community Partnerships
VP for Health Equity
VP for Quality and Value Based Initiative
VP Health Home
VP Housing Operations
VP Integrated Health Services and Operations
VP of Behavioral Health Operations
VP of Human Resources
VP of Operations and Compliance
VP Thrift Shops
Waiter

Exhibit E to RC Petition

Retail, Wholesale, and Department Store Union, UFCW

11. Election Details

Manual voting. March 2, 2020 is best because workers will be in their respective offices as part of the Employer's "Contact-a-thon" event.

11b. Election Date

March 2, 2020.

11c. Election Time

10:00AM to 9:00PM

11d. Election Locations

Site Name	Site Address	Voting Location at Site	Housing Works Locations to Vote at Site
East New York	2640 Pitkin Ave, Brooklyn, NY	Medical Building Conference Room, Ground Floor	2609 Pitkin Ave, 2640 Pitkin (All East New York departments)
Downtown Brooklyn	57 Willoughby Street, Brooklyn, NY	2 nd Floor Small or Large Conference Room	Brooklyn West Health Home Care (57 Willoughby), 81 Willoughby, Brooklyn Heights Thrift, Park Slope Thrift, South Slope Thrift, 874 Jefferson Ave, 454 Lexington Ave, 369 Howard Ave
Crosby/Bookstore	126 Crosby, New York, NY	Bookstore Basement	Bookstore, Crosby (Manhattan Health Home), Soho Thrift, Gramercy Thrift, Bailey Holt House
Bailey House	1751 Park Ave, New York, NY	4 th Floor Small Conference Room	Bailey House, Yorkville Thrift, 2 nd

			Ave & 64 th St Thrift, Upper East Side Thrift, Stand Up Harlem
Bronx	1255 Rev James A. Polite Ave, Bronx, NY	Conference Room Ground Floor	Bronx Health Home Care, Hall Housing, Claremont Residence
Midtown	301 W 37 th St, New York, NY	5 th Floor Conference Room	West Village Thrift, Midtown Location (Positive Health Project), Hell's Kitchen, Chelsea Thrift, Columbus & 74 th St Thrift, Broadway & 96 th St Thrift
Keith D. Cylar House	743-749 E 9 th St, New York, NY	2 nd Floor Conference Room	Keith D. Cylar House
PDC Warehouse	48-49 35 th St, Long Island City, NY	To be determined	PDC Warehouse, Forest Hills Thrift

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-256443

Date Filed

2/18/2020

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:
Five Star Carting, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
860 Humboldt St.
Brooklyn, NY 11222

3a. Employer Representative Name and Title:
Anthony Tristani

3b. Address (if same as 2b - state same):
58-35 47th Street
Maspeth, NY 11378

3c. Tel. No.
(718) 349-7555

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal Product or Service
Waste management services

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

5b. Description of Unit Involved:
Included:
All full-time and part-time helpers, welders, and mechanics
Excluded:
Clerical and professional employees, guards, supervisors

6a. Number of Employees in Unit:
45

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)
LIFE Local 890

8b. Address:
325 73rd Street, Brooklyn, NY 11209

8c. Tel. No.
(718) 238-2399

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) 4/21/2020

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):
Friday

11c. Election Time(s):
3AM-11AM

11d. Election Location(s):
Company facility (860 Humboldt St.)

12a. Full Name of Petitioner (including local name and number):
Waste Material, Recycling, and General Industrial Laborers' Local 108

12b. Address (street and number, city, State and ZIP code):
121 E 24 Street
New York, NY 10010

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

12d. Tel. No.
(212) 925-9634

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:
Tamir Rosenblum, Esq., General Counsel
Mason Tenders District Council of Greater New York

13b. Address (street and number, city, State and ZIP code):
520 8th Avenue, Suite 650
New York, NY 10018

13c. Tel. No.
(212) 452-9451

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
trozenblum@masontenders.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)
Tamir Rosenblum

Signature


Title
General Counsel

Date
2/14/20209

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

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

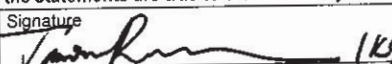
29-RC-256449

Date Filed

2/18/2020

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.

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2a. Name of Employer: Five Star Carting, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 860 Humboldt St. Brooklyn, NY 11222	
3a. Employer Representative - Name and Title: Anthony Tristani		3b. Address (if same as 2b - state same): 58-35 47th Street Maspeth, NY 11378	
3c. Tel. No. (718) 349-7555	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste Management		4b. Principal Product or Service Waste management services	
5b. Description of Unit Involved: Included: All full-time and part-time drivers Excluded: Clerical and professional employees, guards, supervisors		5a. City and State where unit is located: Brooklyn, NY 6a. Number of Employees in Unit: 65 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) LIFE Local 890		8b. Address: 325 73rd Street, Brooklyn, NY 11209	
8c. Tel. No. (718) 238-2399	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) 4/21/2020
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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Friday	11c. Election Time(s): 3AM-11AM	11d. Election Location(s): Company facility (860 Humboldt St.)	
12a. Full Name of Petitioner (including local name and number): Waste Material, Recycling, and General Industrial Laborers' Local 108		12b. Address (street and number, city, State and ZIP code): 121 E 24 Street New York, NY 10010	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Laborers' International Union of North America, AFL-CIO			
12d. Tel. No. (212) 925-9634	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: Tamir Rosenblum, Esq., General Counsel Mason Tenders District Council of Greater New York		13b. Address (street and number, city, State and ZIP code): 520 8th Avenue, Suite 650 New York, NY 10018	
13c. Tel. No. (212) 452-9451	13d. Cell No.	13e. Fax No.	13f. E-Mail Address trosenblum@masontenders.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) Tamir Rosenblum	Signature 	Title General Counsel	Date 2/14/2020

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	29-RC-256934	Date Filed	2/26/2020
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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 Allied Transit Corp/ Empire State Corp/Empire Charter Service Inc	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 141 Hinsdale St NY Brooklyn 11207-
--	---

3a. Employer Representative - Name and Title John Cursio	3b. Address (If same as 2b - state same) 141 Hinsdale St NY Brooklyn 11207-
--	--

3c. Tel. No. (718) 485-8002	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Jcursio@alliedempire.com
---------------------------------------	---------------------	--------------------	---

4a. Type of Establishment (Factory, mine, wholesaler, etc) Transportation	4b. Principal product or service passenger transport	5a. City and State where unit is located: Brooklyn, NY
--	--	--

5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 250
--	---

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). IBT Local 553 Demos Demopoulos	8b. Address 265 West 14th street NY New York 10011-
--	--

8c. Tel No. (212) 929-6828	8d. Cell No.	8e. Fax No.	8f. E-Mail Address demo553@verizon.net
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8g. Affiliation, if any International Brotherhood of Teamsters	8h. Date of Recognition or Certification 07/01/2016	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 06/30/2019
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--	--

11b. Election Date(s): 3/13/2020	11c. Election Time(s): 0800x1000 1500x1700	11d. Election Location(s): 148 Sneideker Ave Brooklyn NY
--	--	--

12a. Full Name of Petitioner (including local name and number) Nick Lacerenza Local 854	12b. Address (street and number, city, state, and ZIP code) 260 Butler St NY Brooklyn 11217-
--	---

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. (347) 735-2258	12e. Cell No. (631) 767-0606	12f. Fax No.	12g. E-Mail Address TheLocal854@gmail.com
---------------------------------------	--	---------------------	---

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

13a. Name and Title Bryan McCarthy Esq. Attorney BCM Associates	13b. Address (street and number, city, state, and ZIP code) 1454 Route 22 Suite B 101 NY Brewster 10509-
--	---

13c. Tel No. (914) 588-4480	13d. Cell No. (914) 588-4480	13e. Fax No.	13f. E-Mail Address bcm@bcmassociates.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) Nick Lacerenza	Signature Nick Lacerenza	Title President	Date 02/21/2020 12:49:07
---------------------------------------	------------------------------------	---------------------------	------------------------------------

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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Attachment

DO NOT WRITE IN THIS SPACE	
Case 29-RC-256934	Date Filed 2/26/2020

Employees Included

All full and part time drivers, Matrons and attendants employed at the facilities located at 141 Hinsdale St Brooklyn, NY, 148 Sneideker St Brooklyn, NY, and 12505 Essex St Brooklyn, NY

Employees Excluded

all managers, professional employees and guards as defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 29-RC-257035	Date Filed 2/27/20

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 Xtell Parking		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 89-36 Sutphin Boulevard, Jamaica, NY 11435	
3a. Employer Representative - Name and Title Harry Jiminez		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No.	3d. Cell No. 917-592-4762	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Parking Garage		4b. Principal product or service Parking Cars	5a. City and State where unit is located: Jamaica, NY 11435
6b. Description of Unit Involved Included: All full-time and regular part-time managers, parking attendants and cashiers working at the Employer's parking facility at 89-36 Sutphin Boulevard, Jamaica, NY 11435 Excluded: All other employees, guards and supervisors as defined by the Act.			6a. No. of Employees in Unit: 8 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: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>none</u> 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)
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.

11b. Election Date(s): March 13, 2020	11c. Election Time(s): 6:30am - 7:30am, 4:30 pm - 5:30 pm	11d. Election Location(s): 89-36 Sutphin Boulevard, Jamaica, NY 11435
12a. Full Name of Petitioner (including local name and number) Garage Employees Union Local No. 272 International Brotherhood of Teamsters		12b. Address (street and number, city, state, and ZIP code) 220 East 23rd Street, Room 801, New York, NY 10010

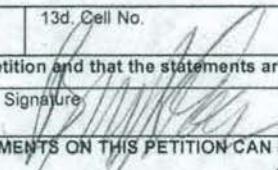
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
See Item 12a above

12d. Tel No. 212-726-9726	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Bruce J. Cooper, Attorney		13b. Address (street and number, city, state, and ZIP code) Pitta LLP, 120 Broadway, 28th Floor, New York, NY 10271	
13c. Tel No. 212-652-3727	13d. Cell No.	13e. Fax No. 212-652-3891	13f. E-Mail Address bcooper@pittalaw.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) Bruce J. Cooper	Signature 	Title Attorney	Date February 26, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	29-RC-257095	Date Filed	2/28/2020
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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 Breaking Ground, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 160 Schermerhorn Street NY Brooklyn 11201-	
3a. Employer Representative - Name and Title Linda R Carlozzi Esq.		3b. Address (If same as 2b - state same) 666 Third Avenue, 29th Floor NY New York 10017-	
3c. Tel. No. (212) 545-4040	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Linda.Carlozzi@jacksonlewis.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Housing	
4c. City and State where unit is located: Brooklyn, NY			

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 10 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"/>
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/20/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

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

11b. Election Date(s): Tuesdays	11c. Election Time(s): 12pm-1pm and 4pm-7pm	11d. Election Location(s): 160 Schermerhorn Street, Brooklyn, NY 11201
12a. Full Name of Petitioner (including local name and number) Pedro Card Local 210, International Brotherhood of Teamsters		12b. Address (street and number, city, state, and ZIP code) 55 Broad Street, 11th Floor NY New York 10004-

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

12d. Tel No. (917) 657-3511	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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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 Clara Suh Esq. Hoffmann & Associates		13b. Address (street and number, city, state, and ZIP code) 450 Seventh Avenue, Suite 1400 NY New York 10123-	
13c. Tel No. (212) 679-0400	13d. Cell No.	13e. Fax No.	13f. E-Mail Address clara.suh@hoffmannlegal.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) Clara Suh Esq.	Signature Clara Suh	Title	Date 02/27/2020 13:13:28
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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

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
29-RC-257095	2/28/2020

Employees Included

All maintenance workers working at 160 Schermerhorn Street, Brooklyn, NY 11201
including housekeepers, engineers and painters

Employees Excluded

Office clerical employees, supervisors, security officers