

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-233508

Date Filed

1/3/2019

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 Main Street Theatre Partners, LLC, DBA The Argyle Theatre		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 34 W Main St NY Babylon 11702-3409	
3a. Employer Representative - Name and Title Mark Perlman		3b. Address (If same as 2b - state same) 34 W Main St NY Babylon 11702-3409	
3c. Tel. No. (631) 230-3500	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mark@argyletheatre.com
4a. Type of Establishment (Factory, mine, wholesaler, etc) Others		4b. Principal product or service Musical Theater	
		5a. City and State where unit is located: Babylon, NY	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 45
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) 07/05/2018 and Employer declined recognition on or about 07/05/2018 (Date) (If no reply received, so state). Yes
☐ 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: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		
11b. Election Date(s): 1/25/2019	11c. Election Time(s): 12:00pm	11d. Election Location(s): NLRB Brooklyn
12a. Full Name of Petitioner (including local name and number) Joy Ilene Winkler Associated Musicians of Greater New York, Local 802 AFM		12b. Address (street and number, city, state, and ZIP code) 322 W 48th St NY New York 10036-1308

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

12d. Tel No. (212) 245-4802	12e. Cell No. (781) 254-6450	12f. Fax No. (212) 489-6030	12g. E-Mail Address jwinkler@local802afm.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		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) Joy Ilene Winkler	Signature Joy Ilene Winkler	Title Director of Organizing and Field Services	Date 01/2/2019 13:21:13
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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	Date Filed
29-RC-233508	1/3/2019

Employees Included

All full time and regular part time musicians and music prep personnel employed by the employer

Employees Excluded

All other employees, including managers, guards, and supervisors as defined by the Act

FORM NLRB-502 (RC)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 29-RC-233516

Date Filed 1/3/19

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
Front Line Building Services, Inc. and Truist Bank Company LLC doing business as a Joint Employer

2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code)
181 3rd Avenue, Brooklyn, NY 11217

3a. Employer Representative - Name and Title
See Attachments A and B

3b. Address (if same as 2b - state same)
See Attachments A and B

3c. Tel. No.
See Attachments A and B

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
See Attachments A and B

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Hotel and Conference Center

4b. Principal product or service
Hospitality Services

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

5b. Description of Unit Involved
Included: All full-time and regular part-time fire safety directors.
Excluded: Office personnel and all other employees including supervisors and guards as defined by the National Labor Relations Act.

6a. No. 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? 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)

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):
March 8, 2019

11c. Election Time(s):
6:30 - 7:30 am & 2:30 - 3:30 pm

11d. Election Location(s):
Room 1202

12a. Full Name of Petitioner (Including local name and number)
New York Hotel & Motel Trades Council, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
707 8th Avenue, New York, NY 10036

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

12d. Tel. No.
212-245-8100

12e. Cell No.
646-276-7902

12f. Fax No.
212-977-4550

12g. E-Mail Address
gmartin@nyhtc.org

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

13a. Name and Title
Gideon Martin, Assistant General Counsel

13b. Address (street and number, city, state, and ZIP code)
707 8th Avenue, New York, NY 10036

13c. Tel. No.
212-245-8100 x 2151

13d. Cell No.
646-276-7902

13e. Fax No.
212-977-4550

13f. E-Mail Address
gmartin@nyhtc.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)
Gideon Martin

Signature
G Martin

Title
Assistant General Counsel

Date
January 2, 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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-233618

Date Filed

1/7/19

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 United Metro Energy Corp./Apollo Petroleum Transport, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 500 Kingsland Ave NY Brooklyn 11222-1983	
3a. Employer Representative - Name and Title Scott Alnwick		3b. Address (If same as 2b - state same) 500 Kingsland Ave NY Brooklyn 11222-1983	
3c. Tel. No. (718) 389-5800	3d. Cell No. (646) 739-3004	3e. Fax No.	3f. E-Mail Address scottalnwick@umecny.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Oil & Gas Operations		4b. Principal product or service Delivery and maintenance	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Brooklyn, NY	
		6a. No. 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 <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)

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): Earliest possible Wednesday		11c. Election Time(s): 10 am to 1 pm		11d. Election Location(s): Break room on the first floor			
12a. Full Name of Petitioner (including local name and number) Victor Castellano International Brotherhood of Teamsters, Local 553				12b. Address (street and number, city, state, and ZIP code) 265 W 14th St Ste 305 NY New York 10011-7189			
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. (212) 929-6828		12e. Cell No.		12f. Fax No.		12g. E-Mail Address vcast553@verizon.net	

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Jae W Chun Counsel Friedman & Anspach		13b. Address (street and number, city, state, and ZIP code) 1500 Broadway 23rd Floor NY New York 10036	
13c. Tel No. (212) 354-4500	13d. Cell No.	13e. Fax No. (212) 719-9072	13f. E-Mail Address jchun@friedmananspach.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) Jae W Chun	Signature Jae W. Chun	Title Counsel	Date 01/4/2019 13:49:01
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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 29-RC-233618	Date Filed 1/7/19

Employees Included

All full time and regular part-time service technicians, truck mechanics, and terminal operators employed by the Employer at its Brooklyn yard

Employees Excluded

All other employees including drivers, managers, clericals, guards, and other classification excluded by statute

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 29-RC-233828 Date Filed 1/10/19

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 Southside Hospital Northwell Health		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 301 E. Main Street, Bayshore, NY 11706	
3a. Employer Representative - Name and Title Irene Calvin, Human Resources		3b. Address (if same as 2b state same) Same as above	
3c. Tel. No. 631-968-3000	3d. Cell No.	3e. Fax No. 631-968-3430	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Healthcare	
5a. City and State where unit is located: Bay Shore, New York		6a. No. of Employees in Unit: 24	
6b. Description of Unit Involved Included: All Nurse Practitioners employed by Southside Hospital, as residual to the existing professional unit represented by 1199 SEIU United Healthcare Workers East. Excluded: All other employees, including supervisors and guards as defined by the Act.		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). 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): January 24, 2019	11c. Election Time(s): 6:30 8:30 a.m.; 6:30-8:30 p.m.	11d. Election Location(s): Classroom on 6th floor of Tower (across from elevators)	
12a. Full Name of Petitioner (including local name and number) 1199 SEIU United Healthcare Workers East		12b. Address (street and number, city, state, and ZIP code) 310 West 43rd Street, NY NY 10036	
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. (646) 763-0865	12e. Cell No. (646) 763-0865	12f. Fax No.	12g. E-Mail Address SharoneB@1199.org

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

13a. Name and Title Amelia K Tuminaro Attorney		13b. Address (street and number, city, state, and ZIP code) Gladstein Reif & Meginniss, LLP, 817 Broadway, 6th Floor, NY NY 10003	
13c. Tel No. (212) 228-7727	13d. Cell No.	13e. Fax No. (212) 228-7654	13f. E-Mail Address atuminaro@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) Amelia K. Tuminaro	Signature 	Title Attorney	Date January 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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
29-RC-233946

Date Filed
1/11/2019

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 Elmhurst Hospital/Mt. Sinai		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7901 Broadway NY Elmhurst 11373-1368	
3a. Employer Representative - Name and Title Claude Ritman		3b. Address (if same as 2b - state same) 7901 Broadway NY Elmhurst 11373-1368	
3c. Tel. No. (718) 883-4005	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Ritman1@nychhc.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Acute Care	
4c. City and State where unit is located: Elmhurst, NY			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 4
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).		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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Jan 24, 2019	11c. Election Time(s): 9a-11a	11d. Election Location(s): 2nd Floor Breakroom
12a. Full Name of Petitioner (including local name and number) Micah Wissinger 1199SEIU United Healthcare Workers East		12b. Address (street and number, city, state, and ZIP code) 80 8th Ave Fl 8 NY New York 10011-7175

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. (212) 627-8100	12e. Cell No.	12f. Fax No. (212) 627-8182	12g. E-Mail Address mwissinger@levyratner.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 Micah Wissinger Attorney Levy Ratner, P.C.		13b. Address (street and number, city, state, and ZIP code) 80 8th Ave Fl 8 NY New York 10011-7175	
13c. Tel No. (212) 627-8100	13d. Cell No.	13e. Fax No. (212) 627-8182	13f. E-Mail Address mwissinger@levyratner.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) Micah Wissinger	Signature Micah Wissinger	Title Attorney	Date 01/10/2019 13:15:21
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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 29-RC-233946	Date Filed 1/11/2019

Employees Included

All full-time and regular part-time occupational therapists as a residual to the multi-employer unit.

Employees Excluded


All other employees of the Employer, including guards and supervisors as defined in Section 2(11) of the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 29-RC-234055	Date Filed 1/15/19

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 Kehila Chapels		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 60 Brighton 11th Street, Brooklyn, NY 11235	
3a. Employer Representative - Name and Title Danial Jacobson		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 877-332-3311	3d. Cell No.	3e. Fax No.	3f. E-Mail Address djacobson@kehilachapels.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Funeral Home		4b. Principal product or service Funeral Services	
6b. Description of Unit Involved Included: All Kehila Chapels employees performing the work of Funeral Directors and Porters Excluded: All employees not eligible for membership in the Union in accordance with the provisions of the Labor Management Relations Act of 1947, as amended, with respect to wages, hour and other		5a. City and State where unit is located: Brooklyn, NY 5b. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 1/14/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). 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). 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 1/28/19	11c. Election Time(s): 8:00am	11d. Election Location(s): 48-18 Van Dam Street, Floor 2, Long Island City, NY 11101	
12a. Full Name of Petitioner (including local name and number) Local Union No. 813, IBT		12b. Address (street and number, city, state, and ZIP code) 48-18 Van Dam Street, Floor 2 Long Island City, NY 11101	
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. 718-937-7010	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 Daniel Wright, Business Agen		13b. Address (street and number, city, state, and ZIP code) 48-18 Van Dam Street, Floor 2, Long Island City, NY 11101	
13c. Tel No.	13d. Cell No. 917-686-1139	13e. Fax No.	13f. E-Mail Address dwright@teamsters813.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) Daniel Wright	Signature 	Title Business Agent	Date 1/10/2018 1-14-2019

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 29-RC-234155	Date Filed 1/16/19

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 Love Lane Mews		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 9 College Place, Brooklyn, NY 11201	
3a. Employer Representative - Name and Title Andy Ball		3b. Address (If same as 2b - state same) 9 College Place, Brooklyn, New York, 11201	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address andrewdavidball@gmail.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 11201
5b. Description of Unit Involved Included: All building service workers Excluded: Statutory guards and supervisors, including superintendents			6a. No. of Employees in Unit: 6 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). 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): Nearest Monday (01/21/2019)	11c. Election Time(s): 8:30 am- 9:30 am	11d. Election Location(s): Break room in the basement
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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
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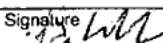
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)
SEIU LOCAL 32BJ

12d. Tel No. 212 388-3800	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 Katchen Locke		13b. Address (street and number, city, state, and ZIP code) 25 West 18th Street New York, N.Y. 10011	
13c. Tel No. (212)539-2914	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 Attorney	Date 1/10/2019
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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

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-234306

Date Filed

1/18/19

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
Saint Joachim & Anne Nursing and Rehabilitation Center

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2720 Surf Ave. Brooklyn NY 11224

3a. Employer Representative - Name and Title
Marilyn DeSvoza, HR Generalist

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

3c. Tel. No.
718-714-4800

3d. Cell No.

3e. Fax No.
718-714-0874

3f. E-Mail Address
mdesvoza@ssjoachim.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
skilled nursing facility

4b. Principal product or service
long term health care

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

5b. Description of Unit Involved
Included: All full and regular part time respiratory therapists, as a residual title to the existing technical unit currently represented by petitioner.
All other employees (other than those included in the existing technical unit represented by petitioner) guards and supervisors as defined in the Act.

6a. No. of Employees in Unit:
Approx 7

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

Excluded:

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).
N/A

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):
On the earliest pay day permitted under the Board's rules

11c. Election Time(s):
6:30 am - 9:30 am and 5:00 pm - 8:30 pm,

11d. Election Location(s):
2nd Floor Conference Room

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

12b. Address (street and number, city, state, and ZIP code)
310 West 43rd Street, New York, NY 10036

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.
347-466-1717

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.
Patrick Clarke

13a. Name and Title
Patrick Clarke, Organizer

13b. Address (street and number, city, state, and ZIP code)
310 West 43rd Street, New York, NY 10036

13c. Tel No.
347-466-1717

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
Patrick.clarke@1199.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)
PATRICK Clarke

Signature

Title
Organizer

Date
1/16/19

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
29-RC-234890	1/29/19

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 The Hendrick Condominium		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 509 Pacific Street Brooklyn, NY 11217	
3a. Employer Representative - Name and Title Brooke Rosenthal		3b. Address (If same as 2b - state same) 622 3rd Avenue 15th FL, New York, NY 10017	
3c. Tel. No. 516-312-8611	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Brooke.Rosenthal@fsresidential.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: New York, NY 10004		5b. Description of Unit Involved Included: All building service workers Excluded: Statutory guards and supervisors	
6a. No. 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? 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). 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): nearest Monday		11c. Election Time(s): 2:30-3:30 pm		11d. Election Location(s): Employee locker room in the sub cellar			
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. 212-388-2062	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 Attorney	Date 1/25/19
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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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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

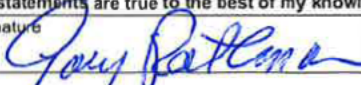
29-RC-234980

Date Filed

1/30/2019

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: Island Hospitality d/b/a Hampton Inn Hotel		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2000 North Ocean Avenue, Farmingville, New York 11738	
3a. Employer Representative - Name and Title: Jaimie Laudicina, General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 631-732-7300	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel		4b. Principal Product or Service Guest Services	
5b. Description of Unit Involved: Included: All full-time and regular part-time housemen and maintenance employees Excluded: All other employees, including, but not limited to clerical, guards and supervisors as defined in the Act.		5a. City and State where unit is located: Farmingville, New York	
		6a. Number 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? <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? No <input checked="" type="checkbox"/> 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): Feb. 15, 2019		11c. Election Time(s): 3:30 pm to 5:30 pm	
		11d. Election Location(s): Hotel Conference Room	
12a. Full Name of Petitioner (including local name and number): Local 726, IUJAT		12b. Address (street and number, city, State and ZIP code): 93 Lake Avenue, Suite 103, Danbury, CT 06810	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Journeymen and Allied Trades			
12d. Tel. No. 203-205-0101	12e. Cell No.	12f. Fax No. 203-205-0006	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: Gary P. Rothman, Esq.		13b. Address (street and number, city, State and ZIP code): Rothman Rocco LaRuffa, LLP, 3 West Main St., Ste 200, Elmsford NY 10523	
13c. Tel. No. 914-478-2801	13d. Cell No.	13e. Fax No. 914-478-2913	13f. E-Mail Address grothman@rothmanrocco.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) Gary P. Rothman		Signature 	Title Attorney for Local 726, IUJAT
			Date 1/29/19

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

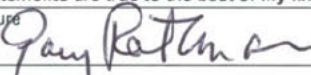
DO NOT WRITE IN THIS SPACE

Case No. 29-RC-235041

Date Filed
1/31/19

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: North Shore Linen, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 20 Rider Place, Freeport, New York 11520	
3a. Employer Representative - Name and Title: Lawrence Gentile, Owner		3b. Address (if same as 2b - state same): 129 Hanse Avenue, Freeport, NY 11520	
3c. Tel. No. 516-442-7274	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Linen and Uniform Rental		4b. Principal Product or Service Linen and Uniform Laundry	
5a. City and State where unit is located: Freeport, New York		5b. Description of Unit Involved: Included: All full time and regular part-time ironers, folders, soilers and launderers. Excluded: All other employees, including, but not limited to drivers, clerical, guards and supervisors as defined in the Act.	
6a. Number of Employees in Unit: 160		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) Local 2013, UFCW		8b. Address: 9235 4th Avenue, Brooklyn, New York 11209	
8c. Tel. No. 800-393-1135	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 <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Feb. 19, 2019		11c. Election Time(s): 10:30 a.m. - 11:30 a.m.	
11d. Election Location(s): Break room			
12a. Full Name of Petitioner (including local name and number): Local 726, IUJAT		12b. Address (street and number, city, State and ZIP code): 93 Lake Avenue, Suite 103, Danbury, CT 06810	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Journeymen and Allied Trades			
12d. Tel. No. 203-205-0101	12e. Cell No.	12f. Fax No. 203-205-0006	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: Gary P. Rothman, Attorney for Local 726, IUJAT		13b. Address (street and number, city, State and ZIP code): Rothman Rocco LaRuffa, LLP, 3 West Main St., Ste 200, Elmsford NY 10523	
13c. Tel. No. 914-478-2801	13d. Cell No.	13e. Fax No. 914-478-2913	13f. E-Mail Address grothman@rothmanrocco.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) Gary P. Rothman, Esq.	Signature 	Title Attorney for Local 726, IUJAT	Date 1/29/2019

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 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-235054	Date Filed 1/31/19

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 The Thrive Network		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Please see attached.	
3a. Employer Representative - Name and Title Charles Archer		3b. Address (If same as 2b - state same) 241 37th Street, Suite 604, Brooklyn, NY 11232	
3c. Tel. No. (718) 965-1998	3d. Cell No.	3e. Fax No. (718) 965-3995	3f. E-Mail Address thrive@nyfounding.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) group homes and day programs		4b. Principal product or service residential and habilitative services	
5b. Description of Unit Involved Included: All full time and regular part time Direct Support Professionals, Shift Supervisors, Cooks, Habilitation Specialists, Drivers, Matrons, Assistants for Special Needs Adults working at the facilities in the Attachment Excluded: All other employees, including house managers, office-clerical employees, guards and supervisors as defined in the Act.		5a. City and State where unit is located: Jamaica, NY & Brooklyn, NY	

6a. No. of Employees in Unit: 90	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) _____ 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). United Construction Trades & Industrial Employees, Local 621		8b. Address 150-28 UNION TURNPIKE, SUITE 250, FLUSHING, NY 11367	
8c. Tel No. 516-780-3112, 347-219-7536	8d. Cell No.	8e. Fax No.	8f. E-Mail Address dean.delucia@uctle.com
8g. Affiliation, if any		8h. Date of Recognition or Certification March 2017	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) _____, 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): February 22, 2019	11c. Election Time(s): SEE ATTACHED	11d. Election Location(s): SEE ATTACHED
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12a. Full Name of Petitioner (including local name and number) Local 888, United Food and Commercial Workers	12b. Address (street and number, city, state, and ZIP code) 160 East Union Avenue, East Rutherford, NJ 07073
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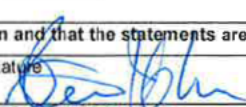
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers International Union

12d. Tel No. (914) 668-8881	12e. Cell No.	12f. Fax No. (914) 668-8480	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 Steven H. Kern, Esq.		13b. Address (street and number, city, state, and ZIP code) Barnes, Iaccarino & Shepherd LLP, 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 skern@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) Steven H. Kern	Signature 	Title Attorney	Date Jan. 30, 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

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.

**Local 888 – The Thrive Network
Rider to RC Petition**

#2b and #5b

Residential Locations:

106-19 173rd Street, 1st FL, 2nd FL, 3rd FL. Jamaica, NY

110-46 156th Street, 1st FL, Jamaica, NY

Queens Day Habilitation Facility:

89-31 161 Street, Suite 103, Jamaica, NY

Brooklyn Day Habilitation Facility:

882 3rd Avenue, Brooklyn, NY

#11c and 11d

Election time

6:00 am to 10:00 am

2:00 pm to 6:00 pm

8:00 am to 10:00 am

3:00 pm to 5:00 pm

Location

both residential locations above

both Day Hab locations above

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 29-RD-233495	Date Filed 1/3/19

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: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 LIH Staffing LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1757 Veterans Hwy Ste 36 NY Islandia 11748-1535
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3a. Employer Representative - Name and Title Regina Volta Sales Manager	3b. Address (If same as 2b - state same) 2 Marriott Piz NY Farmingdale 11735-3950
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3c. Tel. No. (631) 927-6903	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Regina.Volta@Marriott.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotels & Motels	4b. Principal product or service hotels	5a. City and State where unit is located: Farmingdale, NY
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6b. 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: 30 6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? 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 Consolidated Commercial Workers of America Local 528 NOITU Gerard Jones	8b. Address 148-06 Hillside Avenue NY Jamaica 11435-
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 02/28/2019
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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 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): 1/18/19	11c. Election Time(s): 4pm-5:30pm	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail 11d. Election Location(s): lunch room
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12a. Full Name of Petitioner (b) (6), (b) (7)(C)	12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
---------------------------------------------------------	-------------------------------------------------------------------------------------------

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) NY Amityville 11701-2810 none

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No. (b) (6), (b) (7)(C)	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	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title	Date 12/30/2018 16:14:17
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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-RD-233495	Date Filed 1/3/19

Employees Included
Housekeeping, laundry, housemen

Employees Excluded
all clerical employees, managers & supervisors as defined by the Act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RD-234062

Date Filed

1/15/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 7 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: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 USIC LOCATING SERVICES		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 9045 N. REVERO SUITE 300 INDIANAPOLIS IN 46240	
3a. Employer Representative - Name and Title JULIE KIRKPATRICK DIR. FIELD H.R.		3b. Address (if same as 2b - state same)	
3c. Tel. No. 586-612-5093	3d. Fax No.	3e. Cell No.	3f. E-Mail Address JULIE.KIRKPATRICK@USICLLC.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) OTHER		4b. Principal product or service UNDERGROUND UTILITY LOCATING	
5a. Description of Unit Involved Included: LOCATE TECHNICIANS, LOCATOR HELPERS, CAST IRON TECHNICIANS, QUALITY ASSURANCE COORDINATORS, AND SHALLOW FIBRE TECHNICIANS Excluded:		5b. City and State where unit is located: FIVE BOROUGHS NYC, NASSAU, AND SUFFOLK COUNTIES AND THE FAR ROCKAWAYS PENINSULA	
6. No. of Employees in Unit 194	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent CWA LOCAL 1101		8b. Affiliation, if any	
8c. Address 1703 CASTLEHILL AVE BROOKS NY 10462		8d. Tel. No. 718 823 7330	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address KES7871@MSN.COM ALPHONSE.0101@GMAIL.COM
9. Date of Recognition or Certification 12-14-2015		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12-14-2018	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state) NONE			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) ASAP	13c. Election Time(s) DURING WORK HOURS	13d. Election Location(s) ONE OF THE 5 HAMBURG AND BOROUGHS	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
		14d. Cell No.	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any NONE			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address (b) (6), (b) (7)(C)
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) (b) (6), (b) (7)(C)		Title	Date Filed 01-10-2019

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS

ARE TRUE 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 and 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.