RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
29-RC-233508	1/3/2019				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 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 representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 34 W Main St NY Babylon 11702-3409 Main Street Theatre Partners, LLC, DBA The Argyle Theatre 3a. Employer Representative – Name and Title 3b. Address (If same as 2b - state same) 34 W Main St NY Babylon 11702-3409 Mark Perlman 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address mark@argyletheatre.com (631) 230-3500 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Musical Theater 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 he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 07/05/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly 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 8q. 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 1/25/2019 NLRB Brooklyn 12:00pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Joy Ilene Winkler Associated Musicians of Greater New York, Local 802 AFM 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 12g. E-Mail Address iwinkler@local802afm.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (212) 245-4802 (781) 254-6450 (212) 489-6030 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. F-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) Signature Date Director of Organizing and Field Services Joy Ilene Winkler Joy Ilene Winkler 01/2/2019 13:21:13

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

### PRIVACY ACT STATEMENT

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

212 977 9461

FORM NLRB-502 (RC)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE	IN THIS SPACE
29-RC-233516	Date Filed 1/3/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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 circum stances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 2a. Name of Employer 181 3rd Avenue, Brooklyn, NY 11217 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) See Attachments A and B See Attachments A and B 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 3c Tel No. See Attachments A and B See Attachments A and B 4a. Type of Establishment (Fectory, mine, wholesaler, etc.) So City and State where unit is located: 4b. Principal product or service **Hospitality Services** Hotel and Conference Center Brooklyn, NY 5b. Description of Unit Involved 6a, No, of Employees in Unit: Included: All full-time and regular part-time fire safety directors. or more) of the employees in the unit wish to be represented by the Excluded: Office personnel and all other employees including supervisors and guards as defined by the National Labor Relations Act. Petitioner? Yes / No and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) Check Onn \_ [Data) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 7b. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8h Address None 8d Cell No. 8f. E Mail Address 8c. Tel No 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 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 e 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. None 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 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 6:30 - 7:30 am & 2:30 3:30 pm Room 1202 March 8, 2019 12a, Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) New York Hotel & Motel Trades Council, AFL-CIO 707 8th Avenue, New York, NY 10036 12c. Full name of national or international tabor organization of which Petitioner Is an affiliate or constituent (if none, so state) 12e. Cell No. 12f. Fax No. 12g, E-Mail Address 212-245-8100 212-977-4550 646-276-7902 gmartin@nyhtc.org 13. Representative of the Petilioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a, Name and Title Gideon Martin, Assistant General Counsel 707 8th Avenue, New York, NY 10038 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E Mail Address 212-245-8100 x 2151 212-977-4550 gmartin@nyhtc.org 646-276-7902 I declare that I have read the above petition and that the atatements are true to the best of my knowledge and belief. Signature Name (Print) marto January 2,2019 **Assistant General Counsel** Gideon Martin

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

#### PRIVACY ACT STATEMENT

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.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 representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 500 Kingsland Ave NY Brooklyn 11222-1983 United Metro Energy Corp./Apollo Petroleum Transport, LLC 3a. Employer Representative – Name and Title 3b. Address (If same as 2b - state same) 500 Kingsland Ave NY Brooklyn 11222-1983 Scott Alnwick 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (718) 389-5800 scottalnwick@umecny.com (646) 739-3004 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Oil & Gas Operations Delivery and maintenance Brooklyn, NY 6a. No. of Employees in Unit: 5b. Description of Unit Involved 25 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V 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 curren ly 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 8q. 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 Mail Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): Earliest possible Wednesday 11c. Election Time(s): 11d. Election Loca ion(s): Break room on the first floor 10 am to 1 pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) ctor Castellano emational Brotherhood of Teamsters, Local 553 265 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 12g. E-Mail Address vcast553@verizon.net 12d. Tel No. 12e. Cell No. 12f. Fax No. 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) Jae W Chun Counsel Friedman & Anspach 1500 Broadway 23rd Floor NY New York 10036-13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address jchun@friedmananspach.com (212) 719-9072 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Jae W. Chun Counsel 01/4/2019 13:49:01 Jae W Chun

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

### PRIVACY ACT STATEMENT

	DO NOT WRITE IN THIS SPACE			
Case		Date Filed		
	29-RC-233618	1/7/19		

# Employees Included

All full time and regular part-time service tecnicians, 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

Amelia K. Tuminaro

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.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition: (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE · A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Southside Hospital Northwell Health 301 E. Main Street, Bayshore, NY 11706 3a. Employer Representative - Name and Title 3b. Address (If same as 2b. state same) Irene Calvin, Human Resources Same as above 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address 3d Cell No 631-968-3000 631-968-3430 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b, Principal product or service Healthcare Bay Shore, New York Hospital 6a, No. of Employees in Unit: 5b. Description of Unit Involved 24 Included: All Nurse Practitioners employed by Southside Hospital, as residual to the existing professional unit represented 6b. Do a substantial number (30% by 1199 SEIU United Healthcare Workers Fast or more) of the employees in the unit wish to be represented by the All other employees, including supervisors and guards as defined by the Act. Petitioner? Yes No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) \_ and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address None 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labororganization) 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 11a, Election Type: / Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d Flection Location(s): 6:30 8:30 a.m.; 6:30-8:30 p.m. Classroom on 6th floor of Tower (across from elevators) January 24, 2019 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1199 SEIU United Healthcare Workers East 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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (646) 763-0865 (646) 763-0865 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 13d, Cell No. 13c. Tel No. 13f. E-Mail Address (212) 228-7727 (212) 228-7654 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. Signature

minaro

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

### PRIVACY ACT STATEMENT

#### RC PETITION

DO NOT WRITE IN THIS SPACE			
Case No. 29-RC-233946	Date Filed		
29-RC-233946	1/11/2019		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 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 representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7901 Broadway NY Elmhurst 11373-1368 Elmhurst Hospital/Mt. Sinai 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 7901 Broadway NY Elmhurst 11373-1368 Claude Ritman 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (718) 883-4005 Ritmanc1@nychhc.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Acute Care 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 he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V 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 curren ly 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 8q. 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 Mail \_\_\_\_ Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): Jan 24, 2019 2nd Floor Breakroom 9a-11a 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Micah Wissinger
1199SEIU United Healthcare Workers East 80 8 h Ave FI 8 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees Interna ional Union 12g. E-Mail Address mwissinger@levyratner.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (212) 627-8100 (212) 627-8182 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) Micah Wissinger Attorney Levy Ratner, P.C. 80 8th Ave FI 8 NY New York 10011-7175 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address mwissinger@levyratner.com (212) 627-8182 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Micah Wissinger Attorney Micah Wissinger 01/10/2019 13:15:21

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

### PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
29-RC-233946	1/11/2019			

# Employees Included

All full-time and regular part-time occupational therapists as a residual to the multiemployer 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

DO NOT WRITE IN THIS SPACE Date Filed

RC PE	NOITIT			2	9-RC-234055	<b>'</b>	1/13/19
INSTRUCTIONS: Unless e-Filed us	ing the Agency	v's website, wy	vw.nirb.	ov. submit a	an original of this	Petition to	an NLRB office in the Region
in which the employer concerned							
of service showing service on the							
(Form NLRB-505); and (3) Descript							
with the NLRB and should not be s							, 22 2
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d	RTIFICATION OF	REPRESENTATI	VE - A sut	stantial number	of employees wish to Petitioner alleges ti	o be represer	ited for purposes of collective ving circumstances exist and
requests that the National Labor Rela	ions Board proc						
<sup>2a.</sup> Name of Employer Kehila Chapels					it(s) involved (Street a Brooklyn, NY		city, State, ZIP code)
3a. Employer Representative - Name and Danial Jacobson	l Title		3b. Add Same	lress (If same a	s 2b – state same)		
3c. Tel. No. 877-332-3311	3d. Cell No.		3e, Fax	No.		3f. E-Mail A djacobso	ddress n@kehilachapels.com
4a. Type of Establishment (Factory, mine, v Funeral Home		4b. Principal proc Funeral Serv		vice		5a. C	ity and State where unit is located: klyn, NY
6b. Description of Unit Involved Included: All Kehila Chapels empl	oyees perform	ing the work o	f Funera	al Directors a	and Porters		6a. No. of Employees in Unit: 5
Excluded: All employees not eligib Labor Management Rela	e for members	ship in the Uni	on in ac	cordance wit	th the provisions		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 re	(Date) (	If no reply received	i, so state,	NO R	EPLY		leclined recognition on or about
8a. Name of Recognized or Certified Bar			presentat	8b. Address	certification under the	ACT.	
None	gamany repent to	none, so statej.		OD: Madicas			
8c. Tel No.	8d Cell No.		8e. Fax	No.	······································	8f. E-Mail A	ddress
8g. Affiliation, if any			8h. Date o	f Recognition o	r Certification		n Date of Current or Most Recent any (Month, Day, Year)
9. Is there now a strike or picketing at the E	mployer's establish	hment(s) involved?	No.	If so, approx	imately how many er	nployees are	participating?
(Name of labor organization)		, has pick	eted the E	mployer since (i	Month, Day, Year)		
<ol> <li>Organizations or individuals other than I known to have a representative interest in a None</li> </ol>						resentatives :	and other organizations and individuals
10a. Name	10b. Add	ress			10c. Tel. No.		10d. Cell No.
					10e, Fax No.		10f, E-Mail Address
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>	an election in this	matter, state your	position v	vith respect to	11a. Election Type	: 🗸 Manua	Mail Mixed Manual/Mail
11b. Election Date(s): 1/28/19	11c. Ele 8:00am	ection Time(s):			11d. Election Local 48-18 Van Dam		or 2, Long Island City, NY 11101
12a. Full Name of Petitioner ( <i>including to</i> Local Union No. 813, IBT	cal name and nu	mber)			12b. Address (street 48-18 Van Dam	et and numbe Street, Floo	r, city, state, and ZIP code) or 2 Long Island City, NY 11101
12c. Full name of national or international la International Brotherhood of Teamste		f which Petitioner i	is an affiliá	te or constituen	t (if none, so state)		
12d, Tel No. 718-937-7010	12e. Cell No.		12f. Fax	No.		12g. E-Mail	Address
13. Representative of the Petitioner who	will accept servic	e of all papers fo	r purpose	s of the repres	entation proceeding	9.	
13a. Name and Title Daniel Wrig	ht, Busine	ess Agen			d number, city, state, Floor 2, Long Island C		
13c. Tel No.	13d. Cell No. 917-686-1139		13e, Fa)	; N•o,		13f. E-Mail . dwright@te	Address eamsters813.org
I declare that I have read the above petiti	on and that the s	tatements are tru		est of my know	1		
Name (Print) Daniel Wright	mature		Title Busines	s Agent		Date - 1/10/20	18 1-14-2019.

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

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

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

INSTRUCTIONS: Unless e-Filed	d using the Ag	gency's website	e, wv	vw.nlrb.gov, submit a	an original of this	s Pet	tion to a	n NLRB office in the	ne Region
in which the employer concern									
of service showing service on									
(Form NLRB-505); and (3) Desc	ription of Rep	oresentation Ca	ase P	Procedures (Form NL	RB 4812). The s	howi	ng of inte	erest should only i	be filed
with the NLRB and should not	be served on	the employer o	r an	y other party.			_	•	
<ol> <li>PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition</li> </ol>	er desires to be	certified as represe	entativ	e of the employees. The	Petitioner alleges to	hat th	following	circumstances exist	tive t and
requests that the National Labor I  2a. Name of Employer	Relations Board			per authority pursuant to dress(es) of Establishmen					
Love Lane Mews				lege Place, Brooklyr		0110 IN	minoer, ony,	State, Zii Code)	
3a. Employer Representative - Name	and Title			3b. Address (If same as					
Andy Ball	and the			9 College Place, Br		rk, 1	1201		
3c. Tel. No.	3d. Cell N	0.		3e. Fax No.			-Mail Addr rewdavio	ess ball@gmail.com	
4a. Type of Establishment (Factory, mi	ne, wholesaler, e	tc.) 4b. Principa	al proc	duct or service	· · · · · · · · · · · · · · · · · · ·			nd State where unit is	
Residential building		Building s	ervi	ces			Brookly	n, NY 11201	
5b. Description of Unit Involved							Ť	6a. No. of Employees	in Unit:
Included: All building sen	rice works	are					Į	6	
All building Serv	rice worke	10					Г	6b. Do a substantial r	
Excluded:					4		1	or more) of the emplo unit wish to be repres	
Statutory guards	s and supe	ervisors, inci	luai	ng superintende	ents		1	Petitioner? Yes	_
Check One: 7a. Request f	or recognition as	Bargaining Repres	sentat	tive was made on (Date)	ar	nd Em:	olover decli	ned recognition on or a	
	-	ate) (If no reply red		· · ·			,		
7b. Petitioner	-			presentative and desires	certification under the	e Act.			
8a. Name of Recognized or Certified				8b. Address					
None									
8c. Tel No.	8d Cell No	).		8e. Fax No.		8f. E	-Mail Addre	ess	
8g. Affiliation, If any			$\neg \neg$	8h. Date of Recognition or	r Certification	8i. E	xpiration D	ate of Current or Most	Recent -
				•	1	Con	tract, if any	(Month, Day, Year)	, i,
9. Is there now a strike or picketing at ti	ne Employer's es	tablishment(s) invo	olved?	NO If so, approx	imately how many er	nploye	es are par	ticipating?	: 5 C
(Name of labor organization)				eted the Employer since (f	Month, Day, Year)			-	
<ol> <li>Organizations or individuals other the known to have a representative interest None</li> </ol>						resen	atives and	other organizations an	d individuals
10a. Name	106	o. Address			10c. Tel. No.			10d. Cell*No.	<del>- (2522</del>
	1				10a Fay Na			105 E Mail Address	. Po
	}				10e. Fax No.			10f. E-Mail Address	2
<ol> <li>Election Details: If the NLRB cond any such election.</li> </ol>	lucts an election	in this matter, state	your	position with respect to	11a. Election Type			<u> </u>	anual/Maii
11b. Election Date(s):		1c. Election Time(s)	):	11d. Election Location(s): Break room in the basement			. ` .		
Nearest Monday (01/21/2019)		30 am- 9:30 am						ity state and 7/D ands	
12a. Full Name of Petitioner (includin SEIU LOCAL 32BJ				12b. Address (street and number, city, state, and ZIP 25 West 18th Street New York, N.Y. 10011					
12c. Full name of national or internation SEIU LOCAL 32BJ	nai labor organiza	ation of which Petiti	oner	is an aniliate or constituen	t (ir none, so state)				
12d. Tel No.	12e. Cell N	Vo.		12f. Fax No.		12g.	E-Mail Add	dress	
212 388-3800  13. Representative of the Petitioner v	uhn will accent	service of all nane	ars fo	r nurnoses of the renres	entation proceedin	n		·	
•		service or an pape	)   				(D code)		
13a. Name and Title Katchen L				13b. Address (street and 25 West 18th Street New Yo			· · · · · ·		
13c. Tel No. (212)539-2914	13d. Cell N	10.		13e. Fax No.			E-Mail Add e@seiu32		
I declare that I have read the above p	etition and that	the statements ar	re tru	e to the best of my know	ledge and belief.			<del></del>	
Name (Print)	Signature Lut	11		Title			Date		
Katchen Locke	11/100	'W	- 1	Attorney		11	10/2019		

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

## PRIVACY ACT STATEMENT

DO NOT WI	RITE IN THIS SPACE
Case No. 29-RC-234306	Date Filed 8/19

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1.PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Saint Joachim & Anne Nursing and Rehabilitation 2720 Surf Ave. Brooklyn NY 11224 Center 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Marilyn DeSvoza, HR Generalist same 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address MdeSouza & SS loach in cor 718-714-4800 718-714-0874 4b. Principal product or service 5a. City and State where unit is located. 4a. Type of Establishment (Factory, mine, wholesaler, etc.) skilled nursing facility long term health care Brooklyn, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full and regular part time respiratory therapists, as a residual title to the existing technical unit Approx 7 currently representied by petitioner. Ail other employees (other than those included in the existing technical unit represented by petitioner) guards and supevisors as defined in the Act. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: Petitioner? Yes No and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (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 N/A 8c. Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) If so, approximately how many employees are 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NOparticipating? (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 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): On the earliest pay day permitted 6:30 am - 9:30 am and 5:00 pm and Floor Conference Room under the Board's rules 8:30 pm. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1199 SEIU United Healthcare Workers East 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 12f. Fax No. 12g. E-Mail Address 347-466-1717 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. Patrick Clarke 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Patrick Clarke, Organizer 310 West 43rd Street, New York, NY 10036 13c, Tel No 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 347-466-1717 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) Signature Title Date Deganizer ATRICH



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

RC PETITION

INSTRUCTIONS: Unless e-Filed us						
in which the employer concerned				•	•	,
of service showing service on the						
(Form NLRB-505); and (3) Descrip				.RB 4812). The s	showing of in	terest should only be filed
with the NLRB and should not be	served on the	employer or a	ny other party.			
PURPOSE OF THIS PETITION: RC-CE     bargaining by Petitioner and Petitioner or     requests that the National Labor Rela	lesires to be certif	ied as representat	ive of the employees. The	Petitioner alleges t	that the following	ng circumstances exist and
2a. Name of Employer			ddress(es) of Establishmer			
The Hendrick Condominium		509	Pacific Street Brookly	*		
3a. Employer Representative – Name an Brooke Rosenthal	d Title		3b. Address (If same a 622 3rd Avenue 15		k, NY 10017	
3c, Tel. No. 516-312-8611	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress senthal@fsresidential.com
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Principal pro	oduct or service			and State where unit is located:
Residential building		Building serv				ork, NY 10004
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: All building service  Excluded: Statutory guards				6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the		
Check One: 7a. Request for re	cognition as Barr	naining Represent	ative was made on (Date)	a	nd Employer dec	Petitioner? Yes  No  No No No No No No No No No No No N
	(Date)	(If no reply receive	ed, so state).			anied recognition on or about
8a. Name of Recognized or Certified Bar			Representative and desires 8b. Address	certification under th	e Act.	
None	gammy Agent (n	mone, so statej.	Ob. Addices			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any			8h. Date of Recognition of	r Certification		Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the E					mployees are pa	rticipating?
			keted the Employer since (i			
<ol> <li>Organizations or individuals other than known to have a representative interest in a None</li> </ol>					presentatives an	d other organizations and individuals
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>	an election in thi	s matter, state you	ur position with respect to	11a. Election Type: Manual Mail Mixed Manual/M		
11b. Election Date(s): nearest Monday		ection Time(s):		11d. Election Loca Employee locker re	, ,	cellar
nearest Monday 2:30-3:30 pm  12a. Full Name of Petitioner (including local name and number)  SEIU LOCAL 32BJ					et and number,	city, state, and ZIP code)
12c. Full name of national or international la SEIU LOCAL 32BJ	bor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)		
12d. Tel No. 212 388-3800	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	dress
13. Representative of the Petitioner who	will accept servi	ce of all papers f	or purposes of the repres	entation proceedin	g.	
13a. Name and Title Katchen Loc	ke, Attorr	ney	13b. Address (street and 25 W. 18th Street, New York		and ZIP code)	
13c. Tel No. 212 539 2941	13d. Cell No.		13e. Fax No. 212-388-2062		13f. E-Mail Ad klocke@seiu3	
I declare that I have read the above petiti	on and that the s	tatements are tru		ledge and belief.	oonowstius	201.0.8
	nature ,		Title	•	Date	/ ;
Katchen Locke	Schl	1	Attorney		Date	1/25/19

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

#### PRIVACY ACT STATEMENT

FORM NLRB-502 (RC) (2-18)

# 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

						29-IC	G-234700		1 1	30/2017
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accomp the petition of: (	panied b	y both a si tition; (2) S	nowing of interest (se Statement of Position	e 6b below) a form (Form i	and a certifica NLRB-505); an	te of service s id (3) Descript	howing s ion of Re	ervice on presentation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratory	ioner desire	s to be certified a	s represe	entative of t	ne employees. The Pe	titioner alleg	es that the fol	lowing circum	stances	
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) involve	ved (Street ar	nd number, City	, State, ZIP co	de):	
Island Hospitality d/b/a Hampton Inn Hotel 200				North (	Ocean Avenue, F	armingvi	lle, New Y	ork 11738	3	
3a. Employer Representative - Nar	ne and Title:		3b. Add	ress (if san	ne as 2b - state same):					
Jaimie Laudicina, Genera	l Manag	er	Same							
3c. Tel. No. 631-732-7300	3d. Cell No	) ic		3e. Fax No	0.	3f. E-Ma	il Address			
4a. Type of Establishment (Factory,	mine, whole	saler, etc.)		4b. Princip	al Product or Service		5a. City ar	nd State where	unit is loc	ated:
Hotel				Guest S	Services		Farming	ville, New y	ork	
5b. Description of Unit Involved:							6a, Numb	er of Employee	s in Unit:	
Included:							10			
All full-time and regular										
Excluded: All other employees defined in the Act.						visors as	of the	ubstantial num employees in the ented by the Po	ne unit wis	h to be
Check One: 7a. Request for rec	ognition as						and Employer	declined recog	nition	
on or about (Date)	rently recon			eceived, so	state). and desires certification	under the Ar	-+			
8a. Name of Recognized or Certific	, ,	3				under the A	л.			
ou. Harrie of Neodynizod of Oct.	a bargann	ng Agent (ii non	o, 00 ota	05.710	741 033.					
8c. Tel. No.	8d. Cell No			8e. Fax No			il 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)						
<ol><li>Is there now a strike or picketing a</li></ol>	t the Employ	er's establishme	nt(s) invo	lved? No	If so, approx	imately how n	nany employee	s are participal	ting?	
(Name of Labor Organization)						, has picke	ted the Employ	er since (Mont	h, Day, Ye	ear)
Organizations or individuals other individuals known to have a repre								es and other o	rganizatio	ns and
None										
10a, Name		10b. Address				10c. Tel.	No.	10d. Cell No.		
						10e, Fax	No.	10f, E-Mail A	ddress	
11. Election Details: If the NLRB co	nducts and	election in this ma	atler, stat	e your posit	ion with respect to any	such election		n Type: al Mail	Mixe	d Manual/Mail
11b. Election Date(s):		11c. Election Tin	ne(s)			11d Flor	ction Location(			
Feb. 15, 2019		3:30 pm to		m			Conference	,		
12a. Full Name of Petitioner (includ	ing local no		5.50 p	111	12b, Address (street a					
Local 726, IUJAT	ing local hai	ne and number).			93 Lake Avenu				810	
12c. Full name of national or internati					ffiliate or constituent (i	f none, so sta	te):			
International Union of Jou			Trade			146 = -				
12d. Tel. No. 203-205-0101	12e. Cell N			12f. Fax N 203-20	5-0006		lail Address			
13. Representative of the Petitione	r who will a	ccept service of	all pape	rs for purp	oses of the represen	tation proce	eding.			
13a. Name and Title: Gary P. Rothman, Esq.					ess (street and number n Rocco LaRuffa,			t., Ste 200,	Elmsfor	rd NY 10523
13c. Tel. No.	13d Call N	2		13a E 1	lo	49/ 5 14	ail Address			
- 17 3311-30	13d. Cell N	U.		13e. Fax N				maneacac	aore.	
914-478-2801	matition	d that the state	-	914-47				manrocco.	com	
declare that I have read the above Vame (Print)	petition an	Signature	_	e true to th	desired my knowled	dge and belle Title	71.			Date
Gary P. Rothman		Signature	1.	1 1	Hen D		for Local	726, IUJA	т	1/29/19
Oury I. Rouman			7000	1 100	1 coll a	Attorney	TOI LOCAL	720, 10JA		1127117

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

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 29-RC-235041 Date F

Date Filed 1/31/19

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

the employer and all other parties Case Procedures (Form NLRB 48							d (3) Description of Representation the employer or any other party.	
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Pe	tioner desires to be	certified as repre-	sentative of	the employees. The Pet	itioner alleges	that the foll	lowing circumstances exist and	
2a. Name of Employer:		2b. Ac	idress(es) a	f Establishment(s) involv	red (Street and	number, City	, State, ZIP code):	
North Shore Linen, Inc.		20 F	Rider Pla	ce, Freeport, Nev	w York 115	20		
3a. Employer Representative - Nar	me and Title:	3b. Ac	dress (if sa	me as 2b - state same):				
Lawrence Gentile, Owner	r	129	9 Hanse Avenue, Freeport, NY 11520					
3c. Tel. No. 516-442-7274	3d. Cell No.		3e. Fax N		3f. E-Mail A	Address		
4a. Type of Establishment (Factory, Linen and Uniform Renta		itc.)	100000000000000000000000000000000000000	ipal Product or Service and Uniform Lat	ınder	The state of the s	nd State where unit is located: , New York	
5b. Description of Unit Involved:						6a. Numbe	er of Employees in Unit:	
All full time and regular						160		
Excluded: All other employee supervisors as defin	A STATE OF THE PARTY OF THE PAR	it not limited	to drivers	s, clerical, guards a	nd	of the	employees in the unit wish to be ented by the Petitioner? X Yes No	
Check One: 7a. Request for reconn or about (Date)		ning Representati (If no reply			an		declined recognition	
	, ,	0 0 1		and desires certification	under the Act.			
8a. Name of Recognized or Certific	ed Bargaining Age	ent (If none, so sta		Address:	11 37	37 1	11200	
Local 2013, UFCW			923	35 4th Avenue, B	rooklyn, N	ew York	11209	
8c. Tel. No.	8d. Cell No.		8e. Fax No. 8f. E-Mail Address					
800-393-1135								
8g. Affiliation, if any:		1	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 a (Name of Labor Organization)	at the Employer's es	stablishment(s) inv	volved? No	o If so, approxi	1711 A 1011 A		es are participating?  ver since (Month, Day, Year)	
10. Organizations or individuals other	er than Datitioner an	d those named in	itome 8 and	10 which have claimed				
individuals known to have a repre							es and other organizations and	
10a. Name	10b. A	ddress			10c. Tel. N	D.	10d. Cell No.	
					10e. Fax N	0.	10f. E-Mail Address	
11. Election Details: If the NLRB co	enducts and election	in this matter, sta	ate your pos	sition with respect to any	such election:	11a. Electio		
11b. Election Date(s):	11c. E	lection Time(s):			11d. Election	n Location(s	s):	
Feb. 19, 2019	10:3	0 a.m 11:3				Break room		
12a. Full Name of Petitioner (include				12b. Address (street a			ZIP code):	
Local 726, IUJAT				93 Lake Avenu	e, Suite 10	3, Danbı	ry, CT 06810	
12c. Full name of national or internat International Union of Jo				affiliate or constituent (iii	none, so state)	:		
12d. Tel. No.		Ained Trac	_	No.				
203-205-0101	_		I I ZI FAX		12g F-Mail	Address		
	12e. Cell No.		The state of the s	05-0006	12g. E-Mail			
	12e. Cell No.	service of all pap	203-20 pers for pu	05-0006 rposes of the represent	tation proceed	ing.		
13a. Name and Title: Gary P. Rothman, Attorney	12e. Cell No. er who will accept		203-20 pers for pur 13b. Add	05-0006 rposes of the represent ress (street and number,	tation proceed	ing. ZIP code):	t., Ste 200, Elmsford NY 10523	
13a. Name and Title: Gary P. Rothman, Attorney	12e. Cell No. er who will accept for Local 726,		203-20 pers for pur 13b. Add Rothm	05-0006 rposes of the represent ress (street and number, an Rocco LaRuffa,	tation proceed, city, State and	ing. ZIP code): st Main S	t., Ste 200, Elmsford NY 10523	
13a. Name and Title:	12e. Cell No. er who will accept		203-20 pers for pur 13b. Add Rothm	05-0006 rposes of the represent ress (street and number, an Rocco LaRuffa,	tation proceed, city, State and LLP, 3 Wes	ing.  ZIP code): st Main S		
13a. Name and Title: Gary P. Rothman, Attorney 13c. Tel. No. 914-478-2801	12e. Cell No. er who will accept for Local 726,	IUJAT	203-20 pers for pur 13b. Add Rothm 13e. Fax 914-4	05-0006 rposes of the represent ress (street and number, an Rocco LaRuffa, No. 78-2913	tation proceed , city, State and LLP, 3 We:	ing.  ZIP code): st Main S	t., Ste 200, Elmsford NY 10523 manrocco.com	
13a. Name and Title: Gary P. Rothman, Attorney 13c. Tel. No.	12e. Cell No. er who will accept for Local 726,	IUJAT	203-20 pers for pur 13b. Add Rothm 13e. Fax 914-4	05-0006 rposes of the representers (street and number, an Rocco LaRuffa, No. 78-2913 the best of my knowled	tation proceed, city, State and LLP, 3 West 13f. E-Mail grothmatige and belief.	ing.  ZIP code): st Main S  Address an @rothi		

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

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				f 1 1 - h - 1	- 6	d for a common of no line at it in
<ol> <li>PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner or requests that the National Labor Relational</li> </ol>	lesires to be certifi	ed as representa	ative of the employees. The	Petitioner alleges t	hat the followin	g circumstances exist and
2a. Name of Employer	don's board proc		Address(es) of Establishmen			
The Thrive Network		Plea	ase see attached.		_	
3a. Employer Representative - Name an	d Title		3b. Address (If same a	s 2b – state same)		
Charles Archer			241 37th Street, S	uite 604, Brookl	yn, NY 1123	32
3c. Tel. No. (718) 965-1998	3d. Cell No.		3e. Fax No. (718) 965-3995		3f. E-Mail Add thrive@nyfo	ress oundling.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service group homes and day programs  4b. Principal product or service residential and habilitative services Jamaica, NY & Brooklyn, NY						
5b. Description of Unit Involved 6a, No, of Employees in Unit:						
Included: All full time and regular part time Direct Support Professionals, Shift Supervisors, Cooks, Habilitation Specialists,						
Drivers, Matrons, Assistan						6b. Do a substantial number (30% or more) of the employees in the
Excluded: All other employees, including	ng house manage	ers, office-cleric	al employees, guards and	supervisors as defin	ed in the Act.	unit wish to be represented by the
						Petitioner? Yes ✓ No
Check One: 7a. Request for r	-			ar	nd Employer dec	lined recognition on or about
7h Politiones is 6		(If no reply received	red, so state). Representative and desires	andification under the	a A at	
8a. Name of Recognized or Certified Bar				cermication under the	e Au.	
United Construction Trades & Industrial				N TURNPIKE, SUIT	E 250, FLUSHI	NG, 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	1.2		8h. Date of Recognition of	or Certification	Date of Current or Most Recent	
			March 2017		NONE	y (Month, Day, Year)
9. Is there now a strike or picketing at the E	mplover's establis	hment(s) involve	ed? No. If so, appro-	ximately how many er		rticipating?
			cketed the Employer since		,,	
10. Organizations or individuals other than					recentatives and	d other organizations and individuals
known to have a representative interest in	any employees in t	the unit describe	d in item 5b above. (If none	, so state)	resentatives and	Totiler organizations and individuals
10a, Name	10b, Add	dress		10c. Tel. No.		10d. Cell No.
None				10e. Fax No.		10f. E-Mail Address
<ol> <li>Election Details: If the NLRB conduct any such election.</li> </ol>	s an election in thi	s matter, state yo	our position with respect to	11a. Election Type	: 🗸 Manual	Mail Mixed Manual/Mail
11b. Election Date(s): February 22, 2019	SEE AT	ection Time(s): TACHED		11d. Election Loca SEE ATTACHED	tion(s):	
12a. Full Name of Petitioner (including lo Local 888, United Food and Commercial		ımber)		12b. Address (stre 160 East Union Av		city, state, and ZIP code) herford, NJ 07073
12c. Full name of national or international la United Food and Commercial Workers Int		of which Petition	er is an affiliate or constituer	nt (if none, so state)		
12d, Tel No. (914) 668-8881	12e. Cell No.		12f. Fax No. (914) 668-8480		12g. E-Mail Ad	ldress
13. Representative of the Petitioner who	will accept servi	ce of all papers		sentation proceeding	g.	
13a, Name and Title Steven H. K			13b. Address (street an Barnes, laccarino & Shephe	d number, city, state,	and ZIP code)	NV 10523
13c. Tel No.	13d. Cell No.		13e. Fax No.	10 EE , 200 COM MIN 101	13f. E-Mail Ad	
(914) 592-1515			(914) 592-3213		skern@bislawl	irm.com
I declare that I have read the above petit	ion and that the s	tatements are t	rue to the best of my know	vledge and belief.		
	gnature	Hola	Title		Date Jan. 30	2010
Steven H. Kern	11/200	11/11	Attorney		Jan.	, 2019

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

#### PRIVACY ACT STATEMENT

## **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 3<sup>rd</sup> Avenue, Brooklyn, NY

#11c	and	11d
$\pi$ 11C	anu	114

Election time 6:00 am to 10:00 am 2:00 pm to 6:00 pm	<u>Location</u> both residential locations above
8:00 am to 10:00 am 3:00 pm to 5:00 pm	both Day Hab locations above

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

R D	PETITIO	N		29-RD-233	3495	1/3/19
INSTRUCTIONS: Unless e-Filed using th located. The petition must be accompar in the petition of: (1) the petition; (2) Sta interest should only be filed with the NL	nied by both a showi tement of Position fo RB and should <u>not</u> b	ng of interest (see orm (Form NLRB-50 e served on the em	6b below) and a certific 15); and (3) Description iployer or any other pai	ate of service showing s of Representation Case ty.	service on the e Procedures (Fo	employer and all other parties named form NLRB 4812). The showing of
<ol> <li>PURPOSE OF THIS PETITION: RD- recognized bargaining representative Labor Relations Board proceed un-</li> </ol>	is no longer their rep	resentative. The F	etitioner alleges that	the following circumst	ances exist an	ert that the certified or currently id requests that the National
2a. Name of Employer LIH Staffing LLc		2b. Ad		ent(s) involved (Street a		v, State, ZIP code)
3a. Employer Representative – Name Regina Volta Sales Manager	and Title			as 2b – state same)		
3c. Tel. No. (631) 927-6903	3d, Cell No.		3e. Fax No.		3f. E-Mail Add Regina.Volta@	
4a. Type of Establishment (Factory, mine	e, wholesaler, etc.)	4b. Principal prod	duct or service		5a. City	and State where unit is located:
Hotels & Motels			hotels			Farmingdale. NY
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: See Attached Page 2 for Excluded: See Attached Page 2 for Exclusion					<u></u>	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 7 No
	(Date) (	If no reply received	d, so state).			clined recognition on or about
		d as Bargaining Re		es certification under the		
8a. Name of Recognized or Certified E Consolidated Commercial Workers of Am		TII Gerard Jones	8b. Address	148-06 Hillside Aven NY Jamaica 11435-	ue	
8c. Tel No.	8d Cell No.	TO Gerard Jones	8e. Fax No.	IVI Janiaca 11405-	8f. E-Mail Add	Iress
8g. Affiliation, if any			8h. Date of Recognition	or Certification		Date of Current or Most Recent by (Month, Day, Year) 02/28/2019
9. Is there now a strike or picketing at the (Name of labor organization)	e Employer's establis		If so, app eted the Employer since		nployees are pa	articipating?
<ol> <li>Organizations or individuals other that have a representative interest in any em</li> </ol>		ms 8 and 9, which	have claimed recogniti	on as representatives ar	nd other organiz	zations and individuals known to
10a. Name	10b. Add	Iress	***************************************	10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
<ol> <li>Election Details: If the NLRB condu any such election.</li> </ol>	icts an election in thi	s matter, state your	r position with respect to	11a. Election Type:	Manual Manual	Mail Mixed Manual/Mail
11b. Election Date(s): 11c. Election Time(s): 1/18/19 4pm-5:30pm				11d. Election Location(s): lunch room		
12a. Full Name of Petitioner (b) (6), (b)				(b	(6), (b) (7)(C)	city, state, and ZIP code)
12c. Full name of national or internations none	······································	of which Petitioner		ient (if none, so state) N		
12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No. (b) (6), (b) (7)(C)		12f. Fax No.		12g, E-Mail Ad (b) (6), (b) (	
13. Representative of the Petitioner w 13a. Name and Title	no will accept servi	ce of all papers fo		resentation proceeding and number, city, state,	•	
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	dress
I declare that I have read the above pe	tition and that the s	tatements are tru	e to the best of my kn	owledge and belief.		
Name (Print)						

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

### PRIVACY ACT STATEMENT

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

FORM NLRB-502 (RD)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE		
Case No.	29-RD-234062	Date Filed 1/15/19

**RD PETITION** 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 <u>not</u> be served on the employer or any other party. 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 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) N. REVERRO. SWITE 300 USIC LOCATENC SERVECES 9045 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) 3e. Cell No. 3f. E-Mail Address 586-612-5093 JULE KIRKPATRICK WUSZCUC, COM 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) OTHER UNDERGROUND UTSLETY LOCATEUG 5a. Description of Unit Involved 5b. City and State where unit is located: Feve Bowucks included: LOCATE TECHNICIANS, LOCATOR HELPERS, CAST IRON TRICHNICIANS, QUALETY ASSURANCE COMP DINATORS, AND SHALLOW FEBRE TECHNICIANS NYC, NASSAU, AUD Excluded: UTTOLK COUNTIES ADD THE FAR ROCKULAYS PEDRELLETULA 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 6. No. of Employees in Unit 194 recognized bargaining representative? Yes No 8b. Affiliation, if any 8a. Name of Recognized or Certified Bargaining Agent 8d. Tel. No. 8e. Cell No. 1703 CASTLEHIU AVE 718 823 7330 8g. E-Mail Address KES 7871@ MSN. Con BRONKS NY ALPHONSE SIDE (2) GMAZI 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, 12-14-2018 12-14-2015 No 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? 

Yes 11b. If so, approximately how many employees are participating? a labor organization, of 11c. The Employer has been picketed by or on behalf of (Insert Name) since (Month, Day, Year) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations

None and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 2d. Fax No. 12e. Cell No. 12f. E-Mail Address Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13a. Election Type: Manual Mail Mixed Manual/Mali 13c. Election Time(s) 13d. Election Location(s) 13b. Election Date(s) ONE OF THE 5 1SAP Ha**d**BRAGUGE BoROUGI 14b. Tel. No. 14c, Fax No. RB (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 14e. E-Mail Address (b) (6), (b) 14f. Affiliation, if any NONE 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  $\sim$ (b) (6), (b) (7)(C) 15d. Tel. No. 15e. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)(b) (6), (b) (7)(C) declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) Date Filed (b) (6), (b) (7)(C) **61** - 10-2019 IE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT