UN		DO NOT WRITE IN THIS SPACE						
NATIO	C PETITIONS BOA		Case No. 29-RC	Case No. 29-RC-254206 1-7-203				
in which the employer c of service showing serv	oncerned is located. Th ice on the employer and	e petition must all other parties	be accompanied by s named in the petition	both a showing of on of: (1) the petiti	interest (s on; (2) Stat			
				RB 4812). The sh	owing of in	terest should only be filed		
	Ild not be served on the							
bargaining by Petitioner and	ION: RC-CERTIFICATION OF d Petitioner desires to be certifi I Labor Relations Board proc	ied as representativ	ve of the employees. The	Petitioner alleges that	at the following	ng circumstances exist and		
2a. Name of Employer		2b. Ad	dress(es) of Establishmen					
Elm Community Charter School		14 N	9-34 35th Ave Y Flushing 11354-					
3a. Employer Representativ	e - Name and Title		3b. Address (If same a					
Priscilla Walton	at Call Na		149-34 35th Ave NY Flushing 1135	i4	3f. E-Mail Ad	denna		
3c. Tel. No.	3d. Cell No.		3e. Fax No.			@elmcharterschool.org		
(646) 886-0234 4a. Type of Establishment (Fa	ctory mine wholesaler atc.)	4b. Principal proc	duct or service			and State where unit is located:		
Scho		4b. I micipal prov	Education Service	s	od. Only	Flushing, NY		
5b. Description of Unit Invol						6a. No. of Employees in Unit:		
Included: See Attached Pa	ge 2 for additional details					20		
	age 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 [] No []		
D 7b.	Petitioner is currently recognize	(If no reply received ad as Bargaining Re	d, so state). epresentative and desires		52 - 33 	clined recognition on or about		
-	Certified Bargaining Agent (I	f none, so state).	8b. Address					
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Ad	dress		
8g. Affiliation, if any			8h. Date of Recognition o	r Certification		Date of Current or Most Recent ny (Month, Day, Year)		
9. Is there now a strike or pick	eting at the Employer's establis	shment(s) involved	? If so, approx	kimately how many em	ployees are p	articipating?		
(Name of labor organization	n)	has pick	eted the Employer since (Month, Day, Year)				
	ls other than Petitioner and tho re interest in any employees in				esentatives ar	nd other organizations and individuals		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the N any such election.	LRB conducts an election in th	is matter, state you	r position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail		
11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Locati	on(s):			
January 15, 2020	12:45 p	o.m 2:00 p.m.		Contraction and a strategy in the second s second second sec second second sec second second sec	All the second second second	er School, 149-34 35th Ave, Flushing, N		
12a. Full Name of Petitioner Meaghean Murphy Esg. United Federation of Teachers, Loca	(including local name and na al 2, AFT, AFL-CIO	umber)		12b. Address (stree 52 Broadway 9th Flo NY New York 10004-	t and number, or	city, state, and ZIP code)		
12c. Full name of national or i American Federation of Teach	nternational labor organization ers, AFL-CIO	of which Petitioner	is an affiliate or constituer	nt (if none, so state)				
12d. Tel No.	12e, Cell No.		12f. Fax No.		12g. E-Mail A mmurphy@n	Address		
(212) 228-3382	titioner who will accept serv	inc of all papars fo	(212) 228-9253	contation proceeding		ysuunanoig		
13a. Name and Title Meaghean Murphy Esq. Assoc Office of Robert T. Reilly		ce of all papers ic	13b. Address (street an 52 Broadway 9th Floor NY New York 10004-	d number, city, state, a		Ϋ́		
13c. Tel No.	13d. Cell No.		13e. Fax No. (212) 228-9253		13f. E-Mail A mmurphy@n			
(212) 228-3382	above petition and that the	statements are tru	a state of the second second second second	wledge and belief	and an			
Name (Print)	Signature		Title	and benefit	Date			
Meaghean Murphy Esq.	Meaghean Murphy	Esq.	Associate Counsel		Section Sectors	0 15:31:48		
	SE STATEMENTS ON THIS P	0.0437.612	UNISHED BY FINE AND	IMPRISONMENT (11				

DO NOT WRITE IN THIS SPACE

Attachment

Case

Date Filed

Employees Included Teacher, Associate Teacher, Counselor

Employees Excluded

Employees whose duties are found to be Managerial, Supervisory, or Confidential as defined by the Act

UNITED	STATES GOVERNMENT			DO NOT WRITE IN THIS SPACE			
NATIONAL	PETITIONS BOA	RD	Case No. 29-RC-254368 Date Filed 1-8-2020				
in which the employer conc of service showing service (Form NLRB-505); and (3) D with the NLRB and should r	erned is located. The on the employer and escription of Represe tot be served on the e	e petition must all other partie entation Case F employer or an	t be accompanied by s named in the petition Procedures (Form NL by other party.	both a showing of on of: (1) the petiti RB 4812). The sh	f interest (se ion; (2) Stat owing of in	terest should only be filed	
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	itioner desires to be certifie	ed as representativ	ve of the employees. The	Petitioner alleges the	at the followin	ng circumstances exist and	
2a. Name of Employer Reconn Utility Services, a division o	fusic	90	dress(es) of Establishmen 045 North River Rd Suite 3 I Indianapolis 46240-		nd number, cit	y, State, ZIP code)	
3a. Employer Representative – N Julie Kirkpatrick			3b. Address (If same as 9045 North River IN Indianapolis 46				
3c. Tel. No. (586) 612-5093	3d. Cell No.		3e. Fax No.		3f. E-Mail Add JulieKirkpatrick		
4a. Type of Establishment (Factory Utilities	, mine, wholesaler, etc.)	4b. Principal pro	duct or service Utility services		5a. City	and State where unit is located: Brooklyn, NY	
5b. Description of Unit Involved Included: See Attached Page 2 t	or additional details					6a. No. of Employees in Unit: 75	
Excluded: See Attached Page 21	or additional details					6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [] No []	
	(Date) (oner is currently recognized	If no reply received d as Bargaining Re	d, so state).			clined recognition on or about	
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	dress	
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recer Contract, if any (Month, Day, Year)							
9. Is there now a strike or picketing	Second Contraction of the second				ployees are p	articipating?	
(Name of labor organization)	er than Petitioner and thos	se named in items		ed recognition as repr	esentatives an	d other organizations and individuals	
10a. Name	10b. Add	Iress	10c. Tel. No.			10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB any such election.			r position with respect to	11a. Election Type:		Mail Mixed Manual/Mail	
11b. Election Date(s): January 23, 2020 12a. Full Name of Petitioner (incl	10am to				MetroTech Ct	Ctr, 5th Floor, Brooklyn NY	
Tim Dubnau Communications Workers of America		,	to and a sta	80 Pine Street 37th F NY New York 10005	t and number, loor	city, state, and ZIP code)	
12c. Full name of national or intern (same - petitioner is the international 12d. Tel No.	l union)	of which Petitioner		it (if none, so state)			
(212) 344-2515	12e. Cell No.		12f. Fax No. (212) 425-2947		12g. E-Mail A tdubnau@cwi	ddress a-union.org	
13. Representative of the Petition 13a. Name and Title Nick Hanlon District Counsel CWA District 1 Legal Department		ce of all papers fo	13b. Address (street and 80 Pine Street 37th Floo NY New York 10005-	d number, city, state, a	and ZIP code)		
13c. Tel No. (212) 344-2515	13d. Cell No.		13e. Fax No. (212) 425-2947		13f. E-Mail Ac nhanlon@cwa		
I declare that I have read the abo		tatements are tru	ue to the best of my know	vledge and belief.			
Name (Print) Nick Hanlon	Signature Nick Hanlon		Title District Counsel		Date 01/8/2020	13:18:48	
WILLFUL FALSE ST	ATEMENTS ON THIS PE	TITION CAN BE F	PUNISHED BY FINE AND	IMPRISONMENT (11	S CODE TITI	E 18 SECTION 1001)	

Attachment

DO NOT WRITE	IN THIS SPACE
	Date Filed

Employees Included

All fulltime and regular parttime Gas Service Technicians employed by the Employer.

Case

Employees Excluded

All clerical and office workers, quality assurance employees, guards, and professional employees, and supervisors as defined by the Act.

> 2020 JAN -8 PM 4: 07 NLRB-REGION 29 RECEIVED BROOKLYN, NY

UNITED STAT	ES GOVERNMENT	8			DO NOT	VRITE IN THIS	SPACE	
NATIONAL LABOR	TATES GOVERNMENT BOR RELATIONS BOARD PETITION 29-BC-254591 1-14-2020					iled /		
INSTRUCTIONS: Unless e-Filed u		v's wohsite w	ww nlrb	the second se		Petition to a	n NI RR office in the Region	
in which the employer concerned								
of service showing service on the	e employer and	all other partie	s named	in the petitio	on of: (1) the petiti	on; (2) State	ment of Position form	
(Form NLRB-505); and (3) Descrip					RB 4812). The sho	owing of inte	erest should only be filed	
with the NLRB and should not be								
1. PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner	desires to be certifi	ed as representati	ve of the e	mployees. The l	Petitioner alleges that	t the following	g circumstances exist and	
requests that the National Labor Rel	ations Board proc							
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 12330 Arrow Route 12330 Arrow Route								
CA Rancho Cucamonga 91739-								
3a. Employer Representative - Name a	no me				Counsel Zashin & Ricl	h 950 Main Ave	enue - 4th Floor	
Gal Yaniv	Lod Call No.		0	H Cleveland 441	13-	3f. E-Mail Add		
3c. Tel. No.	3d. Cell No.		3e. Fax	NO.		gyaniv@atsforce		
(310) 442-9911	the transfer of a V	the Defensional and						
4a. Type of Establishment (Factory, mine,	entre a l'activité possibilité pession de la	4b. Principal pro				Sa. City a	and State where unit is located:	
Security Systems & Service	es		Private	Building Area Se	ecurity	_	Brooklyn, NY	
5b. Description of Unit Involved							6a. No. of Employees in Unit: 6	
Included: See Attached Page 2 for addit	ional details					ł	6b. Do a substantial number (30%	
2							or more) of the employees in the	
Excluded: See Attached Page 2 for addit	ional details						unit wish to be represented by the	
							Petitioner? Yes [7] No [
Check One: 7a. Request for	recognition as Barg	aining Representa	ative was n	nade on (Date) 0	1/07/2020 and	Employer decl	ined recognition on or about	
01/07/2020	(Date)	(If no reply receive	d, so state). Yes				
			epresenta	tive and desires of	certification under the	Act.		
8a. Name of Recognized or Certified Ba	argaining Agent (If	none, so state).		8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress	
				4.5.11				
8g. Affiliation, if any	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 establis	herent(a) involved	2 No	If an annous	imately how many emp		disingting?	
						the second s	rucipaulig?	
(Name of labor organization)		, has pick	keted the E	mployer since (A	Month, Day, Year)			
 Organizations or individuals other than known to have a representative interest in 						esentatives and	t other organizations and individuals	
10a. Name	10b. Ad	draee			10c. Tel. No.		10d. Cell No.	
Tod. Halle	100. Ad	01033			100. 18. 140.		Tod. Ocir Ho.	
					10e, Fax No.		10f. E-Mail Address	
					4.5.55.0.52040.00			
11. Election Details: If the NLRB conduct any such election.	cts an election in thi	s matter, state you	ur position	with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail	
11b. Election Date(s):	11c. El	ection Time(s):			11d. Election Location	on(s):		
January 31 2020	6:30 - 9				Employer vacant office	се		
12a. Full Name of Petitioner (including Luis Aviles Local 642 Security Allied Federated Employees (S		ımber)			12b. Address (street 44 Court Street Suite NY BROOKLYN 1120		city, state, and ZIP code)	
12c. Full name of national or international None	labor organization	of which Petitioner	r is an affili	ate or constituen	t (if none, so state)			
12d. Tel No.	12e. Cell No.		12f. Fax	k No.		12g. E-Mail Ad	dress	
(516) 813-7646						safe642@gma	il.com	
13. Representative of the Petitioner wh	o will accept servi	ce of all papers for	or purpos	es of the repres	entation proceeding.			
13a. Name and Title					d number, city, state, a	nd ZIP code)		
Stephen Goldblatt Counsel Law Office of Stephen Goldblatt				rt Street Suite 12 oklyn 11201-	37			
13c. Tel No.	13d. Cell No.		13e. Fa			13f. E-Mail Add		
(917) 771-8010					15	goldblattlegal@	ygmail.com	
I declare that I have read the above pet	ition and that the	statements are tri	ue to the t	best of my know	ledge and belief.			
	Signature		Title	s		Date		
otephen oblabian	STEPHEN GOLDBI	12632	Counse	Carl record and the second second		01/10/2020	the second s	
WILLFUL FALSE STATEN	IENTS ON THIS PE	TITION CAN BE I	PUNISHED	BY FINE AND	IMPRISONMENT (U.S	CODE, TITL	E 18, SECTION 1001)	

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE

Attachment

Date Filed

Employees Included

All full time and regular part-time Fire Safety Directors employed by the Employer at Industry City in Brooklyn, NY

Case

Employees Excluded

All other employees and supervisors asd defined in the Act

UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE			
						filed 1/29/2020	
INSTRUCTIONS: Unless e-Filed us	ing the Agen	cy's website, wy	ww.nlrb.o	ov. submit a	n original of this	Petition to a	n NLRB office in the Region
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 should <u>not</u> be served on the employer or any other party.							
With the NLKB and should hot bes	served on the	employer or an	y other p	darty.	of amployees wich t	a ha cancas antad	for purposes of collective
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					t(s) involved (Street a		
NYU Winthrop Hospital 777 and 1000 Zeckendorf Boulevard, Garden City, NY 11530							
3a. Employer Representative - Name and	d Title		3b. Add	ress (if same as	2b - state same)		
see attached rider			259 Fin	st Street, Mi	neola, NY 1150	1	
3c, Tel, No,	3d. Cell No.		3e. Fax I	No.		3f. E-Mail Addr	ess
516-663-4905			516-66	3-3835		see attached	d rider
4a. Type of Establishment (Factory, mine, u	wholesaler, etc.)	4b. Principal proc	duct or sen	vice		5a. City a	and State where unit is located:
acute care hospital		health care				Mineola	, New York
5b. Description of Unit Involved							6a. No. of Employees in Unit:
Included: see attached ride	r						approximately 25
see allached fide	1					ſ	6b. Do a substantial number (30%
Excluded:							or more) of the employees in the unit wish to be represented by the
see attached rider							Petitioner? Yes V No
Check One: 7a. Request for re	ecognition as Bar	naining Representation	tive was m	ade on (Date)	ar	d Employer decl	ined recognition on or about
		(If no reply received				id Employer deal	nice recognition on or about
7b. Petitioner is c	and the second				certification under the	e Act	
8a. Name of Recognized or Certified Bar				8b. Address			
None							
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f, E-Mail Addr	ess
			L		*		
8g. Affiliation, if any			8h. Date o	FRecognition or	Certification		Date of Current or Most Recent (Month, Day, Year)
			0.11				
9. Is there now a strike or picketing at the E						mployees are par	rucipating?
(Name of labor organization)		, has pick	teted the E	mployer since (I	Month, Day, Year)		v
10, Organizations or individuals other than						presentatives and	other organizations and individuals
known to have a representative interest in a	any employees in	the unit described i	in item 5b a	above. (If none,	so state)		
None 10a, Name	10b. Ad	diana	_		10c. Tel. No.		10d. Cell No.
iva. Name	100. A	101855			100, 161, 140,		100, Cell 100,
					10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conduct	s an election in th	nis matter, state you	r position v	with respect to	11a, Election Type	Manual	Mail Mixed Manual/Mail
any such election.							
11b. Election Date(s): February 25, 2020	11C. E	Election Time(s): :30 am, 11:30 am-1	1.30 pm 8	3.00 5.00 pm	11d. Election Loca		of Boulevard, Garden City, NY
12a. Full Name of Petitioner (including lo	the second se	the second s	1.50 pm, a	1 3.00-3.00 pm	al an		city, state, and ZIP code)
1199SEIU United Healthcare Workers Ea		umberj					le, NY 11801 attn: David Greenberg
12c. Full name of national or international la Service Employees International Union		of which Petitioner	is an affilia	ite or constituen	t (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax	No.		12g. E-Mail Ad	dress
						davidg@1199.	
13. Representative of the Petitioner who	will accept serv	vice of all papers fo	or purpose	es of the repres	entation proceedin	g.	
^{13a. Name and Title} Kent Y. Hiro	7014/0		13b. Add	dress (street and	d number, city, state,	and ZIP code)	
Kent T. Hird	Zawa				LLP, 39 Broadway, Suit		NY 10006
13c, Tel No,	13d. Cell No.		13e. Fax	k No.		13f. E-Mail Add	
212-228-7727			212-228-			khirozawa@gn	mny.com
I declare that I have read the above petit	ion and that the	statements are tru	ue to the b	est of my know	ledge and belief.		
	gnature //	M	Title			Date	
Kent Y. Hirozawa	1101		Attorney			January 28	
WILLFUL FALSE STATEME	NTS ON THIS P	ETITION CAN BE P	PUNISHED	BY FINE AND	IMPRISONMENT (U	I.S. CODE, TITLI	E 18, SECTION 1001)

<u> Rider – Zeckendorf Technical Unit</u>

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

Stacey Pfeffer, Senior Vice President for Human Resources and Organizational Development: <u>stacey.pfeffer@nyulangone.org</u> Diego Chiarandini, A.V.P. for Human Resources: <u>diego.chiarandini@nyulangone.org</u> Kristina Merritts, Executive Assistant to Stacey Pfeffer and Diego Chiarandini: <u>kristina.merritts@nyulangone.org</u>

5b. <u>Description of Unit Involved:</u>

<u>Included</u>: All full-time and regular part-time, including per-diem*, technical employees employed by NYU Winthrop Hospital at its facility located at 777 and 1000 Zeckendorf Boulevard, Garden City, New York.

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

<u>Excluded:</u> All other employees, professional employees, business office clerical employees, skilled maintenance employees, service employees, confidential employees, guards and supervisors as defined in the Act.

LINITED STATES			DO NOT WRITE IN THIS SPACE						
UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE NATIONAL LABOR RELATIONS BOARD Case No. 29-RC-255353 Date Filed 1/29/2020									
in which the employer concerned i	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 a	all other parties	named in the petitio	on of: (1) the peti	ition; (2) State	ement 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-CE	RTIFICATION OF	REPRESENTATIVE	E - A substantial number	of employees wish t	o be represented	d for purposes of collective			
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			ress(es) of Establishment						
NYU Winthrop Hospital		777 and	d 1000 Zeckendorf	Boulevard, Gar	den City, NY	11530			
3a. Employer Representative – Name and see attached rider	f Title		3b. Address (if same as 259 First Street, Mi		1				
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	iress			
516-663-4905			516-663-3835		see attache				
4a. Type of Establishment (Factory, mine, w	vholesaler, etc.)	4b. Principal produ	uct or service			and State where unit is located:			
acute care hospital		health care			Mineoia	a, New York			
5b. Description of Unit Involved						6a. No. of Employees in Unit: approximately 25			
Included: see attached rider	r -					6b. Do a substantial number (30%			
Excluded: see attached rider						or more) of the employees in the unit wish to be represented by the Petitioner? Yes			
Check One: 7a. Request for re	cognition as Barg	aining Representativ	ve was made on (Date)	ar	nd Employer dec	lined recognition on or about			
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 c	urrently recognized	d as Bargaining Rep	presentative and desires	certification under the	e Act.				
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8b. Address									
8c. Tel No.	8d Cell No.		8e. Fax No.		Bf. E-Mail Add	iress			
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 E			110		mployees are pa	articipating?			
(Name of labor organization)			ted the Employer since ()			~			
 Organizations or individuals other than I known to have a representative interest in a None 					presentatives an	d other organizations and individuals			
10a, Name	10b. Add	fress		10c, Tel. No.		10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB conducts any such election.	s an election in this	s matter, state your p	position with respect to	11a, Election Type	e: 🗸 Manual	Mail Mixed Manual/Mail			
11b. Election Date(s): February 25, 2020	11c. El	ection Time(s):	30 pm, & 3:00-5:00 pm	11d. Election Loca		of Revieward, Corden City, NV			
12a. Full Name of Petitioner (including id	ocal name and nu		30 pm, & 3:00-5:00 pm	12b. Address (street and number, city, state, and ZIP code)					
1199SEIU United Healthcare Workers Ea 12c. Full name of national or international la		of which Petitioner is	an affiliate or constituen		te 300W, Hicksv	ille, NY 11801 attn: David Greenberg			
Service Employees International Union									
12d, Tel No,	12e, Cell No.		12f. Fax No.		12g. E-Mail A davidg@1199				
13. Representative of the Petitioner who	will accept service	ce of all papers for	purposes of the repres	entation proceedin					
^{13a. Name and Title} Kent Y. Hiro	zawa		13b. Address (street and Gladstein, Reif & Meginniss,			NY 10006			
13c. Tel No. 212-228-7727	13d. Cell No.		13e. Fax No. 212-228-7654		13f. E-Mail Ad				
I declare that I have read the above petiti	on and that the s			ledge and belief.					
	ingture ///	-	Title		Date				
Kent Y. Hirozawa	10000	1	Attorney		January 2				
WILLFUL FALSE STATEME	NTS ON THIS PE			IMPRISONMENT (L	J.S. CODE, TITL	LE 18, SECTION 1001)			
		PRIVA	CY ACT STATEMENT						

<u> Rider – Zeckendorf Service Unit</u>

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

Stacey Pfeffer, Senior Vice President for Human Resources and Organizational Development: <u>stacey.pfeffer@nyulangone.org</u> Diego Chiarandini, A.V.P. for Human Resources: <u>diego.chiarandini@nyulangone.org</u> Kristina Merritts, Executive Assistant to Stacey Pfeffer and Diego Chiarandini: <u>kristina.merritts@nyulangone.org</u>

5b. <u>Description of Unit Involved:</u>

<u>Included</u>: All full-time and regular part-time, including per-diem*, service employees employed by NYU Winthrop Hospital at its facility located at 777 and 1000 Zeckendorf Boulevard, Garden City, New York.

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

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

UNITED STATE	гő.	DÓ NOT WRITE IN THIS SPACE							
NATIONAL LABOR	Case No. 29-	29-RC-255357 Date Filed 1/29/2020							
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region									
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate									
of service showing service on the	employer and	all other parties	s named	in the petitic	on of: (1) the pet	ition; (2) Sta	atement of Position form		
(Form NLRB-505); and (3) Descrip	tion of Repres	entation Case P	Procedure	es (Form NLI	RB 4812). The s	howing of i	interest should only be filed		
with the NLRB and should not be	served on the	emplover or any	v other n	artv			interest should shift be med		
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION O	F REPRESENTATIN	VE - A subs	stantial number	of employees wish t	o be represen	ted for purposes of collective		
bargaining by Petitioner and Petitioner of	lesires to be certif	ied as representativ	ve of the em	polovees. The l	Petitioner alleges t	hat the follow	ing circumstances exist and		
requests that the National Labor Reja	tions Board proc	ceed under its prop	per authori	ity pursuant to	Section 9 of the N	ational Labor	Relations Act.		
Za. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) NYU Winthrop Hospital 777 and 1000 Zeckendorf Boulevard, Garden City, NY 11530									
and a second	- The	/// ar				den City, N	11 11530		
3a. Employer Representative – Name an see attached rider	a litle				2b - state same)				
					neola, NY 1150				
3c. Tel. No.	3d. Cell No.		3e Fax N			3f. E-Mail A			
516-663-4905			516-663			see attact			
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Principal prod	duct or serv	vice			ty and State where unit is located:		
acute care hospital		health care			34	Mine	ola, New York		
5b. Description of Unit Involved							6a. No. of Employees in Unit:		
Included: see attached ride	r						approximately 25		
							6b. Do a substantial number (30% or more) of the employees in the		
see attached rider							unit wish to be represented by the		
see allached huer							Petitioner? Yes V No		
Check One: 7a. Request for r	ecognition as Barg	aining Representat	tive was ma	ade on (Date)	a	nd Employer d	eclined recognition on or about		
		(If no reply received				in minipite) et a	sented recognition of a bout		
7b. Petitioner is o					certification under th	e Act			
8a. Name of Recognized or Certified Bar				8b. Address					
None									
8c. Tel No.	8d Cell No.		8e, Fax N	lo.		8f. E-Mail A	ddress		
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 E	mployer's establis	shment(s) involved?	' No	If so, approxi	imately how many e	mployees are	participating?		
(Name of labor organization)		has picke	eted the Err	nployer since (A	Month, Day, Year) _				
10- Organizations or individuals other than	Petitioner and tho	se named in items 8	8 and 9, wh	hich have claime	ed recognition as rep	presentatives a	and other organizations and individuals		
known to have a representative interest in a	any employees in	the unit described in	n item 5b at	bove. (If none,	so state)				
None									
10a. Name	10b. Ad	dress			10c. Tel. No. 1		10d. Cell No.		
					10. 5. 11	-			
					10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conduct	s an election in thi	e matter state vour	r position wi	ith respect to					
any such election.	s an election in th	a matter, state your	position wi	in respect to	11a. Election Type	: 🗸 Manual	Maii Mixed Manual/Mail		
11b. Election Date(s):	11c. E	ection Time(s):		2	11d. Election Loca	ition(s):			
February 25, 2020	6:30-9:	30 am, 11:30 am-1	1:30 pm, & 3	3:00-5:00 pm	Conference room,	1000 Zecker	ndorf Boulevard, Garden City, NY		
12a. Full Name of Petitioner (including lo		ımber)			12b. Address (stre	et and numbe	r, city, state, and ZIP code)		
1199SEIU United Healthcare Workers Ea						te 300W, Hick	sville, NY 11801 attn: David Greenberg		
12c. Full name of national or international la	abor organization	of which Petitioner i	is an affiliate	e or constituent	t (if none, so state)				
Service Employees International Union	-								
12d- Tel No.	12e. Cell No.		12f. Fax M	No.		12g. E-Mail			
42 Democratellus of the Detition of the	L					davidg@119	99.org		
13. Representative of the Petitioner who	그 아이는 것이 같은 것을 알았다. 영영의	ce of all papers for	r purposes	s of the repres	entation proceedin	g.	55 C		
13a. Name and Title Kent Y. Hirozawa									
Siduatolii, Kei ki Woginilioa, LLP, 30 Eloadway, Sulto 2430, 1969 Turk, NT 10000							and the second se		
13c. Tel No. 212-228-7727	13d. Cell No.		13e. Fax			13f. E-Mail			
I declare that I have read the above petit	on and that the	tatemante ere tru	212-228-7		lodge and balled	khirozawa@	grmny.com		
Internet and the second s		A are true		st of my know	leuge and belief.	_			
	gnature	1	Title			Date	00.0000		
Kent Y. Hirozawa	NTS ON THE		Attorney	DV FINE AND	MADDISONNELLE		28, 2020		
WILLFUL FALSE STATEME	ATS UN THIS PE			STATEMENT	INPRISONMENT (U	I.S. CODE, TI	TLE 16, SECTION 1001)		

<u> Rider – Zeckendorf Business Office Clerical Unit</u>

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

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