

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-254206

Date Filed

1-7-2020

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

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

2a. Name of Employer Elm Community Charter School		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 149-34 35th Ave NY Flushing 11354-	
3a. Employer Representative - Name and Title Priscilla Walton		3b. Address (If same as 2b - state same) 149-34 35th Ave NY Flushing 11354-	
3c. Tel. No. (646) 886-0234	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Priscilla.walton@elmcharterschool.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Schools		4b. Principal product or service Education Services	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Flushing, NY 6a. No. of Employees in Unit: 20 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11b. Election Date(s): January 15, 2020	11c. Election Time(s): 12:45 p.m. - 2:00 p.m.	11d. Election Location(s): Art Room, Elm Community Charter School, 149-34 35th Ave, Flushing, N
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12a. Full Name of Petitioner (including local name and number)
Meaghan Murphy Esq.
United Federation of Teachers, Local 2, AFT, AFL-CIO

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

12d. Tel No. (212) 228-3382	12e. Cell No.	12f. Fax No. (212) 228-9253	12g. E-Mail Address mmurphy@nysutmail.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Meaghan Murphy Esq. Associate Counsel Office of Robert T. Reilly		13b. Address (street and number, city, state, and ZIP code) 52 Broadway 9th Floor NY New York 10004-	
13c. Tel No. (212) 228-3382	13d. Cell No.	13e. Fax No. (212) 228-9253	13f. E-Mail Address mmurphy@nysutmail.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) Meaghan Murphy Esq.	Signature Meaghan Murphy Esq.	Title Associate Counsel	Date 01/6/2020 15:31:48
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	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
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-254368

Date Filed

1-8-2020

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

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

2a. Name of Employer Reconn Utility Services, a division of USIC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 9045 North River Rd Suite 300 IN Indianapolis 46240-	
3a. Employer Representative - Name and Title Julie Kirkpatrick		3b. Address (if same as 2b - state same) 9045 North River Rd Suite 300 IN Indianapolis 46240-	
3c. Tel. No. (586) 612-5093	3d. Cell No.	3e. Fax No.	3f. E-Mail Address JulieKirkpatrick@usidlc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utilities		4b. Principal product or service Utility services	5a. City and State where unit is located: Brooklyn, NY

5b. Description of Unit Involved		6a. No. of Employees in Unit: 75
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

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

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

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

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

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

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

11b. Election Date(s): January 23, 2020	11c. Election Time(s): 10am to 3pm	11d. Election Location(s): NLRB Region 29, 2 MetroTech Ctr, 5th Floor, Brooklyn NY
12a. Full Name of Petitioner (including local name and number) Tim Dubnau Communications Workers of America		12b. Address (street and number, city, state, and ZIP code) 80 Pine Street 37th Floor NY New York 10005-

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

12d. Tel No. (212) 344-2515	12e. Cell No.	12f. Fax No. (212) 425-2947	12g. E-Mail Address tdubnau@cwa-union.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Nick Hanlon District Counsel CWA District 1 Legal Department		13b. Address (street and number, city, state, and ZIP code) 80 Pine Street 37th Floor NY New York 10005-	
13c. Tel No. (212) 344-2515	13d. Cell No.	13e. Fax No. (212) 425-2947	13f. E-Mail Address nhanlon@cwa-union.org

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

Name (Print) Nick Hanlon	Signature Nick Hanlon	Title District Counsel	Date 01/8/2020 13:18:48
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

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

Employees Excluded

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

29-RC-254591

1-14-2020

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

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

2a. Name of Employer Ateam Security (ATS)		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 12330 Arrow Route CA Rancho Cucamonga 91739-	
3a. Employer Representative - Name and Title Gal Yaniv		3b. Address (If same as 2b - state same) Patrick J. Hoban- Counsel Zashin & Rich 950 Main Avenue - 4th Floor OH Cleveland 44113-	
3c. Tel. No. (310) 442-9911	3d. Cell No.	3e. Fax No.	3f. E-Mail Address gyaniv@atsforce.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Systems & Services		4b. Principal product or service Private Building Area Security	
5a. City and State where unit is located: Brooklyn, NY			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 6
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 01/07/2020 and Employer declined recognition on or about 01/07/2020 (Date) (If no reply received, so state). Yes
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

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

11b. Election Date(s): January 31 2020	11c. Election Time(s): 6:30 - 9:00 AM	11d. Election Location(s): Employer vacant office
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12a. Full Name of Petitioner (including local name and number) Luis Aviles Local 642 Security Allied Federated Employees (SAFE) Union	12b. Address (street and number, city, state, and ZIP code) 44 Court Street Suite 1217 NY BROOKLYN 11201-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
None

12d. Tel No. (516) 813-7646	12e. Cell No.	12f. Fax No.	12g. E-Mail Address safe642@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Stephen Goldblatt Counsel Law Office of Stephen Goldblatt		13b. Address (street and number, city, state, and ZIP code) 44 Court Street Suite 1217 NY Brooklyn 11201-	
13c. Tel No. (917) 771-8010	13d. Cell No.	13e. Fax No.	13f. E-Mail Address goldblattlegal@gmail.com

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

Name (Print) Stephen Goldblatt	Signature STEPHEN GOLDBLATT	Title Counsel	Date 01/10/2020 14:43:18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

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

Employees Excluded

All other employees and supervisors as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	29-RC-255349
Date Filed	1/29/2020

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

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

2a. Name of Employer NYU Winthrop Hospital	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 777 and 1000 Zeckendorf Boulevard, Garden City, NY 11530
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3a. Employer Representative - Name and Title see attached rider	3b. Address (if same as 2b - state same) 259 First Street, Mineola, NY 11501
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3c. Tel. No. 516-663-4905	3d. Cell No.	3e. Fax No. 516-663-3835	3f. E-Mail Address see attached rider
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) acute care hospital	4b. Principal product or service health care	5a. City and State where unit is located: Mineola, New York
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5b. Description of Unit Involved Included: see attached rider Excluded: see attached rider	6a. No. of Employees in Unit: approximately 25 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None	8b. Address
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): February 25, 2020	11c. Election Time(s): 6:30-9:30 am, 11:30 am-1:30 pm, & 3:00-5:00 pm	11d. Election Location(s): Conference room, 1000 Zeckendorf Boulevard, Garden City, NY
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12a. Full Name of Petitioner (including local name and number) 1199SEIU United Healthcare Workers East	12b. Address (street and number, city, state, and ZIP code) 100 Duffy Ave, Suite 300W, Hicksville, NY 11801 attn: David Greenberg
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union


12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address davidg@1199.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Kent Y. Hirozawa	13b. Address (street and number, city, state, and ZIP code) Gladstein, Reif & Maginniss, LLP, 39 Broadway, Suite 2430, New York, NY 10006
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13c. Tel. No. 212-228-7727	13d. Cell No.	13e. Fax No. 212-228-7654	13f. E-Mail Address khrozawa@grmny.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Kent Y. Hirozawa	Signature 	Title Attorney	Date January 28, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Rider – Zeckendorf Technical Unit

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

Stacey Pfeffer, Senior Vice President for Human Resources and Organizational Development:

stacey.pfeffer@nyulangone.org

Diego Chiarandini, A.V.P. for Human Resources: diego.chiarandini@nyulangone.org

Kristina Merritts, Executive Assistant to Stacey Pfeffer and Diego Chiarandini:

kristina.merritts@nyulangone.org

5b. Description of Unit Involved:

Included: 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.

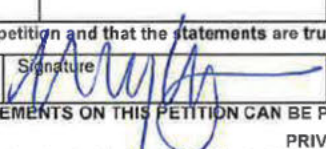
*Eligible to vote are all employees in the unit who worked an average of at least four (4) hours per week for the 13 weeks preceding the eligibility date.

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	29-RC-255353
Date Filed	1/29/2020

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

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2a. Name of Employer NYU Winthrop Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 777 and 1000 Zeckendorf Boulevard, Garden City, NY 11530	
3a. Employer Representative - Name and Title see attached rider		3b. Address (if same as 2b - state same) 259 First Street, Mineola, NY 11501	
3c. Tel. No. 516-663-4905	3d. Cell No.	3e. Fax No. 516-663-3835	3f. E-Mail Address see attached rider
4a. Type of Establishment (Factory, mine, wholesaler, etc.) acute care hospital		4b. Principal product or service health care	
5b. Description of Unit Involved Included: see attached rider Excluded: see attached rider		5a. City and State where unit is located: Mineola, New York 6a. No. of Employees in Unit: approximately 25 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): February 25, 2020		11c. Election Time(s): 6:30-9:30 am, 11:30 am-1:30 pm, & 3:00-5:00 pm	
11d. Election Location(s): Conference room, 1000 Zeckendorf Boulevard, Garden City, NY		12a. Full Name of Petitioner (including local name and number) 1199SEIU United Healthcare Workers East	
12b. Address (street and number, city, state, and ZIP code) 100 Duffy Ave, Suite 300W, Hicksville, NY 11801 attn: David Greenberg		12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union	
12d. Tel No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address davidg@1199.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Kent Y. Hirozawa		13b. Address (street and number, city, state, and ZIP code) Gladstein, Reif & Meginniss, LLP, 39 Broadway, Suite 2430, New York, NY 10006	
13c. Tel No. 212-228-7727	13d. Cell No.	13e. Fax No. 212-228-7654	13f. E-Mail Address khrozawa@grmny.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Kent Y. Hirozawa	Signature 	Title Attorney	Date January 26, 2020

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

PRIVACY ACT STATEMENT

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

Rider – Zeckendorf Service Unit

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

Stacey Pfeffer, Senior Vice President for Human Resources and Organizational Development:

stacey.pfeffer@nyulangone.org

Diego Chiarandini, A.V.P. for Human Resources: diego.chiarandini@nyulangone.org

Kristina Merritts, Executive Assistant to Stacey Pfeffer and Diego Chiarandini:

kristina.merritts@nyulangone.org

5b. Description of Unit Involved:

Included: All full-time and regular part-time, including per-diem*, service employees employed by NYU Winthrop Hospital 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.

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 29-RC-255357	Date Filed 1/29/2020

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

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

2a. Name of Employer NYU Winthrop Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 777 and 1000 Zeckendorf Boulevard, Garden City, NY 11530	
3a. Employer Representative - Name and Title see attached rider		3b. Address (if same as 2b - state same) 259 First Street, Mineola, NY 11501	
3c. Tel. No. 516-663-4905	3d. Cell No.	3e. Fax No. 516-663-3835	3f. E-Mail Address see attached rider
4a. Type of Establishment (Factory, mine, wholesaler, etc.) acute care hospital		4b. Principal product or service health care	5a. City and State where unit is located: Mineola, New York
5b. Description of Unit Involved Included: see attached rider Excluded: see attached rider			6a. No. of Employees in Unit: approximately 25 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

11b. Election Date(s): February 25, 2020	11c. Election Time(s): 6:30-9:30 am, 11:30 am-1:30 pm, & 3:00-5:00 pm	11d. Election Location(s): Conference room, 1000 Zeckendorf Boulevard, Garden City, NY
12a. Full Name of Petitioner (including local name and number) 1199SEIU United Healthcare Workers East		12b. Address (street and number, city, state, and ZIP code) 100 Duffy Ave, Suite 300W, Hicksville, NY 11801 attn: David Greenberg

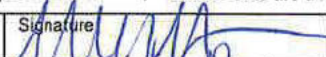
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union

12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address davidg@1199.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Kent Y. Hirozawa		13b. Address (street and number, city, state, and ZIP code) Gladslein, Reif & Meginniss, LLP, 39 Broadway, Suite 2430, New York, NY 10006	
13c. Tel. No. 212-228-7727	13d. Cell No.	13e. Fax No. 212-228-7654	13f. E-Mail Address khrozawa@grmny.com

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

Name (Print) Kent Y. Hirozawa	Signature 	Title Attorney	Date January 28, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Rider – Zeckendorf Business Office Clerical Unit

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

Stacey Pfeffer, Senior Vice President for Human Resources and Organizational Development:

stacey.pfeffer@nyulangone.org

Diego Chiarandini, A.V.P. for Human Resources: diego.chiarandini@nyulangone.org

Kristina Merritts, Executive Assistant to Stacey Pfeffer and Diego Chiarandini:

kristina.merritts@nyulangone.org

5b. Description of Unit Involved:

Included: All full-time and regular part-time, including per-diem*, business office clerical 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.

Excluded: All other employees, professional employees, technical employees, skilled maintenance employees, service employees, confidential employees, guards and supervisors as defined in the Act.