

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**29-RC-244157**

Date Filed  
**7/1/2019**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 <b>Briscoe Protective Systems</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>100 Mark Tree Road, Centereach, NY 11720</b>	
3a. Employer Representative - Name and Title <b>Thomas Manning - Director of Service</b>		3b. Address (If same as 2b - state same) <b>SAME AS ABOVE</b>	
3c. Tel. No. <b>(631) 864-8666</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>Thomasm@briscoeprotective.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Fire alarm and Security Installation Company</b>		4b. Principal product or service <b>Fire alarm and Security Installation Services</b>	
5a. City and State where unit is located: <b>Centereach, NY</b>		5b. Description of Unit Involved <b>Included:</b> All full-time and regular part-time service technicians, fire installers, fire alarm technicians, and security installers. <b>Excluded:</b> All other employees, including all office staff, management, and supervisors as defined by the Act.	
6a. No. of Employees in Unit: <b>24</b>		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). <b>None</b>		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

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

11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): <b>July 18, 2019</b>
11c. Election Time(s): <b>7:00-9:00 a.m.</b>
11d. Election Location(s): <b>2 Metrotech Center, Brooklyn, NY in a Hearing Room on the 5th floor.</b>

12a. Full Name of Petitioner (including local name and number)  
**Local Union No. 3, International Brotherhood of Electrical Workers**

12b. Address (street and number, city, state, and ZIP code)

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**Local Union No. 3, International Brotherhood of Electrical Workers affiliated with the A.F.L.-C.I.O., C.F.L.**

12d. Tel No. <b>(718) 591-4000</b>	12e. Cell No. <b>(917) 680-2877</b>	12f. Fax No.	12g. E-Mail Address <b>Esholom@local3IBEW.Org</b>
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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 <b>Ezra Sholom - Organizer</b>		13b. Address (street and number, city, state, and ZIP code) <b>158-11 Jewel Avenue, 4th floor, Flushing, NY 11365</b>	
13c. Tel No. <b>(718) 591-4000</b>	13d. Cell No. <b>(917) 680-2877</b>	13e. Fax No.	13f. E-Mail Address <b>Esholom@local3IBEW.Org</b>

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

Name (Print) <b>Ezra Sholom</b>	Signature <b>Ezra Sholom</b>	Title <b>Organizer</b>	Date <b>6/18/19</b>
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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.

(b) (6), (b) (7)(C)

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

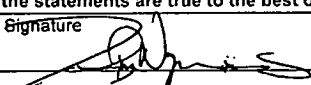
DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Alutiiq Advanced Security Solutions, LLC.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4114 Legato Road, Suite 380, Fairfax, VA 22033	
<b>3a. Employer Representative - Name and Title:</b> David Hoover, Sr. Manager HR		<b>3b. Address (if same as 2b - state same):</b> 1009 Bankton Circle, Hanahan, SC 29410	
<b>3c. Tel. No.</b> 843-377-1772	<b>3d. Cell No.</b> 843-819-8260	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> DHoover@Alutiiq.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Federal Research Facility		<b>4b. Principal Product or Service</b> Security Protection	
<b>5a. City and State where unit is located:</b> Plum Island, New York		<b>5b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6a. Number of Employees in Unit:</b> 40		<b>6b. Description of Unit Involved:</b> Included: See Attached Excluded: See Attached	
<b>Check One:</b> <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.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> Special and Superior Officers Benevolent Association		<b>8b. Address:</b> 199 N. Wellwood Ave, Lindenhurst, NY 11757	
<b>8c. Tel. No.</b> 631-587-9116	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b> NONE			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>Mail Ballot since the work location is on an animal research facility on Plum Island</b>			
<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> TBD		<b>11c. Election Time(s):</b> TBD	
<b>11d. Election Location(s):</b> Mail			
<b>12a. Full Name of Petitioner (including local name and number):</b> Federal Contract Guards of America		<b>12b. Address (street and number, city, State and ZIP code):</b> 445 Park Ave, New York, NY 10022	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> NONE			
<b>12d. Tel. No.</b> 212-541-3753	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 917-322-2105	<b>12g. E-Mail Address</b> memberservices@fcgoa.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Kim Nguyen, Legal Counsel		<b>13b. Address (street and number, city, State and ZIP code):</b> 445 Park Ave, New York, NY 10022	
<b>13c. Tel. No.</b> 212-541-3753	<b>13d. Cell No.</b> 917-747-8338	<b>13e. Fax No.</b> 917-322-2105	<b>13f. E-Mail Address</b> KNGUYEN@fcgoa.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> KIM NGUYEN		<b>Signature</b> 	<b>Title</b> LEGAL COUNSEL
<b>Date</b> 7/2/2019			

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

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

**RC Petition – Alutiiq Advanced Security Solutions, LLC.**

**5b. Description of Unit Involved:**

**Included:**

All full-time and regular part-time Protective Security Officers performing guard duties under the Employer's contract with the Federal Government on Plum Island, NY.

**Excluded:**

All other employees, including administrative, clerical, and non-guards, as defined by the National Labor Relations Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**29-RC-244406**

Date Filed  
**7/5/2019**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer</b> Rose Associates Inc. 146 Pierrepont St.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 777 Third Avenue 6th Floor NY New York 10017-	
<b>3a. Employer Representative - Name and Title</b> Kerry Salter		<b>3b. Address</b> (If same as 2b - state same)	
<b>3c. Tel. No.</b> (212) 328-5513	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> ksalter@rosenyc.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Others		<b>4b. Principal product or service</b> Building Services	
<b>5a. City and State where unit is located:</b> Brooklyn, NY		<b>6a. No. of Employees in Unit:</b> 5	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> 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.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (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)  
32BJ

<b>10a. Name</b>	<b>10b. Address</b> NY	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b> klocke@seiu32bj.org

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

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> July 17, 2019	<b>11c. Election Time(s):</b> 2-3pm	<b>11d. Election Location(s):</b> Employee Break Room
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**12a. Full Name of Petitioner (including local name and number)**  
Stephen G Sombrotto  
United Workers of America Local 621

**12b. Address (street and number, city, state, and ZIP code)**  
367 Long Beach Road 147  
NY Island Park 11558-

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

<b>12d. Tel No.</b> (888) 666-1974	<b>12e. Cell No.</b> (516) 807-3716	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> sombrotto@unitedworkers.us
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>	<b>13b. Address</b> (street and number, city, state, and ZIP code)
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<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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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.**

<b>Name (Print)</b> Stephen G Sombrotto	<b>Signature</b> Stephen G. Sombrotto	<b>Title</b> President	<b>Date</b> 07/3/2019 18:46:47
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All Building Service Employees Including Superintendent

Employees Excluded

All other Clerical or Contractor Employees

MLRB-REGION 29  
RECEIVED  
2019 JUL -5 PM 12:52  
BROOKLYN, NY 11201



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>29-RC-244537</b>	Date Filed <b>7/9/19</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer</b> Edison Home Health Care	<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) See attached
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<b>3a. Employer Representative - Name and Title</b> Mrs. Lambartie	<b>3b. Address</b> (If same as 2b - state same) 946 McDonald Ave, Brooklyn NY 11218
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<b>3c. Tel. No.</b> (718)-705-5800 x700	<b>3d. Cell No.</b> 718-972-2929	<b>3e. Fax No.</b> 718-831-7569	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Home Care Agency	<b>4b. Principal product or service</b> Health Care Services	<b>5a. City and State where unit is located:</b> New York, NY
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**5b. Description of Unit Involved**  
**Included:** All full-time, regular part-time and per diem Home Health Aides and Personal Care Aides.

**Excluded:** All other employees, including coordinators, CDPAP employees, guards and supervisors as defined in Section 2(11) of the Act.

<b>6a. No. of Employees in Unit:</b> 2500	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> 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.

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

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

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

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> mail ballot	<b>11c. Election Time(s):</b> mail ballot	<b>11d. Election Location(s):</b> mail ballot
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<b>12a. Full Name of Petitioner (including local name and number)</b> 1199SEIU United Healthcare Workers East	<b>12b. Address (street and number, city, state, and ZIP code)</b> 330 West 42nd Street, New York, NY 10036
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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

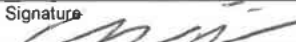
<b>12d. Tel No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Micah Wissinger, Esq. Levy Ratner, P.C.	<b>13b. Address (street and number, city, state, and ZIP code)</b> 80 8th Avenue, 8th Floor, New York, NY 10011
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<b>13c. Tel No.</b> 212-627-8100	<b>13d. Cell No.</b> 347-852-5558	<b>13e. Fax No.</b> 212-627-8182	<b>13f. E-Mail Address</b> mwissinger@levyratner.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.

<b>Name (Print)</b> Micah Wissinger	<b>Signature</b> 	<b>Title</b> Counsel to Petitioner	<b>Date</b> July 8, 2019
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment for Question 2b – Address(es) of Establishment(s) Involved

946 McDonald Ave  
Brooklyn NY 11218

391 E 149<sup>th</sup> St 3<sup>rd</sup> Fl  
Bronx NY 10455

54-06 Myrtle Ave 2<sup>nd</sup> FL  
Ridgewood, NY 11385

16202 Jamaica Ave Suite 5 2<sup>nd</sup> Floor  
Jamaica, NY 11432

1931 Mott Ave Suite 412  
Far Rockaway NY 11691

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-244468

Date Filed

7/8/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer:</b> Allen Boulevard Corp.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 71 Allen Blvd., Farmingdale NY
<b>3a. Employer Representative - Name and Title:</b> Erick Albo, Plant Manager	<b>3b. Address (if same as 2b - state same):</b> Same

<b>3c. Tel. No.</b> 516-298-5830	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Laundry	<b>4b. Principal Product or Service</b> Linen & Towels	<b>5a. City and State where unit is located:</b> Farmingdale NY
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full time and regular part-time production employees <b>Excluded:</b> Leads, mechanics, drivers, driver assistant, office clerical, managers and guards	<b>6a. Number of Employees in Unit:</b> 30 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> Local 2013 UFCW	<b>8b. Address:</b> 9235 4th Avenue, Brooklyn NY 11209
--	---

<b>8c. Tel. No.</b> 800-393-1135	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> 718-745-4690	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b> UFCW		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 9-4-2019

**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)**

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

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election: **11a. Election Type:**  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> 07-19-2019	<b>11c. Election Time(s):</b> 10am	<b>11d. Election Location(s):</b> Employer location
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<b>12a. Full Name of Petitioner (including local name and number):</b> Local 726 IUJAT	<b>12b. Address (street and number, city, State and ZIP code):</b> 93 Lake Avenue, Suite 103, Danbury CT 06810
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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):**  
International Union of Journeymen & Allied Trades

<b>12d. Tel. No.</b> 203-205-0101	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 203-205-0006	<b>12g. E-Mail Address</b>
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b> <b>13a. Name and Title:</b> Rene Choto, Business Agent	<b>13b. Address (street and number, city, State and ZIP code):</b> Same
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<b>13c. Tel. No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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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.

<b>Name (Print)</b> Rene Choto	<b>Signature</b> 	<b>Title</b> Business Agent	<b>Date</b> 7-3-19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


29-RC-244914

Date Filed

7/16/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Kellermeyer Bergensons Services (KBS)		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> Century 21, 6135 Junction Blvd. Rego Park, NY 11374	
<b>3a. Employer Representative - Name and Title:</b> Robert Castiglione, Regional Vice President		<b>3b. Address (if same as 2b - state same):</b> Kellermeyer Bergensons Services (KBS) Contract Cleaning Division 3605 Ocean Ranch Blvd, Suite 200, Oceanside, CA 92056	
<b>3c. Tel. No.</b> 516-216-0945	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> rcastiglione@kbs-services.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Retail Establishment		<b>4b. Principal Product or Service</b> Retail	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attachment <b>Excluded:</b> See attachment		<b>5a. City and State where unit is located:</b> Rego Park, NY 11374	
		<b>6a. Number of Employees in Unit:</b> 6	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 7/15/2019 and Employer declined recognition on or about (Date) No Reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>As soon as possible</b>			
<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> TBD		<b>11c. Election Time(s):</b> TBD	
		<b>11d. Election Location(s):</b> TBD	
<b>12a. Full Name of Petitioner (including local name and number):</b> Building Maintenance Employees Union, Local 486		<b>12b. Address (street and number, city, State and ZIP code):</b> 148-06 Hillside Ave, Jamaica, NY 11435	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> National Organization of Industrial Trade Unions (NOITU) - International Union of Journeymen and Allied Trades (IUJAT)			
<b>12d. Tel. No.</b> 718-291-3434 ext. 615	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 718-526-2920	<b>12g. E-Mail Address</b> awilliams@noitu.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Andre Williams, Esq., In-House Counsel		<b>13b. Address (street and number, city, State and ZIP code):</b> 148-06 Hillside Ave, Jamaica, NY 11435	
<b>13c. Tel. No.</b> 718-291-3434 ext. 615	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 718-526-2920	<b>13f. E-Mail Address</b> awilliams@noitu.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Andre Williams, Esq.	<b>Signature</b> 		<b>Title</b> In-House Counsel
			<b>Date</b> 7/15/2019

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

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

attachment: Kellermeyer Bergensons Services (KBS).

5b. Description of Unit Involved:

**Included:** All full-time and regular part-time JANITORIAL Employees employed by the Employer at Century 21, 6135 Junction Blvd. Rego Park, NY 11374.

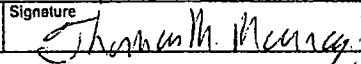
**Excluded:** All supervisors, office clerical employees, guards, and others as defined in the National Labor Relations Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	29-RC-245051
Date Filed	7/18/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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.

<b>2a. Name of Employer:</b> Children of America		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 87-10 Northern Blvd., New York, NY 11372	
<b>3a. Employer Representative - Name and Title:</b> Monique Van Putten, Educational Director		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (437) 695-8321	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (718) 730-5294	<b>3f. E-Mail Address</b> coaqueensny@childrenofamerica.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Day Care		<b>4b. Principal Product or Service</b> Day Care	
<b>5a. City and State where unit is located:</b> New York, NY		<b>5b. Description of Unit Involved:</b> Included: all part-time & full time leaders, teacher assistants, janitors, cooks, nurses Excluded: all supervisors, security guards, & all employees working under 20 hours	
<b>6a. Number of Employees in Unit:</b> 24		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) July 8, 2019 and Employer declined recognition on or about (Date) no reply received (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
<b>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)</b> None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> July 23, 2019		<b>11c. Election Time(s):</b> 11:30AM-1:30PM	
<b>11d. Election Location(s):</b> 87-10 Northern Blvd., New York, NY 11372			
<b>12a. Full Name of Petitioner (including local name and number):</b> District Council 1707, Local 205, AFSCME, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 420 West 45th Street, New York, NY 11372	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> District Council 1707, Local 205, American Federation of State, County, & Municipal Employees, The American Federation of Labor & Congress of Industrial Organizations			
<b>12d. Tel. No.</b> 646-887-3657	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (646) 887-3659	<b>12g. E-Mail Address</b> tmurray@dc1707.net
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Thomas M. Murray, General Counsel Indira Mohan, Director of Organizing		<b>13b. Address (street and number, city, State and ZIP code):</b> 420 West 45th Street, New York, NY 11372	
<b>13c. Tel. No.</b> Thomas M. Murray: (646) 887-3657 Indira Mohan: (646) 887-0093	<b>13d. Cell No.</b> Indira Mohan: (917) 929-9125	<b>13e. Fax No.</b> Thomas M. Murray: (646) 887-3659	<b>13f. E-Mail Address</b> Thomas M. Murray: tmurray@dc1707.net Indira Mohan: imohan@dc1707.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Thomas M. Murray	<b>Signature</b> 	<b>Title</b> General Counsel	<b>Date</b> July 16, 2019

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

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

Case No.

29-RD-245143

Date Filed

7/19/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>ADAPT COMMUNITY NETWORK</b>	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>420 95<sup>th</sup> St. BKLYN, N.Y. 11209</b>
3a. Employer Representative - Name and Title <b>GARY DREYFUSS SVP, HR</b>	3b. Address (If same as 2b - state name) <b>80 MAIDEN LANE, N.Y. N.Y. 10038</b>
3c. Tel. No. <b>(212) 683-6700</b>	3d. Fax No. <b>(212) 545-0434</b>
3e. Cell No.	3f. E-Mail Address <b>gdreyfuss@adaptcommunitynetwork.org</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>SCHOOL</b>	4b. Principal product or service <b>EDUCATION</b>

5a. Description of Unit Involved  
**Included: All FULLTIME AND PART-TIME TEACHERS' ASSISTANTS PARAPROFESSIONALS AND MAINTENANCE EMPLOYED AT WILLIAM O'CONNOR SCHOOL BAY RIDGE.**  
**Excluded: All PROFESSIONAL EMPLOYEES, Admin ASSISTANTS, OFFICE CLERICAL EMPLOYEES, CONFIDENTIAL EMPLOYEES, GUARDS AND SUPERVISORS**

5b. City and State where unit is located:  
**BROOKLYN, NEW YORK**

6. No. of Employees in Unit **31**

7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent  
**AMERICAN FEDERATION DISTRICT COUNCIL 1707 OF STATE, COUNTY, EMPLOY**

8b. Affiliation, if any

8c. Address  
**420 WEST 45<sup>th</sup> St.  
NEW YORK, N.Y. 10036**

8d. Tel. No.  
**(212) 319-6023**

8e. Cell No.

8f. E-Mail Address  
**646 835 0681 kmedina@dc1707.net**

9. Date of Recognition or Certification  
**JUNE 29, 2018**

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
**NA**

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No

11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) \_\_\_\_\_ a labor organization, of (Insert Address) \_\_\_\_\_ since (Month, Day, Year) \_\_\_\_\_

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) **NONE**

12a. Name <b>PI 3:5 NY 112</b>	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

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

13a. Election Type: ☐ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)

13c. Election Time(s)

13d. Election Location(s)

14. Full Name of Petitioner **(b) (6), (b) (7)(C)**

14a. Address (Street and number, city, state, ZIP code)  
**(b) (6), (b) (7)(C)**

14b. Tel. No.  
**(b) (6), (b) (7)(C)**

14c. Fax No.  
**(b) (6), (b) (7)(C)**

14d. Affiliation, if any

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

15a. Name  
**(b) (6), (b) (7)(C)**

15b. Title  
**(b) (6), (b) (7)(C)**

15c. Address (Street and number, city, state, ZIP code)  
**(b) (6), (b) (7)(C)**

15d. Tel. No.  
**(b) (6), (b) (7)(C)**

15e. Fax No.  
**(b) (6), (b) (7)(C)**

15f. Cell No.  
**(b) (6), (b) (7)(C)**

15g. E-Mail Address  
**(b) (6), (b) (7)(C)**

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

Name (Print)  
**(b) (6), (b) (7)(C)**

Signature  
**(b) (6), (b) (7)(C)**

Title  
**(b) (6), (b) (7)(C)**

Date Filed  
**6/18/19**

WILL OF THESE STATEMENTS ON THIS PETITION CAN BE PROSECUTED AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-245746

Date Filed

7/31/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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:**  
Jamestown Management Corp.

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
220 36th Street, Brooklyn, NY 11232

**3a. Employer Representative - Name and Title:**  
David Furer, Vice President, Operations

**3b. Address (if same as 2b - state same):**  
675 Ponce De Leon Ave. NE, 7th flr., Atlanta, GA 30308

**3c. Tel. No.**  
(404) 885-7307

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
david.furer@jamestownlp.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
commercial building

**4b. Principal Product or Service**  
property services

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

**5b. Description of Unit Involved:**

**Included:**  
All elevator operators and demolition workers at Industry City.

**Excluded:**  
Supervisors and managers.

**6a. Number of Employees in Unit:**  
46

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

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

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state)**  
NOITU Local 528

**8b. Address:**  
148-06 Hillside Ave., Jamaica, NY 11435

**8c. Tel. No.**  
(718) 291-3434

**8d. Cell No.**

**8e. Fax No.**  
(718) 526-2920

**8f. E-Mail Address**

**8g. Affiliation, if any:**  
IUJAT

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** 9/30/2019

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

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election: **11a. Election Type:**  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
August 20, 2019

**11c. Election Time(s):**  
4:30 pm to 6:00 pm

**11d. Election Location(s):**  
88 35th Street, Brooklyn, NY, basement

**12a. Full Name of Petitioner (including local name and number):**  
Service Employees International Union, Local 32BJ

**12b. Address (street and number, city, State and ZIP code):**  
25 West 18th Street, New York, NY 10011

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

**12d. Tel. No.**  
212-388-3025

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
astrom@seiu32bj.org

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

**13a. Name and Title:**  
Brent Garren, Deputy General Counsel

**13b. Address (street and number, city, State and ZIP code):**  
25 West 18th Street, New York, NY 10011

**13c. Tel. No.**  
212-388-3943

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**  
bgarren@seiu32bj.org

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

**Name (Print)**  
Andrew Strom

**Signature**  


**Title**  
Associate General Counsel

**Date**  
07/29/19

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

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



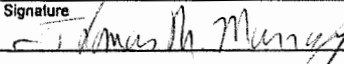
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 29-RC-245133 Date Filed 7/19/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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.

<b>2a. Name of Employer:</b> EIHAB Human Services		<b>2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):</b> 168-18 S. Conduit Avenue, New York, NY 11434	
<b>3a. Employer Representative - Name and Title:</b> Joshua Thomas, Chief Operating Officer		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (718) 276-6101 Ext. 112	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Joshua.Thomas@eihab.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Social Services		<b>4b. Principal Product or Service</b> Social Services	
<b>5a. City and State where unit is located:</b> New York, NY		<b>5b. Description of Unit Involved:</b> Included: all full-time and part-time direct support professional/direct care workers, and medical coordinators Excluded: all supervisors, security guards, and confidential employees	
<b>6a. Number of Employees in Unit:</b> 151		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> July 16, 2019 <b>and Employer declined recognition</b> on or about (Date) no reply received (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
<b>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)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> July 26, 2019		<b>11c. Election Time(s):</b> 8AM-10:30AM & 2:30PM-6:00PM	
<b>11d. Election Location(s):</b> See Page 2			
<b>12a. Full Name of Petitioner (including local name and number):</b> District Council 1707, Local 215, AFSCME, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 420 West 45th Street, New York, NY 11372	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b>			
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Thomas M. Murray, General Counsel		<b>13b. Address (street and number, city, State and ZIP code):</b> 420 West 45th Street, New York, NY 11372	
<b>13c. Tel. No.</b> (646) 887-3557	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (646) 887-3659	<b>13f. E-Mail Address</b> tmurray@dc1707.net
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Thomas M. Murray		<b>Signature</b> 	<b>Title</b> General Counsel
		<b>Date</b> July 17, 2019	

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

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Election Locations:

- 1775-35 145th Avenue, Jamaica, NY 11434
- 170-27 Tiff Court, Jamaica, NY 11433
- 170-29 Tiff Court, Jamaica, NY 11433
- 144-31 175th Street, Jamaica, NY 11434
- 144-35 175th Street, New York, NY 11434
- 150-19 125th Street, South Ozone Park, NY 11420
- 7419 91st Avenue, Woodhaven, NY 11421
- 7420 Rockaway Boulevard, Woodhaven, NY 11421
- 220-28 147th Avenue, Springfield Gardens, NY 11413
- 177-50 S. Conduit Avenue, Jamaica, NY 11434
- 222-40 96th Avenue, Queens Village, NY 11420
- 109 Pilling Street, Brooklyn NY 11207
- 111 Pilling Street, Brooklyn, NY 11207
- 687 Chauncey, Brooklyn, NY 11207
- 1574 E. 95th Street, Brooklyn, NY 11207
- 3021 Atlantic Avenue, Brooklyn, NY 11208