

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. <b>29-RC-242886</b>	Date Filed <b>6/7/19</b>
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**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> New York Blood Center	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 45-01 Vernon Blvd, Long Island City, Queens, NY 11101
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<b>3a. Employer Representative - Name and Title:</b> Maureen Currin Director- Employee & Labor Relations/HR	<b>3b. Address (if same as 2b - state same):</b> 310 East 67th Street, New York, NY 10064
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<b>3c. Tel. No.</b> 212-570-3096	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 212-570-3466	<b>3f. E-Mail Address</b> mcurrin@nybc.org
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Health Care Clinic	<b>4b. Principal Product or Service</b> Health care	<b>5a. City and State where unit is located:</b> Long Island City, NY
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attachment <b>Excluded:</b> See attachment	<b>6a. Number of Employees in Unit:</b> 11
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**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) \_\_\_\_\_ on or about (Date) \_\_\_\_\_ (If no reply received, so state). and Employer declined recognition  
 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>
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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 (Month, Day, Year)</b>
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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)**

<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> 6/27/19	<b>11c. Election Time(s):</b> 7am-9am OR 11am-1pm	<b>11d. Election Location(s):</b> Marsh room, first floor
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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):**

<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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<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> 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> 6/5/19
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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.

**Attachment 5b**

**Employees Included**

All full-time and regular part-time Client Service Representatives as residuals to the existing unit.

**Employees Excluded**

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

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>29-RC-243068</b>	Date Filed <b>6/11/19</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.**

**2a. Name of Employer**  
Cushman and Wakefield

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
1111 Stewart Avenue, Bethpage, NY 11714 & affiliated properties in LI & Brooklyn

**3a. Employer Representative - Name and Title**  
Lawrence Smith - Supervisor

**3b. Address (if same as 2b - state same)**  
Same

**3c. Tel. No.**  
617-448-8406

**3d. Cell No.**  
617-448-8406

**3e. Fax No.**

**3f. E-Mail Address**  
lawrence.smith@cushwake.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Office Buildings

**4b. Principal product or service**  
Engineering and Building Maintenance

**5a. City and State where unit is located:**  
Long Island & Brooklyn New York

**5b. Description of Unit Involved**

**Included:** All full time and regular part time Building Engineers, Stationary Engineers, Mobile Engineers and Maintenance Engineers

**Excluded:** All office clerical employees, professional employees, guards and supervisors under the Act

**6a. No. of Employees in Unit:**  
10

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

**Check One:**  **7a. Request for recognition as Bargaining Representative was made on (Date) 06/10/2019 and Employer declined recognition on or about 06/11/2019 (Date) (If no reply received, so state). No Reply**

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

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

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

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

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

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

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

**11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):**  
June 24th 2019

**11c. Election Time(s):**  
8am to 9am

**11d. Election Location(s):**  
Break room at 111 Crossways, Woodbury, New York

**12a. Full Name of Petitioner (including local name and number)**  
Local 30 International Union of Operating Engineers

**12b. Address (street and number, city, state, and ZIP code)**  
16-16 Whitestone Expressway, Whitestone, New York 11357

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

**12d. Tel No.**  
917-680-7978

**12e. Cell No.**  
917-680-7978

**12f. Fax No.**  
718-805-2172

**12g. E-Mail Address**  
andrespuerta@iuoelocal30.org

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

**13a. Name and Title** Andres Puerta, Director of Special Projects

**13b. Address (street and number, city, state, and ZIP code)**  
Local 30, IUOE, 16-16 Whitestone Expressway, Whitestone, New York 11357

**13c. Tel No.**  
917-680-7978

**13d. Cell No.**  
917-680-7978

**13e. Fax No.**  
718-805-2172

**13f. E-Mail Address**  
andrespuerta@iuoelocal30.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)**  
Andres Puerta

**Signature**

**Title**  
Director of Special Projects

**Date**  
June 11, 2019

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

**PRIVACY ACT STATEMENT**

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>29-RC-243229</b>	Date Filed <b>6/13/19</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.

**2a. Name of Employer:**  
Waste Connections of New York, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
110 50th Street  
Brooklyn, NY 11232

**3a. Employer Representative - Name and Title:**  
Charlie Mahoney

**3b. Address (if same as 2b - state same):**  
2630 Park Avenue  
Bronx, NY 10451

**3c. Tel. No.** 718-492-4336      **3d. Cell No.**      **3e. Fax No.**      **3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Waste transfer station

**4b. Principal Product or Service**  
Waste Management Services

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

**5b. Description of Unit Involved:**  
**Included:**  
All full-time and part-time machine operators and traffic controllers  
**Excluded:**  
Clerical and professional employees, guards, supervisors

**6a. Number of Employees in Unit:**  
5

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?**  Yes  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)**  
LIFE Local 890

**8b. Address:**  
325 73rd Street  
Brooklyn, NY 11209

**8c. Tel. No.** 718-238-2399      **8d. Cell No.**      **8e. Fax No.**      **8f. E-Mail Address**

**8g. Affiliation, if any:**  
League of International Federated Employees

**8h. Date of Recognition or Certification**      **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** 8/14/2019

**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):**  
Day of week: Friday

**11c. Election Time(s):**  
3PM-5PM

**11d. Election Location(s):**  
110 50th Street, Brooklyn, NY 11232

**12a. Full Name of Petitioner (including local name and number):**  
Waste Material, Recycling, and General Industrial Laborers' Local 108

**12b. Address (street and number, city, State and ZIP code):**  
121 E 24 Street  
New York, NY 10010

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Laborers' International Union of North America, AFL-CIO

**12d. Tel. No.** (212) 925-9634      **12e. Cell No.**      **12f. Fax No.**      **12g. E-Mail Address**

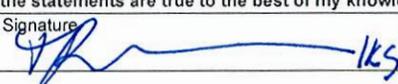
**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Tamir Rosenblum, Esq., General Counsel  
Mason Tenders District Council of Greater New York

**13b. Address (street and number, city, State and ZIP code):**  
520 8th Avenue, Suite 650  
New York, NY 10018

**13c. Tel. No.** (212) 452-9451      **13d. Cell No.**      **13e. Fax No.**      **13f. E-Mail Address**  
trosenblum@masontenders.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) Tamir Rosenblum      Signature       Title General Counsel      Date 6/11/2019

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

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

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

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. 29-RC-243255	Date Filed 6/13/19

**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.

2a. Name of Employer <b>Red Apple Property Management LLC</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>180 Myrtle Avenue, Brooklyn, NY 11201</b>	
3a. Employer Representative - Name and Title <b>Gregg Kravchuk, Property Manager</b>		3b. Address (if same as 2b - state same) <b>800 3rd Avenue Floor 5, New York NY 10022</b>	
3c. Tel. No. <b>(212) 484-9142</b>	3d. Cell No.	3e. Fax No. <b>(212) 262-4979</b>	3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Residential building</b>	4b. Principal product or service <b>Building services</b>	5a. City and State where unit is located: <b>Brooklyn, NY 11201</b>
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5b. Description of Unit Involved <b>Included: All building service workers</b> <b>Excluded: Statutory guards and supervisors, including superintendents</b>		6a. No. of Employees in Unit: <b>9</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:  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). <b>United Workers of America, Local 621</b>	8b. Address <b>367 Long Beach Road 147 Island Park, NY 11558</b>
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8c. Tel. No. <b>(888) 666-1974</b>	8d. Cell No.	8e. Fax No. <b>(516) 706-0879</b>	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification <b>9/9/16</b>	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>9/8/19</b>
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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): <b>Nearest Thursday</b>	11c. Election Time(s): <b>7:00 am-8:00 am, 2:00 pm- 3:00 pm</b>	11d. Election Location(s): <b>Employee locker room in the basement</b>
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12a. Full Name of Petitioner (Including local name and number) <b>SEIU LOCAL 32BJ</b>	12b. Address (street and number, city, state, and ZIP code) <b>25 West 18th Street New York, N.Y. 10011</b>
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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) <b>SEIU LOCAL 32BJ</b>
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12d. Tel. No. <b>212 388-3800</b>	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Michael Soto, Organizer</b>	13b. Address (street and number, city, state, and ZIP code) <b>25 W. 18th Street, New York, NY, 10011</b>
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13c. Tel. No.	13d. Cell No. <b>646-340-6996</b>	13e. Fax No.	13f. E-Mail Address <b>msoto@seiu32bj.org</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.

Name (Print) <b>Michael Soto</b>	Signature 	Title <b>Organizer</b>	Date <b>6/11/19</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.

NLRB-RECEIVED  
 2019 JUN 12 AM 11:3  
 BROOKLYN, NY 11201

DO NOT WRITE IN THIS SPACE	
Case No. <b>29-RC-243272</b>	Date Filed <b>6/14/19</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> Security USA	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 336 W. 37th Street, Suite 450, New York, NY 10018
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<b>3a. Employer Representative - Name and Title:</b> Ron Wiley, Account Manager	<b>3b. Address (if same as 2b - state same):</b> SAME
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<b>3c. Tel. No.</b> 212-594-4475	<b>3d. Cell No.</b> 917-443-8843	<b>3e. Fax No.</b> 212-594-5616	<b>3f. E-Mail Address</b> RONALD@SECURITYUSAINC.COM
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Residential Building	<b>4b. Principal Product or Service</b> Security	<b>5a. City and State where unit is located:</b> Brooklyn, NY
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attachment <b>Excluded:</b> See attachment	<b>6a. Number of Employees in Unit:</b> 20	<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
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 5/22/2019 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> NONE	<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 (Month, Day, Year)</b>
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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)

<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: **TBD**

**11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> TBD	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>
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<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
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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

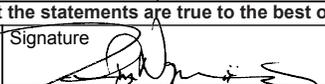
<b>12d. Tel. No.</b> 212-541-3753	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 917-322-2105	<b>12g. E-Mail Address</b> memberservices@fcgoa.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title:</b> Kim Nguyen, Legal Counsel	<b>13b. Address (street and number, city, State and ZIP code):</b> 445 Park Ave, New York, NY 10022
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<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
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>KIM NGUYEN</b>	Signature 	Title <b>LEGAL COUNSEL</b>	Date <b>6/12/2019</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**

**RC Petition – Security USA, Inc.**

5b. Description of Unit Involved:

Included:

All full-time and regular part-time security officers performing guard duties under the Employer's contract with the client working at site 2915 W. 5<sup>th</sup> Street, Brooklyn, NY, known as Trump Village.

Excluded:

All other employees, including administrative, clerical, and non-guards, as defined by 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-243802	Date Filed 6/25/19

**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> Waste Connections of New York, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 110 50th Street Brooklyn, NY 11232
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<b>3a. Employer Representative - Name and Title:</b> Charlie Mahoney	<b>3b. Address (if same as 2b - state same):</b> 2630 Park Avenue Bronx, NY 10451
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<b>3c. Tel. No.</b> 718-492-4336	<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> Waste transfer station	<b>4b. Principal Product or Service</b> Waste Management Services	<b>5a. City and State where unit is located:</b> Brooklyn, NY
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and part-time scale operators <b>Excluded:</b> Clerical and professional employees, guards, supervisors	<b>6a. Number of Employees in Unit:</b> 3	<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
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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 (if none, so state)</b>	<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 (Month, Day, Year)</b>
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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:  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> Day of week: Friday	<b>11c. Election Time(s):</b> 7AM-8AM	<b>11d. Election Location(s):</b> 110 50th Street, Brooklyn, NY 11232
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<b>12a. Full Name of Petitioner (including local name and number):</b> Waste Material, Recycling, and General Industrial Laborers' Local 108	<b>12b. Address (street and number, city, State and ZIP code):</b> 121 E 24 Street New York, NY 10010
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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):  
Laborers' International Union of North America, AFL-CIO

<b>12d. Tel. No.</b> (212) 925-9634	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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<b>13a. Name and Title:</b> Tamir Rosenblum, Esq., General Counsel Mason Tenders District Council of Greater New York	<b>13b. Address (street and number, city, State and ZIP code):</b> 520 8th Avenue, Suite 650 New York, NY 10018
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<b>13c. Tel. No.</b> (212) 452-9451	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> trosenblum@masontenders.org
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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> Tamir Rosenblum	<b>Signature</b> 	<b>Title</b> General Counsel	<b>Date</b> 6/24/2019
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information 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-243898	Date Filed 6/26/19

**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.**

**2a. Name of Employer:** ADAPT Community Network  
**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** 80 Maiden Lane, New York, New York 10038

**3a. Employer Representative - Name and Title:** Isabella Dombrowski, Director of Employee and Labor Relations  
**3b. Address (if same as 2b - state same):** same

**3c. Tel. No.** 212-683-6700 ext. 1372  
**3d. Cell No.**  
**3e. Fax No.**  
**3f. E-Mail Address** idombrowski@adaptcommunitynetwork.org

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** School  
**4b. Principal Product or Service** Educational Services  
**5a. City and State where unit is located:** 63-25 Dry Harbor Rd, Middle Village, NY 11379

**5b. Description of Unit Involved:**  
**Included:** All Teachers, Teacher Assistants (including Substitute Teacher Assistants), Teacher Aides (including One-to-One Aides), Custodians, Administrative Assistants, School Psychologists, Nurses, Music Therapists, Speech Therapists (including Bilingual Speech Therapists), Physical Therapists, and Occupational Therapists  
**Excluded:** Employees whose duties are found to be Managerial, Supervisory, or Confidential as defined by the Act

**6a. Number of Employees in Unit:** 40  
**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)**  
**8b. Address:**

**8c. Tel. No.**  
**8d. Cell No.**  
**8e. Fax No.**  
**8f. E-Mail Address**

**8g. Affiliation, if any:**  
**8h. Date of Recognition or Certification**  
**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

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

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

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

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

**11b. Election Date(s):** July 16, 2019, July 17, 2019 or July 18, 2019  
**11c. Election Time(s):** 2:00pm-3:30pm  
**11d. Election Location(s):** classroom 9 in the basement of Employer's facility located at 63-25 Dry Harbor Rd, Middle Village, NY 11379

**12a. Full Name of Petitioner (including local name and number):** United Federation of Teachers, Local 2, AFT, AFL-CIO  
**12b. Address (street and number, city, State and ZIP code):** 52 Broadway, 14th Floor, New York, New York 10004

**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.** 212-777-7500  
**12e. Cell No.**  
**12f. Fax No.**  
**12g. E-Mail Address**

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

**13a. Name and Title:** Elizabeth H. Jackson, Esq., Of Counsel, Office of Robert T. Reilly  
**13b. Address (street and number, city, State and ZIP code):** Office of Robert T. Reilly, 52 Broadway, 9th Floor, New York, New York 10004

**13c. Tel. No.** 212-228-3382 ext. 167  
**13d. Cell No.**  
**13e. Fax No.** 212-955-2347  
**13f. E-Mail Address** ejackson@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) Elizabeth H. Jackson  
Signature   
Title Attorney  
Date 6/24/2019

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
29-RC-242520	6/3/19

**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.

2a. Name of Employer: Security USA	2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 336 W. 37th St, Suite 450, New York, NY 10018
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3a. Employer Representative - Name and Title: Ron Wiley, Account Manager	3b. Address (if same as 2b - state same): SAME
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3c. Tel. No. 212-594-4475	3d. Cell No. 917-443-8843	3e. Fax No. 212-594-5616	3f. E-Mail Address RONALD@SECURITYUSAINC.COM
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4a. Type of Establishment (Factory, mine, wholesaler, etc.): Building	4b. Principal Product or Service Security	5a. City and State where unit is located: Brooklyn, NY
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5b. Description of Unit Involved: Included: see attachment Excluded: see attachment	6a. Number 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 5/22/2019 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)

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: TBD 11a. Election Type:  Manual  Mail  Mixed Manual/Mail

11b. Election Date(s): TBD	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): Federal Contract Guards of America	12b. Address (street and number, city, State and ZIP code): 445 Park Ave, New York, NY 10022
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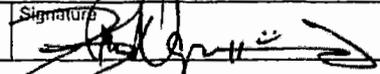
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
None

12d. Tel. No. 212-541-3753	12e. Cell No.	12f. Fax No. 917-322-2105	12g. E-Mail Address memberservices@fcgoa.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: Kim Nguyen, Legal Counsel	13b. Address (street and number, city, State and ZIP code): 445 Park Ave, New York, NY 10022
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13c. Tel. No. 212-541-3753	13d. Cell No. 917-747-8338	13e. Fax No. 917-322-2105	13f. E-Mail Address knguyen@fcgoa.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) KIM NGUYEN	Signature 	Title LEGAL COUNSEL	Date 5/31/2019
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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

RC Petition – Security USA, Inc.

5b. Description of Unit Involved:

Included:

All full-time and regular part-time security officers performing guard duties under the Employer's contract with the client for the site located at 2915 W. 5<sup>th</sup> Street, Brooklyn, NY, known as Trump Village, Site 3.

Excluded:

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

101  
2014 09 21 PM 3:58

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>29-RD..244054</b>	Date Filed <b>6/28/19</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: 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  
JASA (Jewish Association Serving the Aging)

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
247 W 37th Street  
NY New York 10018

3a. Employer Representative - Name and Title  
**Linda Freitag HR Director**

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

3c. Tel. No.  
**212-273-5215**

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
**LFreitag@jasa.org**

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Legal

4b. Principal product or service  
Legal Services

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

5b. Description of Unit Involved  
Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:  
14

Excluded: See Attached Page 2 for additional details

6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes  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  
DC 1707, Local 215 **Thomas Murray (In-House Counsel)**

8b. Address  
**420 W. 45th Street, New York, NY 10036**

8c. Tel. No.  
**212-219-0022**

8d. Cell No.

8e. Fax No.

8f. E-Mail Address  
**tmurray@dc1707.net**

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 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):  
ASAP

11c. Election Time(s):  
ASAP

11d. Election Location(s):  
Rego Park, Queens or anywhere in NYC

12a. Full Name of Petitioner **(b) (6), (b) (7)(C)**

12b. Address (street and number, city, state, and ZIP code) **(b) (6), (b) (7)(C)**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) **(b) (6), (b) (7)(C)**

COMMUNITY AND SOCIAL AGENCY EMPLOYEES UNION, DISTRICT COUNCIL 1707, A.F.S.C.M.E., A.F.L.-C.I.O., Local 215

12d. Tel No.  
**(b) (6), (b) (7)(C)**

12e. Cell No.  
**(b) (6), (b) (7)(C)**

12f. Fax No.

12g. E-Mail Address  
**(b) (6), (b) (7)(C)**

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

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

I declare that I have read the above petition and **(b) (6), (b) (7)(C)** true to the best of my knowledge and belief.

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

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

Date  
**06/17/2019 22:53:52**

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.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included  
Attorneys and Paralegals

Employees Excluded  
All other professionals and non-professionals