

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>29-RC-237037</b>	Date Filed <b>3/5/19</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> Norris Food Services	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 545-10 Johnson Ave Bohemia, NY 11716
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<b>3a. Employer Representative - Name and Title</b> William J Norris: CEO	<b>3b. Address (if same as 2b - state same)</b> same
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<b>3c. Tel. No.</b> 631-582-1144	<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> Food Processing	<b>4b. Principal product or service</b> Foods	<b>5a. City and State where unit is located:</b> Bohemia, NY
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time and regular part-time runners, packers and quality inspectors.	<b>6a. No. of Employees in Unit:</b> 150
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**Excluded:** All other employees including, but not limited to drivers, mechanics, sanitation, janitorial, clerical, supervisors, managers, and guards as defined by the Act.

**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> IBT Local 553	<b>8b. Address</b> 285 W 14th St, Rm 305
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<b>8c. Tel No.</b> 212-929-6828	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> unknown
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<b>8g. Affiliation, if any</b> International Brotherhood of Teamsters	<b>8h. Date of Recognition or Certification</b> CBA DATE: 5/21/2016	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 5/21/2020
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**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)**

<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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Time(s):</b> 330pm - 630pm	<b>11c. Election Location(s):</b> Cafeteria
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<b>11d. Full Name of Petitioner (including local name and number)</b> B.A.T. Local 514	<b>12b. Address (street and number, city, state, and ZIP code)</b> 777 Westchester Ave, Suite 101 White Plains, NY 10604
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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)**  
Brotherhood of Amalgamated Trades

<b>12d. Tel No.</b> 914-705-5488	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> jgottlieb@localunion514.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> Josh Gottlieb: President	<b>13b. Address (street and number, city, state, and ZIP code)</b> same
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<b>13c. Tel No.</b> same	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> same
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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> Josh Gottlieb	<b>Signature</b> Josh Gottlieb	<b>Title</b> President	<b>Date</b> 3/1/19
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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 will cause the NLRB to decline to invoke its processes.



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

DO NOT WRITE IN THIS SPACE	
Case No. <b>29-RC-237518</b>	Date Filed <b>3/13/19</b>

**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> Maridian Properties, Inc.	<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 160 Parkside Avenue, Brooklyn, NY 11226
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<b>3a. Employer Representative - Name and Title</b> Anmarie Barker, Property Manager	<b>3b. Address</b> (If same as 2b - state same) SAME AS ABOVE
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<b>3c. Tel. No.</b>	<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</b> (Factory, mine, wholesaler, etc.) Real Estate	<b>4b. Principal product or service</b> Property Management	<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 porters, doormen, concierges, handymen, and superintendents employed by the Employer at 160 Parkside Avenue, Brooklyn, New York. <b>Excluded:</b> All other employees, including all supervisors and guards as defined by the Act.	<b>6a. No. 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> Yes [X] 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</b> (If none, so state). 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</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 type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> March 8, 2019
<b>11c. Election Time(s):</b> 10:00am - 11:00am
<b>11d. Election Location(s):</b> Downstairs Employee Break Room at the Employer's facility

<b>12a. Full Name of Petitioner (including local name and number)</b> Local 122 Barclay Conversion Employees Union	<b>12b. Address (street and number, city, state, and ZIP code)</b> 48 New Lotts Avenue, Brooklyn, NY 11211
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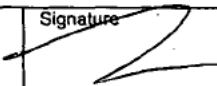
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
N/A

<b>12d. Tel No.</b> (347) 309-5148	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> conversioncrew122@gmail.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> Micah Wheeler, President	<b>13b. Address (street and number, city, state, and ZIP code)</b> SAME AS ABOVE
<b>13c. Tel No.</b> SAME AS ABOVE	<b>13d. Cell No.</b> SAME AS ABOVE
<b>13e. Fax No.</b> SAME AS ABOVE	<b>13f. E-Mail Address</b> SAME AS ABOVE

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 Wheeler	<b>Signature</b> 	<b>Title</b> President	<b>Date</b> 3/12/19
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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.**

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

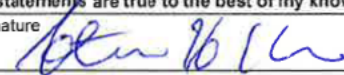
29-RC-237581

Date Filed

3/13/19

**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 8b 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> The Thrive Network		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> Please see attached.	
<b>3a. Employer Representative - Name and Title:</b> Charles Archer		<b>3b. Address (if same as 2b - state same):</b> 241 37th Street, Suite 604, Brooklyn, NY 11232	
<b>3c. Tel. No.</b> (718) 965-1998	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (718) 965-3995	<b>3f. E-Mail Address</b> thrive@nyfoundling.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Group homes		<b>4b. Principal Product or Service</b> Residential services	<b>5a. City and State where unit is located:</b> Brooklyn, NY
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All Direct Support Professionals working at the locations in the Attachment <b>Excluded:</b> All other employees, including house managers, office-clerical, guards and supervisors			<b>6a. Number of Employees in Unit:</b> 265 <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 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> United Construction Trades & Industrial Employees, Local 621		<b>8b. Address:</b> 150-28 UNION TURNPIKE, SUITE 250, FLUSHING, NY 11367	
<b>8c. Tel. No.</b> 516-780-3112, 347-219-	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> dean.delucia@uctie.com
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b> 03/12/18	<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> April 5, 2019		<b>11c. Election Time(s):</b> 6:00 to 10:00am; 2:00 to 6:00pm	
<b>11d. Election Location(s):</b> See attached			
<b>12a. Full Name of Petitioner (including local name and number):</b> Local 888, United Food and Commercial Workers		<b>12b. Address (street and number, city, State and ZIP code):</b> 160 East Union Avenue East Rutherford, NJ 07073	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Food and Commercial Workers International Union			
<b>12d. Tel. No.</b> (914) 668-8881	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (914) 668-8480	<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> Steven H. Kern, Esq.		<b>13b. Address (street and number, city, State and ZIP code):</b> Barnes, Iaccarino & Shepherd LLP 258 Saw Mill River Rd., Elmsford, NY 10523	
<b>13c. Tel. No.</b> 914-592-1515	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 914-592-3213	<b>13f. E-Mail Address</b> skern@bislawfirm.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> Steven H. Kern	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 03/11/19

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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**Local 888 --- The Thrive Network**  
**ATTACHMENT to RC Petition**

**Petition #2b and # 5b**

131 E. 21st Street Apt.3A	Brooklyn, New York 11226	"the 131 E.21st St facility"
141 E. 21st Street Apt. 4A	Brooklyn, New York 11.226	"the 141 E. 21st St facility"
80 Lenox Road Apt 4E	Brooklyn, New York 11226	"the 80 Lenox Rd facility"
125 Lenox Road Apt C6	Brooklyn, New York 11226	"the 125 Lenox Rd facility"
-270 Crown Street Apt 6J	Brooklyn, New York 11225	"the Crown St facility"
2112 Canarsie Road	Brooklyn, New York 11236	"the Canarsie Rd facility"
1273 E. 38th Street	Brooklyn, New York 11210	"the E. 38th Street facility."
508 Hegeman Avenue	Brooklyn, New York 11207	"the Hegeman Ave facility"
885 Troy Avenue Apt F10	Brooklyn, New York 11203	"the Troy Ave facility"
342 Chester Street NB	Brooklyn, New York 11212	"the 342 Chester facility"
55 Lenox Road Apt. 4A & 40	Brooklyn, New York 11226	"the 55 Lenox Rd facility"
140 Johnson Avenue Apt. 10,2B,2C	Brooklyn, New York 11206	"the Johnson Ave facility"
618 Lincoln Place	Brooklyn, New York 11212	"the Lincoln Place facility"
756 Rutland Road (Rut 2)	Brooklyn, New York 11230	"the Rutland II facility"
8 Schenck Court	Brooklyn, New York 11207	"the Schenck Ct facility"
446 Bristol Street	Brooklyn, New York 11212	"the 446 Bristol facility"
300 Riverdale Avenue	Brooklyn, New York 11212	"the 300 Riverdale facility"
873 Albany Avenue	Brooklyn, New York 11203	"the Albany Ave facility"
337A Macon Street	Brooklyn, New York 11216	"the Macon St facility"
899 Montgomery Avenue Apt 4M	Brooklyn, New York 11213	"the Montgomery St facility"
108 Ralph Avenue Apts. 2D,3A, 3B,4AL, 4AR, 4C, 4BL, 4BR	Brooklyn, New York 11221	"the Ralph Ave facility"
1017 Rutland Road (Rut 1)	Brooklyn, New York 11212	"the Rutland I facility"
163 Riverdale Avenue	Brooklyn, New York 11212	"the 163 Riverdale ICF facility"
758 Greene Avenue	Brooklyn, New York 11221	"the Greene Ave facility"
1663 Union Street	Brooklyn, New York 11213	"the Judy Jones-Union St facility"
470 Chester Street	Brooklyn, New York 11212	"the 470 Chester facility"

**Petition # 11d – Voting locations**

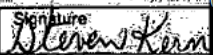
140 Johnson, Brooklyn NY Ave Apt 2B (living room)  
163 Riverdale Ave, Brooklyn NY (3rd Fl)  
108 Ralph Ave, Brooklyn, NY Office)  
873 Albany Ave, Brooklyn NY (office)  
2112 Canarsie Rd, Brooklyn NY (office)



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

DO NOT WRITE IN THIS SPACE	
Case No. <b>29-RC-238037</b>	Date Filed <b>3/20/19</b>

**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.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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> Domino's Pizza		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 815 Onderdonk Ave, Ridgewood, N.Y. 11385	
<b>3a. Employer Representative - Name and Title</b> Robert Machin, District Corp. Officer		<b>3b. Address</b> (If same as 2b - state same) 820 Concourse Village Way, 4th Fl., Bronx, NY 10451	
<b>3c. Tel. No.</b> (917) 574-9921	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> mcarrouth@fisherphillips.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Restaurant		<b>4b. Principal product or service</b> Food	
<b>5a. City and State where unit is located</b> Ridgewood, NY		<b>6a. No. of Employees in Unit</b> 30	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All employees at the Onderdonk Ave location, including customer service representatives and delivery experts. <b>Excluded:</b> All other employees including guards and supervisors as defined in the Act.		<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"/>	
<b>Check One:</b> <input type="checkbox"/> <b>7a.</b> 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 checked="" type="checkbox"/> <b>7b.</b> 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). 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</b> (Month, Day, Year)	
<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.</b> (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>
<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> April 12, 2019	<b>11c. Election Time(s)</b> 2:00 pm to 6:00 pm	<b>11d. Election Location(s)</b> Extra room at the Ridgewood store.	
<b>12a. Full Name of Petitioner (including local name and number)</b> United Crafts and Industrial Workers Union, Local 91		<b>12b. Address (street and number, city, state, and ZIP code)</b> 417 Willis Avenue, Williston Park, NY 11596	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) None			
<b>12d. Tel. No.</b> (516) 877-9228	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (516) 742-5592	<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> Steven H. Kern, Esq.		<b>13b. Address (street and number, city, state, and ZIP code)</b> Bernes, Iaccarino & Shepherd, LLP 268 Saw Mill River Road, Elmsford, NY 10523	
<b>13c. Tel. No.</b> (914) 592-1515	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (914) 592-3213	<b>13f. E-Mail Address</b> skern@bislawfirm.com, dreyes@bislawfirm.com
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> Steven H. Kern, Esq.	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> March 19, 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.

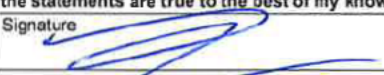
29-RC-238177

Date Filed

3/22/19

**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> Senate Apartments c/o First Service Residential		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 622 3rd Avenue, New York, New York	
<b>3a. Employer Representative - Name and Title:</b> Stephen LaBarbara, President		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 212-634-8900	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 212-634-3946	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Residential Apartment Building		<b>4b. Principal Product or Service</b> Building Service & Maintenance	<b>5a. City and State where unit is located:</b> Brooklyn, New York
<b>5b. Description of Unit Involved:</b> Included: *See attached. Excluded:			<b>6a. Number of Employees in Unit:</b> 4
<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 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> 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 <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>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> April 18, 2019		<b>11c. Election Time(s):</b> 1:00 PM to 2:00 PM	
		<b>11d. Election Location(s):</b> Board room	
<b>12a. Full Name of Petitioner (including local name and number):</b> Stationary Engineers, Firemen, Maintenance and Building Service Union Local 670, RWDSU, UFCW		<b>12b. Address (street and number, city, State and ZIP code):</b> 299 Broadway, Suite 1000 New York, NY 10007	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Retail Wholesale and Department Store Union, United Food and Commercial Workers			
<b>12d. Tel. No.</b> 212-267-8650	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 212-385-0208	<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> Eric J. LaRuffa, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> Rothman Rocco LaRuffa, LLP, 3 West Main Street - Suite 200 Elmsford, New York 10523	
<b>13c. Tel. No.</b> 914-478-2801	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 914-478-2913	<b>13f. E-Mail Address</b> elaruffa@rothmanrocco.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> Eric J. LaRuffa		<b>Signature</b> 	<b>Title</b> Attorney for Local 670
			<b>Date</b> 3/22/19

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.

Stationary Engineers, Firemen, Maintenance  
and Building Service Union, Local 670,  
RWDSU, UFCW (Senate Apartments, c/o  
First Service Residential  
RC Petition  
March 21, 2019

### **ATTACHMENT**

**INCLUDED:** All full time and regular part-time building service and maintenance employees, including superintendents and porters, and handypersons employed at 367-373-387-388-392 and 394 Avenue S, Brooklyn, New York

**EXCLUDED:** All other employees, office clerical employees, guards and supervisors as defined in the Act.




UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
29-RC-238249Date Filed  
3/25/19

**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> Mount Sinai Hospital		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 79-01 Broadway, Elmhurst, NY 11373	
<b>3a. Employer Representative - Name and Title:</b> Jeff Cohen, VP of Labor Relations		<b>3b. Address (if same as 2b - state same):</b> One Gustave L. Levy Place, New York, NY 10029	
<b>3c. Tel. No.</b> (212)241-8318	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (212)876-7314	<b>3f. E-Mail Address</b> jeff.cohen@mountsinai.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hospital		<b>4b. Principal Product or Service</b> Healthcare	<b>5a. City and State where unit is located:</b> Elmhurst, NY
<b>5b. Description of Unit Involved:</b> Included: See Attachment A. Excluded: See Attachment A.		<b>6a. Number 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?</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) 03/20/19 and Employer declined recognition on or about (Date) 03/20/19 (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> 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>			
<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> April 10, 2019	<b>11c. Election Time(s):</b> 10:00am- 2:00pm	<b>11d. Election Location(s):</b> See Attachment A.	
<b>12a. Full Name of Petitioner (including local name and number):</b> The New York State Nurses Association		<b>12b. Address (street and number, city, State and ZIP code):</b> 131 West 33rd Street, 4th Floor, NY, NY 10001	
<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> 212-785-0157	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 212-785-0429	<b>12g. E-Mail Address</b> bernard.mason@nysna.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> Bernard E. Mason, Associate Counsel		<b>13b. Address (street and number, city, State and ZIP code):</b> 131 West 33rd Street, 4th Floor, NY, NY 10001	
<b>13c. Tel. No.</b> 212-785-0157	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 212-785-0429	<b>13f. E-Mail Address</b> Bernard.Mason@nysna.org
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> Bernard Mason	<b>Signature</b> 	<b>Title</b> Associate Counsel	<b>Date</b> 03/22/19

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 A**

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

**Included:** All full-time, regular part-time, and per diem midwives employed by the Employer in the Obstetrics and Gynecology department at its Elmhurst Hospital Center affiliation located at 79-01 Broadway, Elmhurst, New York residual to the existing unit.

**Excluded:** All statutory supervisors.

### **11d. Election Location(s):**

The 2<sup>nd</sup> Floor Conference Room in the Women's Health Pavilion located at 78-20 41<sup>st</sup> Avenue Elmhurst, NY 11373

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

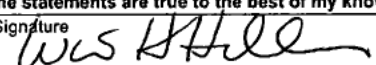
29-RC-238337

Date Filed

3/26/19

**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.

<b>2a. Name of Employer:</b> The Washington Consulting Group, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1515 Stewart Avenue, Westbury, NY 11590	
<b>3a. Employer Representative - Name and Title:</b> Sherry Reese, President		<b>3b. Address (if same as 2b - state same):</b> 4915 Auburn Ave., Suite 301 Bethesda, MD 20814	
<b>3c. Tel. No.</b> 301.656.2330	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 301.656.1996	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Training facility		<b>4b. Principal Product or Service</b> Air traffic controller training	<b>5a. City and State where unit is located:</b> Westbury, NY
<b>5b. Description of Unit Involved:</b> Included: All remote pilot operators (RPOs), ATC Instructors, and Lab Managers Excluded: All other employees			<b>6a. Number of Employees in Unit:</b> 36 <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) _____ n/a 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> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____, 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 and 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> Friday, April 12, 2019		<b>11c. Election Time(s):</b> 10:00 a.m. to 11:00 a.m.	<b>11d. Election Location(s):</b> meeting/break room
<b>12a. Full Name of Petitioner (including local name and number):</b> Int'l Association of Machinists and Aerospace Workers		<b>12b. Address (street and number, city, State and ZIP code):</b> 9000 Machinists Place, Upper Marlboro, MD 20772	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Association of Machinists and Aerospace Workers			
<b>12d. Tel. No.</b> (301) 967-4510	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> whaller@iamaw.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> William H. Haller, Associate General Counsel		<b>13b. Address (street and number, city, State and ZIP code):</b>	
<b>13c. Tel. No.</b> (301) 967-4510	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> whaller@iamaw.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> William H. Haller	<b>Signature</b> 		<b>Title</b> Associate General Counsel <b>Date</b> 3/22/2019

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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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

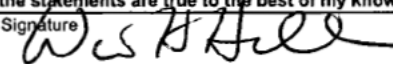
29-RC-238349

Date Filed

3/26/19

**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.

<b>2a. Name of Employer:</b> The Washington Consulting Group, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4205 Johnson Avenue, Ronkonkoma, NY 11779	
<b>3a. Employer Representative - Name and Title:</b> Sherry Reese, President		<b>3b. Address (if same as 2b - state same):</b> 4915 Auburn Ave., Suite 301, Bethesda, MD 20814	
<b>3c. Tel. No.</b> 301.656.2330	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 301.656.1996	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Training facility		<b>4b. Principal Product or Service</b> air traffic controller training	<b>5a. City and State where unit is located:</b> Ronkonkoma, NY
<b>5b. Description of Unit Involved:</b> Included: All remote pilot operators (RPOs), ATC Instructors, and Lab Managers Excluded: All other employees			<b>6a. Number of Employees in Unit:</b> 28 <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) _____ n/a 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>
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <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) _____			
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>
<b>11. Election Details:</b> If the NLRB conducts and 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> Friday, April 12, 2019		<b>11c. Election Time(s):</b> 2:00 p.m. to 3:00 p.m.	<b>11d. Election Location(s):</b> basement pilots room
<b>12a. Full Name of Petitioner (including local name and number):</b> Int'l Association of Machinists and Aerospace Workers		<b>12b. Address (street and number, city, State and ZIP code):</b> 9000 Machinists Place, Upper Marlboro, MD 20772	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Association of Machinists and Aerospace Workers			
<b>12d. Tel. No.</b> (301) 967-4510	<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> William H. Haller, Associate General Counsel		<b>13b. Address (street and number, city, State and ZIP code):</b> 9000 Machinists Place, Upper Marlboro, MD 20772	
<b>13c. Tel. No.</b> (301) 967-4510	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> whaller@iamaw.org
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> William H. Haller	<b>Signature</b> 		<b>Title</b> Associate General Counsel <b>Date</b> 3/22/2019

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  
**RM PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

29-RM-238116

Date Filed

3/21/2019

**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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Petition form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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/Petitioner:**  
2425 Kings Highway Owners Corp.

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
2425 Kings Highway  
Brooklyn, NY

**3a. Employer/Petitioner Representative - Name and Title:**  
Robert I. Gosseen, Esq. Attorney

**3b. Address (if same as 2b - state same):**  
Ganfer Shore Leeds & Zauderer, LLP, 360 Lexington Ave

**3c. Tel. No.**  
(212)922-9250

**3d. Cell No.**  
(917)951-6730

**3e. Fax No.**  
(800)380-1998

**3f. E-Mail Address:**  
rgosseen@ganfershore.com

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

**4b. Principal Product or Service:**

**5a. Description of Unit Involved:**  
Included:  
All building service employees  
Excluded:  
Supervisors

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

**6. Number of Employees in Unit:**  
2

Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable.  
☐ 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_  
☒ 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

**8a. Name of Recognized or Certified Bargaining Agent - Name:**  
Local 2, United Service Employees and Factory Workers.

**8b. Affiliation, if any:**  
USWU, IUJAT

**8c. Address:**  
82-01 Rockaway Blvd. (Suite 130)  
Ozone Park, NY 11416

**8d. Tel. No.**  
(718)296-7017

**8e. Cell No.**  
(646)235-4819

**8f. Fax No.**  
(718)296-4877

**8g. E-Mail Address:**  
lstuartlocal2@aol.com

**9. Date of Recognition or Certification:**  
UNK

**10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year):**  
10/31/18

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

**12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives, and other organization 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 and affiliation if any:**  
N/A

**12b. Address:**  
N/A

**12c. Tel. No.**  
N/A

**12d. Cell No.**  
N/A

**12e. Fax No.**  
N/A

**12f. E-Mail Address:**  
N/A

**13. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:  
NONE

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

**13b. Election Date(s):**  
March 27 or 28

**13c. Election Time(s):**  
10am

**13d. Election Location(s):**  
2425 Kings Highway "Conference Room"

**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding:**

**14a. Name and Title:**  
Robert I. Gosseen, Esq. Attorney

**14b. Address (street and number, city, State and ZIP code):**  
Ganfer Shore Leeds & Zauderer, LLP, 360 Lexington Avenue (14th Floor)  
New York, NY 10017

**14c. Tel. No.**  
(212)922-9250

**14d. Cell No.**  
(917)951-6730

**14e. Fax No.**  
(800)380-1998

**14f. E-Mail Address:**  
rgosseen@ganfershore.com

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

**Name (Print):**  
Robert I. Gosseen

**Signature:**  


**Title:**  
Attorney

**Date:**  
3/19/19

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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