FORM NLRB-502 (RC) (4-15)

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD			Case No. 20	оо оо 9-RC-257409	Date	Filed		
and the second sec	RC PETITION						3/4/20	
INSTRUCTIONS: Unle in which the employer of service showing se (Form NLRB-505); and with the NLRB and sh 1. PURPOSE OF THIS PET bargaining by Petitioner requests that the Natio	r concerned i rvice on the d (3) Descript ould <u>not</u> be s ITTION: RC-CE and Petitioner d	is located. The employer and ion of Repress served on the RTIFICATION O esires to be certil	a petition mus all other parti centation Case employer or a F REPRESENTA fied as representa	st be accompanied by ies named in the petiti Procedures (Form NI ny other party.	both a showing o ion of: (1) the peti LRB 4812). The si er of employees wish to Petitioner alleges th	of interest (s ition; (2) Stat howing of in o be representen the following	ee 6b belo tement of terest sho ed for purpos	ow) and a certificate Position form build only be filed ses of collective ances exist and
2a. Name of Employer			2b. A	Address(es) of Establishme	nt(s) involved (Street a	and number, cit	y, State, ZIF	code)
J. Pizzirusso Landsca	ping Corpor	ation		E. 69th Street, Broo				
3a. Employer Representat Joseph Pizzirusso, Vi				3b. Address (If same a Same	as 2b - state same)			
3c. Tel. No.		3d. Cell No.		3e, Fax No.		3f. E-Mail Ad	dress	
718-531-6084		917-418-73	01	718-531-6677		joseph@th	ejplcorp.c	com
4a. Type of Establishment (Contracting	Factory, mine, v	vholesaler, etc.)	4b. Principal pr Tree planting	oduct or service	1		and State w yn, NY	where unit is located:
5b. Description of Unit Inv	olved						6a. No. of	Employees in Unit:
Excluded:	onnectors, tre	e sprayers, tur	f installers, and		- No		or more) of unit wish	substantial number (309 of the employees in the to be represented by the ? Yes 🗸 No
8a. Name of Recognized o	3/3/2020 Petitioner is cu) (Date) urrently recognize gaining Agent (/	(If no reply received as Bargaining F	Representative and desires 8b. Address	certification under the	Act		nition on or about
United Plant and Production	on Workers Loc				ve, Roslyn Heights, N			
8c. Tel No. (516) 487-3110		8d Cell No.		8e. Fax No. (516) 487-3144		8f. E-Mail Address mzunno@localunion175.com		
8g. Affiliation, if any				8h, Date of Recognition of	or Certification			ent or Most Recent
International As	ssociatio	n of Mac	hinists			Contract, if an June 30, 2019	y (Month, D	
9. Is there now a strike or pi	cketing at the E	mployer's establi	shment(s) involve	d? no If so, appro.	ximately how many en	nployees are pa	articipating?	and the second
(Name of labor organizat	ion)		has plo	keted the Employer since	(Month, Day, Year)			
10. Organizations or individu known to have a representation						resentatives an	id other orga	nizations and individual
10a, Name		10b, Ad	ldress		10c. Tel. No.		10d. Cel	I No.
					10e, Fax No.		10f. E-M	ail Address
and the state of the state						- Harris		
 Election Details: If the any such election. 	NLRB conducts	an election in th	is matter, state yo	ur position with respect to	11a. Election Type:	1000 C	Mail	Mixed Manual/Mail
11b. Election Date(s):		11c. E 3:30-5:	lection Time(s):		11d. Election Local	125551646402	s):	
March 24, 2020 12a. Full Name of Petition Laborers Local 731	er (including lo		and the second se		Employers Facility 12b. Address (street and number, city, state, and ZIP code) 3411 35th Avenue, Astoria, NY 11106			nd ZIP code)
12c. Full name of national o Laborers International Unio			of which Petitione	r is an affiliate or constituer				
12d. Tel No.	a or worth Anne	12e. Cell No.		12f. Fax No.		12g. E-Mail A	ddress	
718-706-0720		845-820-3010		718-706-9337				and the second s
13. Representative of the I 13a. Name and Title Rok				for purposes of the repres 13b. Address (street an				
13c. Tel No.	Jert IVI. C	13d. Cell No.	auomey	333 East River Drive, Suite 13e, Fax No.			Idress	New Company
13c. Tel No. 860-290-9610	1 I	860-305-3261		860-290-9611	- (m)	rcheverie@ch		om
I declare that I have read t	he above petiti	on and that the	statements are tr	rue to the best of my know	wledge and belief.			
Name (Print) Robert Cheverie	Sig	nature	Amalunt	Title Attorney	1.1	Date 3/3/2020		1.1.1
	LSE STATEME	NTS ON THIS PE	ETITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (U.	and the second second second second	E 18, SECT	ION 1001)

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				
				-RC-257831	Date	Filed 3-10-20		
INSTRUCTIONS: Unless e-File in which the employer concer of service showing service or (Form NLRB-505); and (3) Des with the NLRB and should no 1. PURPOSE OF THIS PETITION.	med is located. Th the employer and scription of Repres t be served on the c CERTIFICATION OF	e petition n all other pa entation Ca employer o	nust be accompanied by l arties named in the petitic ase Procedures (Form NL) or any other party.	both a showing o on of: (1) the petit RB 4812). The sl	f interest (s tion; (2) Stat howing of in	ee 6b below) and a certificate tement of Position form terest should only be filed ed for purposes of collective		
bargaining by Petitioner and Petiti requests that the National Labo	oner desires to be certif r Relations Board proc	ed as represe eed under its 2	entative of the employees. The s proper authority pursuant to b. Address(es) of Establishmen	Petitioner alleges the Section 9 of the Na t(s) involved (Street a	at the following tional Labor I and number, cited to the second s	ng circumstances exist and Relations Act.		
Pranned Building Services, Inc. and Planned Lifestyle Servi 3a. Employer Representative – Nar Robert Francis, President	me and Title	ed Companies	3b. Address (If same as 150 Smith Road, P	s 2b - state same)	N. S. S. S.			
3c. Tel. No. 973-739-0080 212.324.9	3d. Cell No.		3e, Fax No.			ne@fsresidential.com sp		
4a. Type of Establishment (Factory, r Residential Building	mine, wholesaler, etc.)	4b. Principa Building s	al product or service services		and the second se	y and State where unit is located: lyn, NY		
5b. Description of Unit Involved Included: All building se Excluded: statutory guard		sors				6a. No. of Employees in Unit: 6 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ✓ No		
	(Date) er is currently recognize	(If no reply read as Bargaini	sentative was made on (Date) _ ceived, so state). ing Representative and desires ate). 8b. Address			and the state of t		
none 8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Ad	dress		
8g. Affiliation, if any			8h. Date of Recognition of	r Certification		Date of Current or Most Recent ny (Month, Day, Year)		
 9. Is there now a strike or picketing a (Name of labor organization) 10. Organizations or individuals other known to have a representative interrest of the strike interest of the strike interrest of the strike interres	r than Petitioner and tho	, ha	s picketed the Employer since (tems 8 and 9, which have claim	Month, Day, Year)	1	and the second second		
10a. Name	10b. Ad			10c. Tel. No.		10d. Cell No.		
Station State				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB co any such election.		is matter, stat lection Time(s		11a. Election Type 11d. Election Loca	the second second second	Mail Mixed Manual/Mail		
11b. Election Date(s): nearest wednesday 12a. Full Name of Petitioner (include	2:30pm	n-3:30pm	<i></i>	2nd Floor Common Room 12b. Address (street and number, city, state, and ZIP code)				
SEIU Local 32BJ 12c. Full name of national or internat			tioner is an affiliate or constituen	25 West 18th Street at (if none, so state)	et, New York,	NY 10011		
SEIU 12d. Tel No. 212 388-3800	12e. Cell No.		12f. Fax No.		12g. E-Mail A	Address		
13. Representative of the Petitione 13a. Name and Title Katchen			ers for purposes of the repres 13b. Address (street and 25 West 18th Street, New Y	d number, city, state,	and ZIP code)			
13c. Tel No. 212 539 2941	13d. Cell No.		13e. Fax No. 212-388-2062	12-388-2062 klocke@seiu32bj.org				
I declare that I have read the above Name (<i>Print</i>) Katchen Locke	Signature	statements a	Title Attorney	vledge and belief.	Date	- 10-20		
WILLETIL FALSE STA	TEMENTS ON THIS P	ETITION CAN	BE PUNISHED BY FINE AND	IMPRISONMENT (U	and the second se			

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.

NAMIONAL LABOR RELATIONS BOARD Case Na. Date Field 3/12/2020 INSTRUCTIONS: Unless - Filed using the Agency's website, www.nbt.acy. submit an original of this FetUtion to an URLBS 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 services on the employer and all other parties named in the petition of: (1) the petition, (2) Statement of Position form (Form NLR-B 505; and (2) Description of Representation Case Proceedures (Form NLR-B 4812). The showing of interest (see 6b below) and a certificate of the employer or any other party. - PURPOSE OF THE PETITOR. NC. OF EXPERISENTATION: OF Austination Amounts of employees with the the represented for purposes of cellective benefities of the employees. The Fettioner and pages with the the following incrementation cases: the original as representative of the employees. The Fettioner and pages with the the following incrementation cases: the original as representative of the employees. The Fettioner and page the the following incrementation cases: the case of the employees of the employees. The Fettioner and pages that the following incrementation cases: the case of the employees of the employees. The Fettioner and the case of the employees of the employees of the employees of the employees of the employees. The Fettioner and the case of the employees and the employees of the employees of the employees	UNITED ST	ATES GOVERNMEN	т		DO NO	T WRITE IN TH	IS SPACE
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nht.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 a booking service on the employer employer Representative fly School for the Humanities in the Research of the School of the employer employer Representative and the term employer employer Representative and the employer employer Representative on the extension of the employer employer Representative and the sector of the two the school of the employers in the calculation of the employer employer Representative and the employer employer Representative and the employer emp			ARD	Case No.	ie No. 20 P.C 257000		Filed 2/12/2020
In which the employer concerned is located. The petition must be accompanied by both a showing of interest blowly and a certificate of service showing service on the employer and all other parties named in the petition; (1) Statement of Position from (Form NLRB 4512). The showing of interest should only be filed with the NLRB-505); and (2) Description of Representation Case Procedures (Form NLRB 4512). The showing of interest should only be filed with the NLRB-6050; and (2) Description of Representation case Procedures (Form NLRB 4512). The showing of interest should only be filed with the NLRB-6050; and (2) Description of Representation case Procedures (Form NLRB 4512). The showing of interest should only be filed with the NLRB-6050; and (2) Descriptions of Public disa a representation of the engiopeer. The Petitions allocates and number of engiopees is that the following circumstance exists and engineer admonthy disp. Soles 2: Pondou 1, 197, 200, 200, 200, 200, 200, 200, 200, 20				a terretaria de la compania de la c	and the second	and a second state of the	
of service showing service on the employer and all other parties named in the petition; (2) Statement of Position form (From NLR8 4812). The showing of interest should only be filed with the NLR8 and should not be served on the employer or any other party. I PURPOSE OF THIS FETTION: A CENTERFEATION OF REPERSENTING - 3 A submatrixed to service and the service of the National Labor Relations and the employees. The Petitioner and Petitioner desires to be crified as apresentative of the employees. The Petitioner and Petitioner desires to be crified as apresentative of the employees. The Petitioner and Petitioner desires to be crified as apresentative of the employees. The Petitioner and Petitioner and Petitioner desires to be crified as apresentative of the employees. The Petitioner and petitioner desires to be crified as apresentative of the stational Labor Relations Act. The Vision Charter Hijb Action I for the Humanities IV							
[Form NLR8-505]; and (2) Description of Representation Case Procedures (Form NLR8 4812). The showing of interest should only be filed with the NLR958 OF THIS PETITOR. NG CERTIFICATION OF REPRESENTATIVE - A sublandal number of employees with to be represented for purposes of collective bargaining by Petitoren and P							
With the NLR8 and should not be served on the employer or any other party. - PURPOSE OF THIS PETTION. A CERTIFICIATION FERPERESENTIATION A substantial number of employees with to be represented for purposes of collective barganing by Petitioner and Petitioner devices to be crified as appresentative of the employees. The Petitioner and Petitioner All. 10. PURPOSE OF THIS PETTION. Relations Board proceed under its program attlong by purposes of the National Labor Petitioner All. 20 10. Post Petitioner and Petitioner devices to be crified as appresentative of the employees. The Petitioner and main proceed under its post Petitioner and Petitioner All. 20 10. Post Petitioner and THE 20 200 40 Beets Channel Drive 10. Post Petitioner Allen Statuter and THE 20 200 40 Beets Channel Drive 10. Construction of the Humanities IV 30. Cell No. 32. E-Mail Address 10. Construction of the employees in the status and THE 200 40 Beets Channel Drive 200 40 Beets Channel Drive 10. Construction of the employees of the empl							
					NLRB 4812). The s	showing of in	terest should only be filed
Image: Stand	with the NLRB and should not	be served on the	employer or an	y other party.	19 19	12424	-37
2a. Name of Employer 2b. Address(e) of Establishment(b) involved (Stret and number, city, State, ZP code) 3a. Employer Representative – Name and Title 3b. Address(e) of Establishment(b) involved (Stret and number, city, State, ZP code) 3a. Employer Representative – Name and Title 3b. Address(e) of Establishment(b) involved (Stret and number, city, State, ZP code) 3a. Employer Representative – Name and Title 3b. Address(e) of Establishment(b) involved (Stret and number, city, State, ZP code) 3a. Enployer Representative – Name and Title 3b. Cell No. 3c. Tel No. 3b. Tel No. 3c. Cell No. 3c. Fax No. 3c. Ext Address 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Sa. City and State where unit is localact: Excluded: See Attached Page 2 for additional details Sa. City and State where unit is localact: 6b. Do auxhatinia number, 20% or monitor the analyzes in Inho. Check One: T. Te. Request for recognition as Bargaining Representative and desires certification under the Act. 8c. No. 8c. Fax No. 8b. Addition (Fax or monity recognition as Bargaining Representative was made on (Date) month and the engloyees in the unit Address 8c. Tel No. Bd. Cell No. Bd. Cell No. Be. Fax No. Be. Ext No. 8c. Tel No. Tel No (To None, S atade). <td>bargaining by Petitioner and Petition</td> <td>er desires to be certif</td> <td>fied as representativ</td> <td>ve of the employees. T</td> <td>he Petitioner alleges</td> <td>that the followin</td> <td>ng circumstances exist and</td>	bargaining by Petitioner and Petition	er desires to be certif	fied as representativ	ve of the employees. T	he Petitioner alleges	that the followin	ng circumstances exist and
New Visions Chainer High School for the Humanities IV 100-00 Beach Channel Drive Jase Employme Representative – Name and Tile 30. Employme Representative – Name and Tile 30. Employme Representative – Name and Tile Jase The Portuge Presentative – Name and Tile 30. Employme Representative – Name and Tile 30. Employme Representative and State Advances Jase The No. 31. E-Mail Address 31. E-Mail Address Jase The No. 32. Cell No. 32. Cell No. 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State share and the Coatter's Reciproces in Unit: Excluded: Sea Advance Page 2 for additional details 40. Box Employme Reciproces in Unit: 40. Box Employme Reciproces in Unit: Check One: To. Request for recognition as Bargaining Representative and desires certification under file Act. 40. Box Employme Reciproces as additional desires certification under file Act. Ba. Name of Recognized or Certified Bargaining Agent (<i>Hinner, so state</i>). Bb. Address 81. Exploration Date of Current or Most Recent. Gr Addition, if any Contract, if any (Month, Day, Year) Box Date of Recognized or Certification and environment recent and individuals known to have a representative interest in any employee's in the unit described in temployee's ince (Month, Day, Year) Io. City anal Control		veracions board proc					
Ja. Employer Representative – Name and Title Jb. Address (if same as 2b – state same) Joseph Found Jd. Fex No. Jd. Fex No. Ja. Tel No. Jd. Fex No. Jd. Fex No. Ja. Tel No. Jd. Fex No. Jd. Fex No. Ja. Tel No. Jd. Fex No. Jd. Fex No. Ja. Engloyer Representative - Name and Title Jd. Principal product or service Sc. City and State where unit is location Sc. No. of Employers Figure 1 Sc. No. of Employers in Unit. Jd. Principal product or service Sc. City and State where unit is location Excluded: Sce Attached Page 2 for additional details Excluded: Sc. City and State where unit is location Excluded: Sce Attached Page 2 for additional details Sc. Dia substantial number Color, weight of the employeers in Unit. Jd. Petitioner is currently recognized as Bargaining Representative was made on (Date) and Employer declined recognition or or about Check One: Id. Petitioner is currently recognized as Bargaining Representative and dealers certification under the Act. Bd. Address Be. Tel No. Bd Cell No. Be. Cell No. Be. Earlo BL. Address Id. Carganzation or enclocking at the Employer's establishmen(s) involved? No Mo. Address Jd. Cell No. Jd. Cell No. Id. S	New Visions Charter High School for the	Humanities IV	10	00-00 Beach Channel D	rive		,
3c. Tel No. 3d. Cell No. 9c. Fax No. 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5c. City and State where unit is located: Schools 6b. Description of Unit Involved included: Schools 5c. City and State where unit is located: Rockaway Park. NV 7b. Description of Unit Involved included: Schools 6d. No. of Employees in Unit: 40 6b. Description of Unit Involved included: Schools 6d. No. of Employees in Unit: 40 6c. No. of Employees in Unit: 40 included: Schools 6d. No. of Employees in Unit: 40 6c. No. of Employees in Unit: 40 included: and Employer declined recognition on or about 6d. Do a subtainial number (3d) 7b. Patitioner is currently recognized as Bargaining Representative was made on (Date) and Employer declined recognition or or about 6d. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 9s. Is there on a strike or picketing at the Employer's establishmen(s) involved? No. 8f. E-Mail Address 10. Capanzations or individuals other than Petitioner and those named in items 8a of 9, which have capiner schools of stabol 9 8f. E-Mail Address	3a. Employer Representative - Name	and Title	1 10	3b. Address (If same	e as 2b - state same)		
3c. Tel No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Se. City and State where unit is location. 5c. Coll and State where unit is location. Second Second Second 6b. Description of Unit Involved Bocodia Second Second Second 1ncluded: See Attached Page 2 for additional details Second	Joseph Posner			205 East 42nd NY New York	Street		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service. 5a. City and State where with 6 located: Rockaway Park. NY 5b. Description of Unit two/wed Education 5a. City and State where with 6 located: Rockaway Park. NY 5b. Description of Unit two/wed 5a. No. of Employees in Unit 40. Do a subtained adults 5b. Do a subtained in number (30%). See Attached Page 2 for additional details 5b. Do a subtained in number (30%). See Attached Page 2 for additional details Check One: If 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition or about (Date) (// no rap// received, so state). ab. Caldress 8a. Name of Recognitized or Gentified Bargaining Agent (// none, so state). Bb. Caldress Bc. Tel No. 8d Cell No. 8e. Fax No. 8g. Attiliation, if any Bb. Date of Recognition or Certification (Name of lobor organization) Bb. Date of Recognition or Certification (Ronn, Day, Year) Bb. Date of Recognition as a representative and other organizations and individuals known to have a representative interest in any employees in the unit described in Items 5 and 9, which have calamed recognition as at representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5 babove. (// none, so state) 10d. Cell No. 10. Organization sor individuals other than Petitioner and hose name and mumber) (Name of lobor organization in this matter, state your position with respect to any such el	3c. Tel. No.	3d. Cell No.				3f. E-Mail Add	iress
Schools Education Rockway Park. NY 5b. Description of Unit Involved 68. No ed Employees in Unit: 40 69. To substantial number (30% or morel of the employees in the unit which be represented by the Petitioner? Yes [7] No [] Check One: 71. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition or a bout (Date) (If no raply received, so state). and Employer declined recognition or a bout Petitioner? Yes [7] No [] B. Name of Recognized or Certified Bargaining Representative as made on (Date) and Employer declined recognition or or about (Date) (If no raply received, so state). 80. Fall Not 81. Evaluation (If any B. Address Be. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address Be. Attribute or generation or inclusion of certification under the Act. Ba. Address Be. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address Be. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address To. Organization or individuals other than Patilioner and those named in items 8 and 9, which have daired recognition as representatives and other organizations and individuals thrown to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 100. Cell No. 10a. Name 10b. Address 10c. Tel. No. 10f. E-Mail Address </td <td>(212) 645-5110</td> <td></td> <td></td> <td></td> <td></td> <td>jposner@newvi</td> <td>sions.org</td>	(212) 645-5110					jposner@newvi	sions.org
Eb. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details Check One: I 7a. Request for recognition as Bargaining Representative was made on (Date)and Employer declined recognition on or about (Date) (ff no reply received, so state). and Employer declined recognition on or about (Date) (ff no reply received, so state). Ba. Name of Recognized or Certified Bargaining Agent (ff none, so state). Bb. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any Bb. Date of Recognized or Certified Bargaining Representative and desires certification Bi. Expiration Date of Current or Most Recent Contract, if any (Monfh, Day, Year) 9. Is there now a strike or pickeling at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization)	4a. Type of Establishment (Factory, min	ne, wholesaler, etc.)	4b. Principal pro	duct or service		5a. City	and State where unit is located:
Included: See Attached Page 2 for additional details 40 Excludod: See Attached Page 2 for additional details 6b. Do a substantial number (50% or more) of the employees in the unit whito be represented by the Petitioner? Yes [7] No [] Check One: Image: The Top Proceeding of the employee and the petitioner? Yes [7] No [] 1mmetry of the employee and the petitioner? Yes [7] No [] Check One: Image: The Top Proceeding of the employee declined recognition on a bout [Date of the employee declined recognition on a bout [] 0mmetry recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (// none, so state). 8b. Eax No. 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any Sh. Date of Recognition or Certification Contract, if any (Monh, Day, Year) Contract, if any (Monh, 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 throw that e a representative interest in any employees in the unit described in item 5b above. (// none, so state) 10d. Cell No. 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 111. Election Details: 11b. Need Manual/Mail Mail				Education			
Included. See Attached Page 2 for additional details Excluded:	5b. Description of Unit Involved						
Excluded: See Attached Pago 2 for additional details or morely of the employees in the unit with both performance of the employees in the unit with both performance of the employees in the unit with both performance of the employees in the unit with both performance of the employees in the unit with both performance of the employees in the unit with both performance of the employees in the unit with both performance of the employees in the unit with both performance of the employees in the unit with both performance of the employees in the unit with both performance of the employees in the unit with both performance of the employees in the unit with both performance of the employees in the unit with both performance of the employees in the unit with both performance of the employees in the unit with performance of the employees in the unit with performance of the employee of the employees are participating? 0. Creating and the employee's establishment(s) involved? No 8f. E-Mail Address 8g. Affiliation, if any Bh. Date of Recognition or Certification Bit Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 0. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Norm of labor organization) If the matter, state your position with respect to a day. which have a representative 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) 10c. Tel. No. 10d. Cel No. 10a. Name 10b. Address 10c. Te	Included: See Attached Page 2 for ad	iditional details					
Petitione? Yes Petition? Petitione? Yes							
Check One:	Excluded: See Attached Page 2 for ad	ditional details					
						- 11-0	
The Tettioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (if none, so state). 8b. Address Bc. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address Bg. Affiliation, if any 8h. Date of Recognition or Certification 8f. E-Mail Address Bg. Affiliation, if any 8h. Date of Recognition or Certification 8f. 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)	Check One: 7a. Request f				e) a	nd Employer dec	clined recognition on or about
Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). Bb. Address Bc. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address Bg. Affiliation, if any 8h. Date of Recognition or Certification 8f. E-Mail Address Bg. Affiliation, if any 8h. Date of Recognition or Certification 8f. E-Mail Address Bg. Affiliation, if any 8h. Date of Recognition or Certification 8f. E-Mail Address I. Sthere 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)							
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(Name of labor organization)	9 is there now a strike or nicketing at th	e Employer's establis	shment(s) involved	2 No lifso ann	rovimately how many e	molovees are pa	articipatino?
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. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Type: [~_ManualMailMixed Manual/Mail 11b. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Type: [~_ManualMailMixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 20, 2020 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 12d. Tel No. 12f. Fax No. 12g. E-Mail Address 12d. Tel No. 12f. Fax No. 12g. E-Mail Address 13a. Rame and Title 13b. Cell No. 12f. Fax No. 12g. E-Mail Address 13a. Rame and Title 13b. Cell No. 13f. Fax No. 12g. E-Mail Address 13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13		ie Employer a catabila					
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 11a. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 10c. Tel. No. 10f. E-Mail Address 11b. Election Date(s): March 20, 2020 11c. Election Time(s): 10:00 am to 1:30 pm 11d. Election Location(s): Room 331 at the Employer's facility at 100-00 Beach Channel Drive, Roc 12c. Full Name of Petitioner (including local name and number) David Elestion 12b. Address (street and number, city, state, and ZIP code) S2 Broadway 6th Floor 12c. Full Name of retitioner (including local name and number) David Elestion of international abor organization of which Petitioner is an affiliate or constituent (if none, so state) 12b. Address (street and number, city, state, and ZIP code) S2 Broadway 6th Floor 12d. Tel No. 12e. Cell No. 12f. Fax No. (212) 995-2347 12g. E-Mail Address deisenst@nysutmail.org 13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Rame and Tille 13d. Cell No. 13d. Cell No. 13b. Election No. (212) 228-3382 13d. Cell No. 13f. E-Mail Address deisent@nysutmail.org 13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13c. Tel No. (212) 228-3382 13d. Cell No. (212) 995-2347 13f. E-Mail Address deise							· · · · · · · · · · · · · · · · · · ·
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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 Mail Mail Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 20, 2020 11c. Election Time(s): 11d. Election Location(s): Pavid Elsenstein 10:00 am to 1:30 pm Room 331 at the Employer's facility at 100-00 Beach Channel Drive, Roc 12c. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) David Elsenstein 52 Broadway 9th Floor VFT, Local 2, AFT, AFL-CIO 12e. Cell No. 12d. Tel No. 12f. Fax No. (212) 228-3382 12e. Cell No. 13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13c. Tel No. 13d. Cell No. (212) 228-3382 13d. Cell No. 13a. Name and Title 13d. Cell No. David Elsenstein Associate Counsel New York 10004- New York State United Teachers 13d. Cell No. (212) 228-3382 13d. Cell No. 13e. Fax No. 13f. E-Mail Address deisent@nysutmail.org (212) 228-3382 13d. Cell No. <t< td=""><td>10a. Name</td><td>10b. Add</td><td>dress</td><td></td><td>10c, Tel. No.</td><td></td><td>10d. Cell No.</td></t<>	10a. Name	10b. Add	dress		10c, Tel. No.		10d. Cell No.
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11b. Election Date(s): March 20, 2020 11c. Election Time(s): 10:00 am to 1:30 pm 11d. Election Location(s): Room 331 at the Employer's facility at 100-00 Beach Channel Drive, Roc 12a. Full Name of Petitioner (including local name and number) David Eisenstein United Federation of Teachers ("UFT") 12b. Address (street and number, city, state, and ZIP code) 52 Broadway 9th Floor NY New York 10004- 12d. Full Name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address deisenst@nysutmail.org 12d. Tel No. (212) 228-3382 12e. Cell No. 12f. Fax No. (212) 995-2347 12g. E-Mail Address deisenst@nysutmail.org 13a. Name and Title David Eisenstein New York State United Teachers 13d. Cell No. 13b. Address (street and number, city, state, and ZIP code) 52 Broadway 9th Floor NY New York 10004- 13c. Tel No. (212) 228-3382 13d. Cell No. 13e. Fax No. (212) 995-2347 13f. E-Mail Address deisenst@nysutmail.org 13b. Address (street and number, city, state, and ZIP code) 52 Broadway 9th Floor NY New York 10004- 13f. E-Mail Address deisent@nysutmail.org 13c. Tel No. (212) 228-3382 13d. Cell No. 13e. Fax No. (212) 995-2347 13f. E-Mail Address deisent@nysutmail.org 14detare that I have read the above petition and that the statements are true to the best of my knowledge and bellef. 13f. E-Mail Address deisent@nysutmail.org Name (Print) David Eisenstein	the second se	lucts an election in thi	s matter, state your	r position with respect to	11a. Election Type	e: 🔽 Manual 🛛	Mail Mixed Manual/Mail
12a. Full Name of Petitioner (including local name and number) David Eisenstein United Federation of Teachers ("UFT") 12b. Address (street and number, city, state, and ZIP code) 52 Broadway 9th Floor NY New York 10004- 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address deisenst@nysutmail.org 12d. Tel No. (212) 228-3382 12e. Cell No. (212) 995-2347 12g. E-Mail Address deisenst@nysutmail.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 52 Broadway 9th Floor (212) 295-2347 13a. Name and Title David Eisenstein Associate Counsel New York State United Teachers 13d. Cell No. 13b. Address (street and number, city, state, and ZIP code) 52 Broadway 9th Floor NY New York 10004- 13c. Tel No. (212) 228-3382 13d. Cell No. 13e. Fax No. (212) 995-2347 13f. E-Mail Address deisent@nysutmail.org 13c. Tel No. (212) 228-3382 13d. Cell No. 13e. Fax No. (212) 995-2347 13f. E-Mail Address deisent@nysutmail.org 1declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) David Eisenstein David Eisenstein 03/12/2020 14:28:39	11b. Election Date(s):				그는 그는 것이 같아요. 그 것이 있는 것이 같은 것이 없는 것이 있는 것이 있는 것이 있었다. 동안에 있는 것이 없는 것이 없는 것이 없는 것이 있는 것이 없는 것이 것이 없는 것이 없는 것이 없는		
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>) UFT, Local 2, AFT, AFL-CIO 12d. Tel No. 12e. Cell No. 12f. Fax No. (212) 228-3382 (212) 995-2347 deisens@nysutmail.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 52 Broadway 9th Floor 52 Broadway 9th Floor NY New York 10004- Name and Title 13d. Cell No. 13e. Fax No. (212) 228-3382 13d. Cell No. 13e. Fax No. (212) 220-14:28:39 03/12/	12a. Full Name of Petitioner (includin David Eisenstein				12b. Address (street and number, city, state, and ZIP code)		
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(212) 226-3362 (212) 350-2541 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13. Rapresentative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13. Address (street and number, city, state, and ZIP code) David Eisenstein Associate Counsel Name (Print) 13. Cell No. (212) 228-3382 13. Cell No. (212) 295-2347 13. Cell No. 13. Cell No. (212) 202-3382 13. Cell No. 13. Cell No. 14. Cell No. 15. Fax No. 16. Cell No. 17. Cell No. 18. Cell No. 19. Cell No.	12d. Tel No.	12e. Cell No.		12f. Fax No.			
13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) David Eisenstein Associate Counsel 52 Broadway 9th Floor New York State United Teachers 13d. Cell No. 13c. Tel No. 13e. Fax No. (212) 228-3382 13d. Cell No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Title David Eisenstein David Eisenstein Associate Counsel							utmail.org
David Eisenstein Associate Counsel New York State United Teachers 52 Broadway 9th Floor NY New York 10004- 13c. Tel No. (212) 228-3382 13d. Cell No. (212) 995-2347 13f. E-Mail Address deisent@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. 13f. E-Mail Address deisent@nysutmail.org Name (Print) David Eisenstein Signature David Eisenstein Title Associate Counsel Date 03/12/2020 14:28:39		ho will accept servi	ce of all papers fo				
New York State United Teachers NY New York 10004- 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (212) 228-3382 (212) 995-2347 deisent@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. 13f. E-Mail Address Name (Print) Signature Title Date David Eisenstein David Eisenstein 03/12/2020 14:28:39	David Fisenstein Associate Counsel					, and ZIP code)	
(212) 228-3382 (212) 995-2347 deisent@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. David Eisenstein Name (Print) Signature Title David Eisenstein David Eisenstein Date 03/12/2020 14:28:39 03/12/2020 14:28:39	New York State United Teachers	1.4. 		NY New York 10004-	ы 		
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) Signature Title Date David Eisenstein Associate Counsel 03/12/2020 14:28:39		13d. Cell No.					
Name (Print) Signature Title Date David Eisenstein David Eisenstein Associate Counsel 03/12/2020 14:28:39		etition and that the	statements are tru		owledge and belief.		
David Eisenstein David Eisenstein Associate Counsel 03/12/2020 14:28:39						Date	14.000 <u>(</u>
						and the second second second second	0 14:28:39
	WILLFUL FALSE STATE	MENTS ON THIS PE	TITION CAN BE P	UNISHED BY FINE AN	ID IMPRISONMENT (L		

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

Attachment

Date Filed

Employees Included

All full-time and regular part-time Teachers, Teaching Assistants, Music Engineers, Counselors (including College and Career Counselors and Therapists), Social Workers, Operations Associates, Operations Assistants, Outreach Coordinators, School Associates, and Restorative Approaches Facilitators employed by the Employer at its facility located at 100-00 Beach Channel Drive, Rockaway Park, New York.

Case

Employees Excluded

All managerial employees, supervisory employees and guards as defined by the Act.

FORM NLR B-502 (RC)	UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION			DO NOT WRITE IN THIS SPACE					
(2-18)				Case No.	3/1		Date Filed 3/19/20		
	1055 10 10		-	3		C-258178			
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 48	The petition must s named in the p	t be accompa etition of: (1)	anied by both a the petition; (2	showing of interest () Statement of Position	see 6b below) ar on form (Form N	nd a certifica LRB-505); ar	te of service s nd (3) Descript	howing service on ion of Representation	
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Labor	tioner desires to b	e certified as	representative of	of the employees. The l	Petitioner allege	s that the fol	lowing circum	stances exist and	
2a. Name of Employer: Children's Law Center				of Establishment(s) inv reet, 11th Floor NY 11201		l number, Citj	y, State, ZIP co	de):	
3a. Employer Representative - Na Karen Simmons, Executiv	ib. Address (if same as 2b - state same): :ame								
3c. Tel. No. (646) 493-5591	3d. Cell No.		3e. Fax	No.	3f. E-Mail	Address	cnv.org		
4a. Type of Establishment (Factory, 'Non-Profit Organizatio		etc)		cipal Product or Servic Services	and the second sec	5a. City ar	nd State where	unit is located: en Island & Bx, NY	
5b. Description of Unit Involved: Included:							er of Employee		
See attached.									
Excluded:						of the e	employees in th	ber (30% or more) the unit wish to be titioner? X Yes I No	
Check One: 7a. Request for reconstruction or about (Date)	-	(If no	reply received,				declined recogr	nition	
8a. Name of Recognized or Certifi	the second s	and the second se	the second se	Address	ion under the Act.				
none									
8c. Tel. No.	8d. Cell No.		8e. Fax	No.	8f. E-Mail	Address			
8g. Affiliation, if any:			8h. Date o	f Recognition or Certific			urrent or Most (Month, Day, Y	'ear)	
9. Is there now a strike or picketing a	t the Employer's	establishment	(s) involved?	O If so, appr	oximately how ma	any employee	s are participat	ing?	
(Name of Labor Organization)			-		, has pickete	d the Employ	er since (Month	h, Day, Year)	
10. Organizations or individuals othe individuals known to have a repr NONC							es and other or	ganizations and	
10a, Name	10b	Address			10c. Tel. N	lo	10d. Cell No.		
	100.	1001000			10e. Fax M		10f. E-Mail Ad	Ideasa	
								uresa	
11. Election Details: If the NLRB co	nducts and election	on in this mat	ter, state your po	osition with respect to a	iny such election:			Mixed Manual/Mail	
11b. Election Date(s): 4/1/20		Election Time	e(s):		1 1d. Electi See atta	on Location(s			
12a. Full Name of Petitioner (includ UAW Local 2325 - Assoc	ling local name ar	d number):	ttorneys	12b. Address (stree 50 Broadway	et and number, cit , Suite 1600	101120	ZIP code):		
(AFL-CIO) 12c. Full name of national or internal	ional labor organi	zation of whic	h Petitioner is a	NY, NY 1000):			
United Auto Workers, AF	L-CIO		12f Fax	No	120 E-Ma	il Address			
(212) 343-0708 13. Representative of the Petitione		t service of a	(212)	12f. Fax No. (212) 343-0966 12g. E-Mail Address					
13a. Name and Title: Allyson L. Belovin, Attorne			13b. Ad Levy	dress (street and numb Ratner, P.C., 80 E York, NY 10011	ber, city, State and	ZIP code):	r		
13c. Tel. No. (212) 627-8100	13d. Cell No. (646) 326-9	096	13e. Fa (212)	^{x No.} 627-8182		131. E-Mail Address abelovin@levyratner.com			
I declare that I have read the above	e petition and the	the second s	ents are true to	the best of my know				Dete	
Name (Print) Allyson L. Belovin		Signature	Allysy	f.Bell	Attorney			Date 03/13/20	

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 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or lifigation. 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. Included: All full-time and regular part-time employees by the Employer including but not limited to, Staff Attorney, Client Services and Data Assistant 3, Client Services and Data Assistant 2, Paid Fellow, Social Worker, Paralegal, Senior Staff Attorney, Writing/Appellate Attorney, Senior Writing/Appellate Attorney, Accounts Payable, and Coordinating Advocate

Excluded: Client Services and Data Assistant 1, Co-Borough Director, Manager of Client Services and Operations, Social Worker Manager, Director of Appeals, Paralegal and Volunteer Services, Supervising Attorney, Deputy Director of Operations and Training, Executive Director, Director of Human Resources, Director of Social Work, Coordinator of Digital Initiatives, Executive Assistant, interns, confidential employees, supervisors and managerial employees

11d. 10th Fl. Conference Room at 44 Court St. and Conference Room at Bronx Location

UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR RELATIONS BOARD			Case No.				
RC PETITION			29-RC-2			/27/2020	
INSTRUCTIONS: Unless e-Filed us							
in which the employer concerned i							
of service showing service on the							
(Form NLRB-505); and (3) Descript				RB 4812). The sh	howing of int	terest should only be filed	
with the NLRB and should <u>not</u> be s	served on the	employer or an	y other party.				
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d							
requests that the National Labor Relation							
2a. Name of Employer			dress(es) of Establishmen	t(s) involved (Street a	and number, city	, State, ZIP code)	
HOMYN ENTERPRISES, DBA SECURE WI		40 FL	50 NW 29TH STREET MIAMI 33142-				
3a. Employer Representative – Name and	1 Title		3b. Address (If same as 4050 NW 29TH S				
NICHOLAS VALDESPINO	Od Coll No		4050 NW 29TH S FL MIAMI 33142-			1000	
3c. Tel. No. (305) 870-9720	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress	
4a. Type of Establishment (Factory, mine, w	wholesaler_efc.)	4b. Principal pro	duct or service		5a City	and State where unit is located:	
Retail (Specialty)		ist intoparpro-	LUGGAGE WRAPPI	NG	ou. only	Jamaica, NY	
5b. Description of Unit Involved		L				6a. No. of Employees in Unit:	
Included: See Attached Page 2 for addition	nal details					50	
						6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for addition	nal details					or more) of the employees in the unit wish to be represented by the	
See Allacheu Fage 2 101 audilu	nal details					Petitioner? Yes [No []	
Check One: 7a. Request for re	ecognition as Barg	aining Representa	tive was made on (Date)	an	d Employer dec	lined recognition on or about	
		(If no reply received					
			epresentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified Bar	gaining Agent (II	none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	Iress	
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent							
8g. Affiliation, if any			on. Date of Recognition of	Ceruncauon		y (Month, Day, Year)	
						en un facto de la constitución de l	
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? No If so, approx	timately how many en	nployees are pa	articipating?	
(Name of labor organization)		, has pick	eted the Employer since (I	Month, Day, Year)		·	
10. Organizations or individuals other than					resentatives an	d other organizations and individuals	
known to have a representative interest in a	any employees in	the unit described i	in item 5b above. (If none,	so state)		9456A	
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				NAMED IN THE RECORD CONTROL			
				10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB conducts any such election. 	s an election in th	s matter, state you	r position with respect to	11a. Election Type:	: Manual	Mail Mixed Manual/Mail	
11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Locat	tion(s):		
4/17/2020	0800			MAIL			
12a. Full Name of Petitioner (including lo COSMO LUBRANO AMALGAMATED LOCAL 298				420 W Merrick rd NY valley stream 11	et and number, 580-	city, state, and ZIP code)	
12c. Full name of national or international la AFL-CIO, INTERNATIONAL UNION OF ALL	abor organization	of which Petitioner	is an affiliate or cons ituen S	t (if none, so state)			
12d. Tel No. (646) 345-6519	12e. Cell No.		12f. Fax No.		12g. E-Mail Ac coslubrano@h	ddress notmail.com	
13. Representative of the Petitioner who	will accept servi	ce of all papers fo	or purposes of the repres	entation proceeding	g.		
13a. Name and Title			13b. Address (street and		and ZIP code)		
Bryan McCarthy Attorney BCM Associates			1454 Route 22 Suite B1 NY brewster 10509-	01			
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad		
(914) 588-4480 I declare that I have read the above petiti	(914) 588-4480	statements are tru	le to the best of my know	ledge and belief	5 cm (apprinds)	556653.0rg	
		statements are ut		neuge and bellet.	Dete		
	gnature osmo Lubrano		Title BUSINESS AGENT		Date 03/27/2020	12-51-21	
WILLFUL FALSE STATEME		TITION CAN BE P		IMPRISONMENT (U.			

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

Date Filed

Attachment

29-RC-258544

Case

3/27/2020

Employees Included

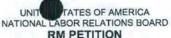
ALL SECURE WRAP OPERATORS AND LEADS ASIGNED TO JOHN F KENNEDY AIRPORT TERMINALS 1,4,5, AND 7.

Employees Excluded

all managers, professional employees and guards as defined by the act



Carlos A. Torrejon, Esq.



	/	DO N	OT WRITE	IN
Case No.				
			0	

THIS SPACE

Date Filed 3/13/20 **RM PETITION** 29-RM-257958 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer/Petitioner: 802 Manhatten Avenue Polmost Food Corp., d/b/a Associated Brooklyn, NY 11222 Supermarkets 3a. Employer/Petitioner Representative - Name and Title: 3b. Address (if same as 2b - state same): 49 Market Street, Morristown, NJ 07960-5122 Carlos A. Torrejon, Employer's Legal Counsel 3f. E-Mail Address 3e Fax No. 3d. Cell No. 3c. Tel. No. 973-548-3312 973-280-9029 973-992-9125 Ctorrejon@foxrothschild.com 4b. Principal Product or Service 4a, Type of Establishment (Factory, mine, wholesaler, etc.) Food and Produce Grocery Store 5b. City and State where unit is located: 5a. Description of Unit Involved: Brooklyn, NY Included: All employees, within covered stores, including porters and front-end personnel 6. Number of Employees in Unit: Excluded: All guards, maintenance employees, office and clerical employees 34 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) 17b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. 8a. Name of Recognized or Certified Bargaining Agent - Name 8b. Affiliation, if any RWDSU/UFCW Local 338, Retail, Wholesale and Department Store Union (RWDSU) Be, Cell No. 8d. Tel. No. 8c. Address: 516-294-1338 1505 Kellum Place Bg. E-Mail Address 8f. Fax No. Mineola, NY 11501-4811 MPaul@local338.org 10. Expiration Date of Current or Most 9. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year) 09/30/2019 before 2016 If so, approximately how many employees are participating? 0 11. Is there now a strike or picketing at the Employer's establishment(s) involved? No N/A , has picketed the Employer since (Month, Day, Year) N/A (Name of Labor Organization) 12. Organizations or individuals other than those named in Item 8, which have a contract with the Employer/Pelitioner 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) N/A 12c. Tel. No. 12d, Cell No. 12b. Address 12a, Name and affiliation if any 12f. E-Mail Address 12e. Fax No. 13a. Election Type: 13. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: × Manual Mail Mixed Manual/Mail 13d. Election Location(s): 13c, Election Time(s): 13b. Election Date(s): 10 am -1 pm and 3pm - 5 pm Back Room March 18, 2020 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14b. Address (street and number, city, State and ZIP code): 14a. Name and Title: 49 Market Street Carlos A. Torrejon, Esq. Morristown, NJ 07960-5122 Employer's Legal Counsel 14f. E-Mail Address 14d. Cell No. 14e. Fax No. 14c. Tel. No. Ctorrejon@foxrothschild.com 973-280-9029 973-992-9125 973-548-3312 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Title Name (Print) Signature 3/12/20 Legal Counsel

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

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