

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

**2a. Name of Employer**  
Red Apple Group Inc.  
**2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)**  
180 Myrtle ave, 218 Myrtle Ave, 81 Fleet pl, and 86 Fleet pl, Brooklyn, NY 11201

**3a. Employer Representative - Name and Title**  
Ilmi Mehmedaj, Property Manager  
**3b. Address (if same as 2b - state same)**  
800 3rd Avenue, New York, NY 10022

**3c. Tel. No.** (212) 956-5770 **3d. Fax No.** (212) 262-4979 **3e. Cell No.** **3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Residential Apartment Building **4b. Principal product or service**  
Property Services

**5a. Description of Unit Involved**  
**Included:**  
All employees employed at 180 Myrtle ave, 218 Myrtle ave, 81 Fleet pl, 86 Fleet pl. Brooklyn, NY 11201  
**Excluded:**  
Supervisors, clerical employees, confidential employees, and guards  
**5b. City and State where unit is located:**  
Brooklyn, NY 11201

**6. No. of Employees in Unit** about 34 **7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?**  Yes  No

**8a. Name of Recognized or Certified Bargaining Agent**  
United Workers of America, Local 621 **8b. Affiliation, if any**

**8c. Address**  
367 Long Beach Road 147 Island Park, NY 11558  
**8d. Tel. No.** (888) 666-1974 **8e. Cell No.**  
**8f. Fax No.** (516) 706-0879 **8g. E-Mail Address**

**9. Date of Recognition or Certification**  
July 25, 2016 **10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
April 26, 2019

**11a. Is there now a strike or picketing at the Employer's establishment(s) involved?**  Yes  No **11b. If so, approximately how many employees are participating?**

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

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

**12a. Name** **12b. Address** **12c. Tel. No.** **12d. Fax No.**  
**12e. Cell No.** **12f. E-Mail Address**

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

**13b. Election Date(s)**  
May 23, 2019 **13c. Election Time(s)**  
7:00-8:00 am, 3:00-4:00 pm **13d. Election Location(s)**  
Locker room at 86 Fleet place

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

**14a. Address (Street and number, city, state, ZIP code)**  
(b) (6), (b) (7)(C) **14b. Tel. No.**  
(b) (6), (b) (7)(C) **14c. Fax No.**  
**14d. Cell No.** **14e. E-Mail Address**  
(b) (6), (b) (7)(C)

**14f. Affiliation, if any**

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

**15a. Name** **15b. Title**  
**15c. Address (Street and number, city, state, ZIP code)** **15d. Tel. No.** **15e. Fax No.**  
**15f. Cell No.** **15g. E-Mail Address**

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

**Name (Print)** (b) (6), (b) (7)(C) **Title** (b) (6), (b) (7) **Date Filed** 4/30/19

**WILLFUL FALSE STATEMENTS OR THIS PETITION OR FAILURE TO SIGN THIS PETITION MAY SUBJECT YOU TO FINES AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	29-RC-240966
Date Filed	5/7/19

**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> Jakes 58 Casino Hotel	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 3635 expressway Drive ,North,Islandia,NY 11749
<b>3a. Employer Representative - Name and Title:</b> Chuck Kilroy General Manager	<b>3b. Address (if same as 2b - state same):</b> 3635 expressway Drive North, Islandia NY. 11749

<b>3c. Tel. No.</b> 631-881-6037	<b>3d. Cell No.</b> 716-858-5140	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> ckilroy@delawarenorth.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Casino Hotel	<b>4b. Principal Product or Service</b> Facility Maintenance	<b>5a. City and State where unit is located:</b> Village of Islandia
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<b>5b. Description of Unit Involved:</b> Included: see attachment Excluded: all office and professional employees, guards and supervisors under the Act.	<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
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 5/03/2019 and Employer declined recognition on or about (Date) No Reply (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ 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: any such election  
**11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> 5/29/2019	<b>11c. Election Time(s):</b> 3:00 pm to 4PM	<b>11d. Election Location(s):</b> same location room 415
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<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Operating Engineers Local 30	<b>12b. Address (street and number, city, State and ZIP code):</b> 16-16 Whitestone Expressway, Whitestone NY 11357
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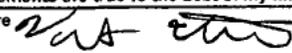
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Union of Operating Engineers

<b>12d. Tel. No.</b> 718-847-8484 ext 209	<b>12e. Cell No.</b> 917-680-4291	<b>12f. Fax No.</b> 718-805-2172	<b>12g. E-Mail Address</b> vincentfiorentino@iuoelocal30.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title:</b> Vincent Fiorentino Organizer	<b>13b. Address (street and number, city, State and ZIP code):</b> 16-16 Whitestone expressway, Whitestone NY 11357

<b>13c. Tel. No.</b> 718-847-8484 ext 209	<b>13d. Cell No.</b> 917-680-4291	<b>13e. Fax No.</b> 718-805-2172	<b>13f. E-Mail Address</b> vincentfiorentino@iuoelocal30.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Vincent Fiorentino	Signature 	Title Organizer	Date 5/6/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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

All full time and part time Facility maintenance supervisors' workers  
Four (4) "maintenance supervisors", the title provided to these  
employees by the employer, excluding all as defined under the Act.

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

DO NOT WRITE IN THIS SPACE	
Case No.	29-RC-241161
Date Filed	5/10/19

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

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

**2a. Name of Employer**  
Vernon Towers LLC

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
31-43 Vernon Boulevard, Long Island City, NY 11106

**3a. Employer Representative - Name and Title**  
Michael Helitz

**3b. Address (if same as 2b - state same)**  
116-55 Queens Boulevard Suite 207 Forest Hills, NY 11375

**3c. Tel. No.** 718.205.2000      **3d. Cell No.** 917.468.6388      **3e. Fax No.** 718.205.0200      **3f. E-Mail Address** Heletz@gmail.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Residential building      **4b. Principal product or service** Building services      **5a. City and State where unit is located:** Astoria, NY 11106

**5b. Description of Unit Involved**  
**Included:** All building service workers  
**Excluded:** Statutory guards and supervisors, including superintendents

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

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

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

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

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

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

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

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

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

**11b. Election Date(s):** Nearest Tuesday      **11c. Election Time(s):** 7:30am - 8:30am      **11d. Election Location(s):** Changing Room

**12a. Full Name of Petitioner (including local name and number)** SEIU LOCAL 32BJ      **12b. Address (street and number, city, state, and ZIP code)** 25 West 18th Street New York, N.Y. 10011

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)** SEIU LOCAL 32BJ

**12d. Tel No.** 212 388-3800      **12e. Cell No.**      **12f. Fax No.**      **12g. E-Mail Address**

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

**13a. Name and Title** Katchen Locke, Attorney      **13b. Address (street and number, city, state, and ZIP code)** 25 West 18th Street New York, N.Y. 10011

**13c. Tel No.** 212.539.2941      **13d. Cell No.**      **13e. Fax No.**      **13f. E-Mail Address** klocke@seiu32bj.org

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

**Name (Print)** Katchen Locke      **Signature**       **Title** Attorney      **Date** 5/8/19

**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 will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
29-RD-241171	5/10/19

**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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-503); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer <b>L.I. Against Domestic Violence</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>320 Carleton Ave. Ste. 8000, Central Islip, NY 11722</b>	
3a. Employer Representative - Name and Title <b>Colleen Merlo - Executive Director</b>		3b. Address (if same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>631-666-7181</b>	3d. Fax No. <b>631-666-9208</b>	3e. Cell No.	3f. E-Mail Address <b>C.Merlo@liadv.org</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Non-profit</b>		4b. Principal product or service <b>shelter</b>	

5a. Description of Unit Involved <b>Included:</b> Full time & regular part-time employees at shelter <b>Excluded:</b> Executive Director, Director of Shelter Services, Executive Assistant, Fiscal Manager, coordinator of volunteers, guards & supervisors	5b. City and State where unit is located: <b>Bay Shore, NY</b>
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6. No. of Employees in Unit <b>5</b>	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent <b>District Council 1707</b>		8b. Affiliation, if any <b>AFL-CIO</b>	
8c. Address <b>420 West 45th St. NY, NY 10036</b>		8d. Tel. No. <b>212-219-0022</b>	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address <b>rsencion@DC1707.net</b>

9. Date of Recognition or Certification	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>February 10, 2015</b>
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	a labor organization, of since (Month, Day, Year)

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

12a. Name <b>None</b>	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

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

13a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	13b. Election Date(s) <b>5/27/19</b>	13c. Election Time(s) <b>10:00 am</b>	13d. Election Location(s) <b>320 Carleton Ave., Central Islip, NY 11722</b>
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14. Full Name of Petitioner <b>(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)</b>			
14a. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)</b>		14b. Tel. No.	14c. Fax No.
<b>(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)</b>		14d. Cell No.	14e. E-Mail Address
		<b>(b) (6), (b) (7)(C)</b>	<b>(b) (6), (b) (7)(C)</b>

14f. Affiliation, if any

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

15a. Name <b>(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)</b>		15b. Title <b>(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)</b>	
15c. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)</b>		15d. Tel. No.	15e. Fax No.
<b>(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)</b>		15f. Cell No.	15g. E-Mail Address
		<b>(b) (6), (b) (7)(C)</b>	<b>(b) (6), (b) (7)(C)</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) (6), (b) (7)(C)</b>	Date Filed <b>5/9/19</b>			
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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>29-RC-241568</b>	Date Filed <b>5/16/2019</b>

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

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

**2a. Name of Employer:**  
ABM Parking Services Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
LaGuardia Airport, Queens, NY 11371

**3a. Employer Representative - Name and Title:**  
Mark Muglich, President

**3b. Address (if same as 2b - state same):**  
551 Fifth Avenue, Suite 300, New York, New York 10176

**3c. Tel. No.** 347-533-3858  
**3d. Cell No.**  
**3e. Fax No.**  
**3f. E-Mail Address**

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

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

**5a. City and State where unit is located:**  
Flushing, New York

**5b. Description of Unit Involved:**  
**Included:**  
All full time and regular part time parking attendants and cashiers  
**Excluded:**  
All other employees including guards, and supervisors as defined in the Act

**6a. Number of Employees in Unit:**  
80+

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

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

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**  
INTERNATIONAL UNION OF JOURNEYMEN AND ALLIED TRADES, LOCAL 726

**8b. Address:**  
93 LAKE AVENUE  
DANBURY, CT 6810

**8c. Tel. No.** (203) 205-0101  
**8d. Cell No.**  
**8e. Fax No.**  
**8f. E-Mail Address**

**8g. Affiliation, if any:**  
**8h. Date of Recognition or Certification**  
**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** 2015

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

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

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

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

**11b. Election Date(s):** 5-28-19  
**11c. Election Time(s):** 10:00AM to 11:30AM  
**11d. Election Location(s):** ABM Breakroom at LaGuardia Airport

**12a. Full Name of Petitioner (including local name and number):**  
Local 122 Barclay Center Conversion Union

**12b. Address (street and number, city, State and ZIP code):**  
48 New Lots Avenue, Brooklyn, New York 11212

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

**12d. Tel. No.** 347-821-0245  
**12e. Cell No.**  
**12f. Fax No.**  
**12g. E-Mail Address**

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

**13a. Name and Title:**  
Micah Wheeler, President

**13b. Address (street and number, city, State and ZIP code):**  
48 New Lots Avenue, Brooklyn, New York 11212

**13c. Tel. No.** 347-821-0245  
**13d. Cell No.**  
**13e. Fax No.**  
**13f. E-Mail Address**

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) MICAH WHEELER Signature [Signature] Title President Date 5/16/19

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

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

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>29-RC-242090</b>	Date Filed <b>5/24/2019</b>

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

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

2a. Name of Employer  
See Attached Addendum

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
29 Caton Place, Brooklyn, NY 11218

3a. Employer Representative - Name and Title  
See Attached Addendum

3b. Address (if same as 2b - state same)  
See Attached Addendum

3c. Tel. No.

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal product or service  
Parking Cars

5a. City and State where unit is located:  
Brooklyn, NY 11218

5b. Description of Unit Involved  
Included: All full-time and regular part-time managers, parking attendants and cashiers working at the Employer's parking facility 29 Caton Place, Brooklyn, New York 11218  
Excluded: All other employees, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit:  
3

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

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) none and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):  
June 3, 2019

11c. Election Time(s):  
9:00 AM to 10:00 AM

11d. Election Location(s):  
29 Caton Place, Brooklyn, NY 11218

12a. Full Name of Petitioner (including local name and number)  
Garage Employees Union Local 272 International Brotherhood of Teamsters

12b. Address (street and number, city, state, and ZIP code)  
220 East 23rd Street, Room 801, New York, NY 10010

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
See Item 12a above

12d. Tel No.  
212-726-9726

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

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

13a. Name and Title  
Bruce J. Cooper, Attorney

13b. Address (street and number, city, state, and ZIP code)  
Pitto LLP, 120 Broadway, 28th Floor, New York, NY 10271

13c. Tel No.  
212-652-3727

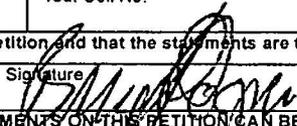
13d. Cell No.

13e. Fax No.  
212-652-3891

13f. E-Mail Address  
bcooper@pittalaw.com

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

Name (Print)  
Bruce J. Cooper

Signature  


Title  
Attorney

Date  
May 23, 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 - ADDENDUM**

**PETITIONER – Garage Employees Union Local No. 272 International Brotherhood of Teamsters**

**Item 2a. Name of Employer:** Liberty Parking, Liberty Parking Services, Caton Parking LLC and Prompt Parking Corp. as a single employer, joint employers or alter egos.

**Item 2b. Address of Establishment involved:** 29 Caton Place, Brooklyn, NY 11218

**Item 3a. Employer Representative – Name and Title**

**3b. Address:**

1. Kris Trposki, Principal/General Manager  
Liberty Parking  
29 Caton Place  
Brooklyn, NY 11218  
(973)-432-3598
2. Kris Trposki  
Liberty Parking Services, Principal/General Manager  
388 Madeline Avenue  
Garfield, NJ 07026  
(973)-432-3598
3. Caton Parking LLC  
Abraham Liebb, Principal  
4170 US Highway 9, Suite 502  
Howell, NJ 07731
4. Prompt Parking Corp  
Abraham Liebb, Principal  
4170 US Highway 9, Suite 502  
Howell, NJ 07731
5. Prompt Parking Corp.  
Nettie Furman, Business Development Executive  
800-952-7275  
[nettie@promptparkingservices.com](mailto:nettie@promptparkingservices.com)

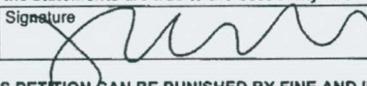
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 29-RC-242107 Date Filed 5-24-19

**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> SCO Family of Services		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, City, State, ZIP code): 101 Downing Avenue, Sea Cliff, New York, 11579	
<b>3a. Employer Representative - Name and Title:</b> Keith M. Little Executive Director		<b>3b. Address</b> (if same as 2b - state same): Same	
<b>3c. Tel. No.</b> 516-671-1111	<b>3d. Cell No.</b> 516-242-7188	<b>3e. Fax No.</b> 516-671-2899	<b>3f. E-Mail Address</b> klittle@sco.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Non-Profit, Human Services		<b>4b. Principal Product or Service</b> Child Care	<b>5a. City and State where unit is located:</b> Sea Cliff, New York
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All Child Care Workers and Senior Child Care Workers <b>Excluded:</b> Guards, Supervisors, Managerial and Professional Employees, as defined by the act		<b>6a. Number of Employees in Unit:</b> 107 <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"/> <b>7a. Request for recognition as Bargaining Representative was made on</b> (Date) <u>05/24/19</u> <b>and Employer declined recognition</b> on or about (Date) _____ (If no reply received, so state). <u>No Reply Received</u> <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent</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> <u>No</u> 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)			
<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> June 12, 2019		<b>11c. Election Time(s):</b> 6:30 am - 10:00am and 2:00pm - 4:00pm	
<b>11d. Election Location(s):</b> RTC Building - first floor break room			
<b>12a. Full Name of Petitioner</b> (including local name and number): Civil Service Employees Association, Inc. (CSEA), Local 1000		<b>12b. Address</b> (street and number, city, State and ZIP code): 143 Washington Ave Albany, New York 12210	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state): American Federation of State, County, and Municipal Employees			
<b>12d. Tel. No.</b> 518-257-1000	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 518-449-1525	<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> Aaron E. Kaplan Senior Associate Counsel		<b>13b. Address</b> (street and number, city, State and ZIP code): 143 Washington Avenue Albany, New York 12210	
<b>13c. Tel. No.</b> 518-257-1445	<b>13d. Cell No.</b> 716-445-4019	<b>13e. Fax No.</b> 518-449-1525	<b>13f. E-Mail Address</b> aaron.kaplan@cseainc.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> Jessica A. Riley	<b>Signature</b> 	<b>Title</b> Statewide Organizer	<b>Date</b> 5/24/2019

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

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

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

DO NOT WRITE IN THIS SPACE

Case No. 29-RC-242146 Date Filed 5/28/19

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

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

2a. Name of Employer  
ADAPT Community Network

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)  
80 Maiden Lane, New York, New York 10038

3a. Employer Representative Name and Title  
Isabella Dombrowski, Director of Employee and Labor Relations

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

3c. Tel. No. 212-683-6700, x1372

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
idombrowski@adaptcommunitynetwork.org

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

4b. Principal product or service  
Educational Services

5a. City and State where unit is located:  
Staten Island, NY

5b. Description of Unit Involved  
Included: All teachers (i.e., including classroom teachers, ENL teachers), Certified Teacher Assistants, Teacher Aides, Administrative Assistants, Custodians, Habilitation Assistants, Habilitation Specialists  
Excluded: managerial, supervisory, and confidential employees

6a. No. of Employees in Unit:  
50

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

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

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

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

8b. Address

8c. Tel No.

8d Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):  
Tuesday, June 11 or Wednesday, June 12, 2019

11c. Election Time(s):  
12 noon 5 pm

11d. Election Location(s):  
staff lounge second floor (room 227)

12a. Full Name of Petitioner (including local name and number)  
United Federation of Teachers, Local 2

12b. Address (street and number, city, state, and ZIP code)  
52 Broadway, FL 9, New York, NY 10004

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

12d. Tel No. (212) 228-3382 x 129

12e. Cell No. (518) 281 7443

12f. Fax 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.

13a. Name and Title David Eisenstein, Law Office of Robert T. Reilly

13b. Address (street and number, city, state, and ZIP code)  
52 Broadway Fl 9 NY New York 10004-1614

13c. Tel No. (212) 228-3382 x 129

13d. Cell No. (518) 281-7443

13e. Fax No. (212) 995-2347

13f. E-Mail Address  
deisenst@nysutmail.org

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

Name (Print) David Eisenstein

Signature David Eisenstein

Title

Date May 24, 22019

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-242361	Date Filed 5/30/2019

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

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

<b>2a. Name of Employer:</b> ADAPT Community Network	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 80 Maiden Lane, New York, NY 10038
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<b>3a. Employer Representative - Name and Title:</b> Isabella Dombrowski, Director of Emp. Rel.	<b>3b. Address (if same as 2b - state same):</b> same
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<b>3c. Tel. No.</b> 212-683-6700, x1372	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 212-545-0434	<b>3f. E-Mail Address</b> idombrowski@adaptcommunitynetwork.org
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> School	<b>4b. Principal Product or Service</b> Education	<b>5a. City and State where unit is located:</b> 146-28 Jasmine Ave, Flushing, New York
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attached <b>Excluded:</b>	<b>6a. Number of Employees in Unit:</b> 60
	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 5/29/19 and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

<b>11b. Election Date(s):</b> June 18th or 19th or 20th	<b>11c. Election Time(s):</b> 2 to 4 pm	<b>11d. Election Location(s):</b> basement staff lounge at Clearview site
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<b>12a. Full Name of Petitioner (including local name and number):</b> United Federation of Teachers, Local 2, AFT, NYSUT	<b>12b. Address (street and number, city, State and ZIP code):</b> 52 Broadway, 14th Floor, New York, NY 10004
--	---

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

<b>12d. Tel. No.</b> 212-598-6800	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title:</b> Meaghan Murphy, Associate Counsel	<b>13b. Address (street and number, city, State and ZIP code):</b> NYSUT 52 Broadway, 14th Floor, New York, NY 10004
--	---

<b>13c. Tel. No.</b> 212-598-9223	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 212-995-2347	<b>13f. E-Mail Address</b> mmurphy@nysutmail.org
--------------------------------------	----------------------	-------------------------------------	---

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

<b>Name (Print)</b> Howard Schaar	<b>Signature</b> 	<b>Title</b> UFT Secretary	<b>Date</b> 5/29/19
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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**

5b. Description of Unit Involved

Included

All Teachers (including Substitutes, and Adapted Physical Education Teachers), Teacher Assistants (including Substitute Teacher Assistants), Administrative Assistants, Custodians, Speech Language Pathologists, Occupational Therapists, Social Workers, CPSE Liaisons, Office Assistants, Security Receptionists

Excluded

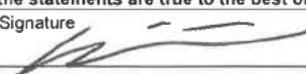
Employees whose duties are found to be Managerial or Confidential as defined by the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. <b>29-RC-242369</b>	Date Filed <b>5/30/19</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> Flushing Medical Center		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4500 Parson Blvd, Flushing, NY 11355	
<b>3a. Employer Representative - Name and Title:</b> Tina Cornet Vice President of Human Resources		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 718-670-5585	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 718-321-6175	<b>3f. E-Mail Address</b> Tcornet@jhmc.or
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Health Care Clinic		<b>4b. Principal Product or Service</b> Health care	<b>5a. City and State where unit is located:</b> Flushing, NY
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>6a. Number of Employees in Unit:</b> 10	
<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) _____ on or about (Date) _____ (If no reply received, so state). _____ and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> 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 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> 6/11/19 or 6/13/19		<b>11c. Election Time(s):</b> 12:30pm-2:30pm	
<b>11d. Election Location(s):</b> 5th Floor Conference Room			
<b>12a. Full Name of Petitioner (including local name and number):</b> 1199SEIU United Healthcare Workers East		<b>12b. Address (street and number, city, State and ZIP code):</b> 330 West 42nd Street, New York, NY 10036	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b>			
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Micah Wissinger, Esq., Levy Ratner, P.C.		<b>13b. Address (street and number, city, State and ZIP code):</b> 80 8th Avenue, 8th Floor, New York, NY 10011	
<b>13c. Tel. No.</b> 212-627-8100	<b>13d. Cell No.</b> 347-852-5558	<b>13e. Fax No.</b> 212-627-8182	<b>13f. E-Mail Address</b> mwissinger@levyratner.com
<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> Micah Wissinger	<b>Signature</b> 	<b>Title</b> Counsel to Petitioner	<b>Date</b> 05/29/19

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

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

Attachment 5b

Employees Included

All full-time and regular part-time Navigators as a residual to the multi-employer unit.

Employees Excluded

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

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>29-RC-242283</b>	Date Filed <b>5/29/19</b>

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

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

2a. Name of Employer <b>ABM Parking Services Inc.</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>LaGuardia Airport, Queens, New York 11371</b>	
3a. Employer Representative - Name and Title <b>Mark Muglich, President</b>		3b. Address (if same as 2b - state same) <b>One Liberty Plaza, 7th Floor, New York, New York 10006</b>	
3c. Tel. No. <b>347-533-3858</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>parking services</b>		4b. Principal product or service <b>parking</b>	5a. City and State where unit is located: <b>Flushing, NY</b>
5b. Description of Unit Involved <b>Included: all full time and regular part time parking attendants and cashiers</b> <b>Excluded: all other employees including guards, and supervisors as defined in the Act.</b>			6a. No. of Employees in Unit: <b>80+</b> 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input type="checkbox"/> No <input type="checkbox"/>

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). <b>International Union of Journeymen and Allied Trades, Local 726</b>		8b. Address <b>93 Lake Avenue, Danbury, CT 06810</b>	
8c. Tel. No. <b>203-205-0101</b>	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>2015</b>

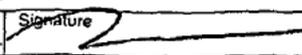
9. Is there now a strike or picketing at the Employer's establishment(s) involved? **no** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

10a. Name		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): <b>5-28-19</b>		11c. Election Time(s): <b>10:00AM to 11:30AM</b>		11d. Election Location(s): <b>ABM Breakroom at LaGuardia Airport</b>			
12a. Full Name of Petitioner (including local name and number) <b>Local 122 Barclay Center Conversion Union</b>				12b. Address (street and number, city, state, and ZIP code) <b>48 New Lots Avenue, Brooklyn, New York 11212</b>			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)							

12d. Tel. No. <b>347-821-0245</b>	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title <b>Micah Wheeler, President</b>		13b. Address (street and number, city, state, and ZIP code) <b>48 New Lots Avenue, Brooklyn, New York 11212</b>	
13c. Tel. No. <b>347-821-0245</b>	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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

Name (Print) <b>Micah Wheeler</b>	Signature 	Title <b>President</b>	Date <b>5/21/19</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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