

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RD-240745

Date Filed

5/3/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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
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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
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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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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
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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) since (Month, Day, Year) a labor organization, of	

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
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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.

Name (Print) (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)	Date Filed 4/30/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION MAY

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/, 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:
Jakes 58 Casino Hotel

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
3635 expressway Drive ,North,Islandia,NY 11749

3a. Employer Representative - Name and Title:
Chuck Kilroy General Manager

3b. Address (if same as 2b - state same):
3635 expressway Drive North, Islandia NY 11749

3c. Tel. No.
631-881-6037

3d. Cell No.
716-858-5140

3e. Fax No.

3f. E-Mail Address
ckilroy@delawarenorth.com

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

4b. Principal Product or Service
Facility Maintenance

5a. City and State where unit is located:
Village of Islandia

5b. Description of Unit Involved:

Included:
see attachment

6a. Number of Employees in Unit:
4

Excluded:

all office and professional employees, guards and supervisors under the Act.

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) 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.

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: any such election

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
5/29/2019

11c. Election Time(s):
3:00 pm to 4PM

11d. Election Location(s):
same location room 415

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

12b. Address (street and number, city, State and ZIP code):
16-16 Whitestone Expressway, Whitestone NY 11357

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

12d. Tel. No.
718-847-8484 ext 209

12e. Cell No.
917-680-4291

12f. Fax No.
718-805-2172

12g. E-Mail Address
vincentfiorentino@iuoelocal30.org

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

13a. Name and Title:
Vincent Fiorentino Organizer

13b. Address (street and number, city, State and ZIP code):
16-16 Whitestone expressway, Whitestone NY 11357

13c. Tel. No.
718-847-8484 ext 209

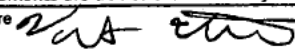
13d. Cell No.
917-680-4291

13e. Fax No.
718-805-2172

13f. E-Mail Address
vincentfiorentino@iuoelocal30.org

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

Name (Print)
Vincent Fiorentino

Signature 

Title
Organizer

Date
5/6/2019

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.

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, 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	
5b. Description of Unit Involved Included: All building service workers Excluded: Statutory guards and supervisors, including superintendents		5a. City and State where unit is located: Astoria, NY 11106	
		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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 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 Wednesday 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
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title 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
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RD-241171

Date Filed

5/10/19

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 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
L.I. Against Domestic Violence

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
320 Carleton Ave. Ste. 8000, Central Islip, NY 11722

3a. Employer Representative - Name and Title
Colleen Merlo - Executive Director

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

3c. Tel. No.
631-666-7181

3d. Fax No.
631-666-9208

3e. Cell No.

3f. E-Mail Address
C.Merlo@liadv.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Non-profit

4b. Principal product or service
shelter

5a. Description of Unit Involved

Included:
Full time & regular part-time employees at shelter

Excluded:
Executive Director, Director of Shelter Services, Executive Assistant, Fiscal Manager, coordinator of volunteers, guards & supervisors

5b. City and State where unit is located:
Bay Shore, NY

6. No. of Employees in Unit **5**

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
District Council 1707

8b. Affiliation, if any
AFL-CIO

8c. Address
**420 West 45th St.
NY, NY 10036**

8d. Tel. No.
212-219-0022

8e. Cell No.

8f. Fax No.

8g. E-Mail Address
rsencion@DC1707.net

9. Date of Recognition or Certification

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
February 10, 2015

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

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

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

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

12a. Name
None

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: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)
5/27/19

13c. Election Time(s)
10:00 am

13d. Election Location(s)
320 Carleton Ave., Central Islip, NY 11722

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.

14c. Fax No.

14d. Cell No.
(b) (6), (b) (7)(C)

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

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

15c. Tel. No.

15d. Fax No.

15e. Cell No.
(b) (6), (b) (7)(C)

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

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

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

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

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

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

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

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

Date Filed
5/9/19

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

PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-241568

Date Filed

5/16/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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)

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):
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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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
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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
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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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	--

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
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

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
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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

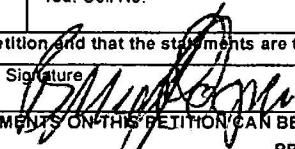
12d. Tel. No. 212-726-9726	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title 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
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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) 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

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

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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, 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> 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, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

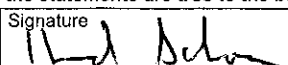
29-RC-242361

Date Filed

5/30/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, 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, NY 10038	
3a. Employer Representative - Name and Title: Isabella Dombrowski, Director of Emp. Rel.		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 212-683-6700, x1372	3d. Cell No.	3e. Fax No. 212-545-0434	3f. E-Mail Address idombrowski@adaptcommunitynetwork.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.): School		4b. Principal Product or Service Education	5a. City and State where unit is located: 146-28 Jasmine Ave, Flushing, New York
5b. Description of Unit Involved: Included: See attached Excluded:			6a. Number of Employees in Unit: 60
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 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). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 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 <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): June 18th or 19th or 20th	11c. Election Time(s): 2 to 4 pm	11d. Election Location(s): basement staff lounge at Clearview site	
12a. Full Name of Petitioner (including local name and number): United Federation of Teachers, Local 2, AFT, NYSUT		12b. Address (street and number, city, State and ZIP code): 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			
12d. Tel. No. 212-598-6800	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: Meaghean Murphy, Associate Counsel		13b. Address (street and number, city, State and ZIP code): NYSUT 52 Broadway, 14th Floor, New York, NY 10004	
13c. Tel. No. 212-598-9223	13d. Cell No.	13e. Fax No. 212-995-2347	13f. E-Mail Address 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.			
Name (Print) Howard Schorr	Signature 	Title UFT Secretary	Date 5/29/19

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

PRIVACY ACT STATEMENT

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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. 29-RC-242369

Date Filed 5/30/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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: Flushing Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4500 Parson Blvd, Flushing, NY 11355	
3a. Employer Representative - Name and Title: Tina Cornet Vice President of Human Resources		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 718-670-5585	3d. Cell No.	3e. Fax No. 718-321-6175	3f. E-Mail Address Tcornet@jhmc.or
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health Care Clinic		4b. Principal Product or Service Health care	5a. City and State where unit is located: Flushing, NY
5b. Description of Unit Involved: Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. Number of Employees in Unit: 10 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		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 and election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 6/11/19 or 6/13/19	11c. Election Time(s): 12:30pm-2:30pm	11d. Election Location(s): 5th Floor Conference Room	
12a. Full Name of Petitioner (including local name and number): 1199SEIU United Healthcare Workers East		12b. Address (street and number, city, State and ZIP code): 330 West 42nd Street, New York, NY 10036	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):			
12d. Tel. No.	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 Wissinger, Esq., Levy Ratner, P.C.		13b. Address (street and number, city, State and ZIP code): 80 8th Avenue, 8th Floor, New York, NY 10011	
13c. Tel. No. 212-627-8100	13d. Cell No. 347-852-5558	13e. Fax No. 212-627-8182	13f. E-Mail Address mwissinger@levyratner.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) Micah Wissinger	Signature 	Title Counsel to Petitioner	Date 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.	29-RC-242283
Date Filed	5/29/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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, New York 11371	
3a. Employer Representative - Name and Title Mark Muglich, President		3b. Address (if same as 2b - state same) One Liberty Plaza, 7th Floor, New York, New York 10006	
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, NY
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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. No. 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 <input type="checkbox"/> No <input type="checkbox"/>

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
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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 06810	
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? <u>no</u> 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
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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
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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
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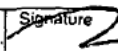
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

12d. Tel. No. 347-821-0245	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title 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 	Title President	Date 5/21/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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