

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-255609

Date Filed

2-3-20

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:

Jaguar Land Rover White Plains

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

295 East Main Street, Elmsford, New York 10523

3a. Employer Representative - Name and Title:Peter Vaccaro, Service Manager
John Laguerre, General Manager**3b. Address (if same as 2b - state same):**

Same

3c. Tel. No.

914-372-2820

3d. Cell No.**3e. Fax No.**

914-372-2827

3f. E-Mail Address

Vaccaro1@autonation.com

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

Auto Dealership - Sales and Service

4b. Principal Product or Service

Auto Sales and Service

5a. City and State where unit is located:

Elmsford, New York

5b. Description of Unit Involved:**Included:** All full time and regular part-time service technicians.**6a. Number of Employees in Unit:**

11

Excluded: All other employees including, salespersons, service writers, parts department, office clerical, professions, managers, guards and supervisors as defined in 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) _____ and Employer refused 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):**

Monday, Feb. 24, 2020

11c. Election Time(s):

12:30 PM to 2:30 PM

11d. Election Location(s):

Facility Lunchroom

12a. Full Name of Petitioner (including local name and number):

United Service Workers Union, Local 355, IUJAT

12b. Address (street and number, city, State and ZIP code):

138-50 Queens Boulevard, Briarwood, NY 11435

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

International Union of Journeymen and Allied Trades

12d. Tel. No.

718-658-4848

12e. Cell No.**12f. Fax No.**

718-523-4732

12g. E-Mail Address

dippoliton@iujat.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**13a. Name and Title:**

Gary Rothman, Esq., Attorney for Local

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

Rothman Rocco LaRuffa, LLP, 3 West Main St., Ste 200, Elmsford, NY 10523

13c. Tel. No.

914-478-2801

13d. Cell No.**13e. Fax No.**

914-478-2913

13f. E-Mail Address

grothman@rothmanrocco.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)**

Gary Rothman

Signature**Title**

Attorney for Local 355

Date

2/3/2020

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

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-255677

Date Filed

2-4-20

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: Center for Family Representation		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 40 Worth Street, Suite 605, NY, NY 10013	
3a. Employer Representative - Name and Title: Michele Cortese		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (212) 691-0950	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mcortese@cfrny.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Legal Services Organization		4b. Principal Product or Service Legal Services	
5a. City and State where unit is located: New York, NY		5b. Description of Unit Involved: SEE ATTACHED	
6a. Number of Employees in Unit: 69		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) 1/24/2020 and Employer declined recognition on or about (Date) 1/31/20 (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 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): 2/19/20	11c. Election Time(s): 1:00 pm - 5:00 pm	11d. Election Location(s): 40 Worth St., Main Conference Room and 89-14 Parson Blvd, Main Conference Room	
12a. Full Name of Petitioner (including local name and number): UAW Local 2325 - Association of Legal Aid Attorneys		12b. Address (street and number, city, State and ZIP code): 50 Broadway, Suite 1600, NY, NY	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UAW, AFL-CIO			
12d. Tel. No. (212) 343-0708	12e. Cell No.	12f. Fax No. (212) 343-0966	12g. E-Mail Address BY:
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Allyson L. Belovin		13b. Address (street and number, city, State and ZIP code): Levy Rainer, P.C., 80 8th Avenue, 8th Fl, New York, NY 10011	
13c. Tel. No. (212) 627-8100	13d. Cell No. (646) 326-9096	13e. Fax No. (212) 627-8182	13f. E-Mail Address abelovin@levyrainer.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) Allyson L. Belovin	Signature Allyson L. Belovin		Title Attorney
			Date 2/3/20

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 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 TO RC PETITION

Petitioner - UAW Local 2325 - Assoc. of Legal Aid Attorneys

Description of Unit Involved:

Included: All full-time and regular part-time employees of the Employer including Administrative Assistant, Development and Communications Associate, Fellow, Family Advocate, Law Graduate, Paralegal, Parent Advocate, Staff Attorney, Staff Social Worker, Investigator, Client Coordinator, Immigration Specialist, and Housing and Public Benefits Specialist

Excluded: Executive Director, Special Counsel, Chief Financial Officer, Co-Director, Director of Development and Communications, Director of Holistic Practice, Director of Human Resources, Co-Director, Director of Litigation, Litigation Supervisor, Social Work Supervisor, Senior Staff Social Worker, Senior Staff Attorney, Information Technology Manager, Manager of Accounting & Reporting, Senior Parent Advocate, Manager of Donor Relations, Senior Appellate Attorney, interns, guards, confidential employees, supervisors, and managerial employees.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-255684

Date Filed

2-4-20

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

Allied Universal Security

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

3379 Peachtree Road Northeast
GA Atlanta 30326

3a. Employer Representative - Name and Title

Bailey Turpin

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

3c. Tel. No.

(404) 844-4615

3d. Cell No.

(757) 408-0318

3e. Fax No.

3f. E-Mail Address

bailey.turpin@aus.com

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

4b. Principal product or service
Security

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

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
25

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) 01/28/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes

☐ 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 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):
February 21, 2020

11c. Election Time(s):
7-8:30 AM and 4-5:30 PM

11d. Election Location(s):
Room on site at Montefiore Hospital 1200 Waters Street Bronx NYC

12a. Full Name of Petitioner (including local name and number)

Louis Aviles
Local 642 Security Allied Federated Employees Union S.A.F.E.

12b. Address (street and number, city, state, and ZIP code)
44 Court Street Suite 1217
NY Brooklyn 11201

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

12d. Tel. No.

(917) 771-8010

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

goldblattlegal@gmail.com

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

13a. Name and Title

Stephen Goldblatt
Law Office of Stephen Goldblatt

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

44 Court Street Suite 1217
NY Brooklyn 11201

13c. Tel. No.

(917) 771-8010

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

goldblattlegal@gmail.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)

Stephen Goldblatt

Signature

STEPHEN GOLDBLATT

Title

Date

02/3/2020 16:45:38

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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RECEIVED
FEB 04 2020

BY: _____

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-255684	2-4-20

Employees Included

All full-time and regular part-time security guards

Employees Excluded

All other non-guard employees, office clerical employees and supervisors


UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
02-RC-255827Date Filed
2-6-20

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: Millwood Lumber and Express Employment Professionals, a Single and/or Joint Employer		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 87 Millwood Road, Millwood, NY 10546	
3a. Employer Representative - Name and Title: Michael Malara, Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel No 914-941-8080	3d. Cell No.	3e. Fax No. 914-941-2814	3f. E-Mail Address mmalara@millwoodlumber.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Lumber yard		4b. Principal Product or Service Lumber products and hardware	5a. City and State where unit is located: Millwood, NY
5b. Description of Unit involved: Included: All full-time and regular part-time agency drivers and yardsmen working at the Employer's facility located at 87 Millwood Road, Millwood, NY 10546 Excluded: All other employees, managers, supervisors, and guards as defined by the Act			6a. Number of Employees in Unit: 2 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): 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: Armour-Globe Self-Determination Election		11a. Election Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): February 21, 2020		11c. Election Time(s): 6:00 a.m. - 8:00 a.m.	
11d. Election Location(s): Millwood Lumber breakroom			
12a. Full Name of Petitioner (including local name and number): Local 456, International Brotherhood of Teamsters		12b. Address (street and number, city, State and ZIP code): 160 South Central Avenue Elmsford, NY 10523	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel No 914-592-9500	12e. Cell No.	12f. Fax No 914-592-4266	12g. E-Mail Address Domcassanelli@teamsterslocal456.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Bryan T. Arnault, Esq./Blitman & King LLP		13b. Address (street and number, city, State and ZIP code): 443 North Franklin Street, Suite 300, Syracuse, NY 13204-5412	
13c. Tel. No. 315-422-7111	13d. Cell No 315-378-3289	13e. Fax No. 315-471-2623	13f. E-Mail Address btarnault@bklawyers.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) Bryan T. Arnault		Signature 	Title Attorney
		Date 02/05/20	

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-256326

Date Filed

2-13-20

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:
Millwood Lumber and Express Employment Professionals, a Single and/or Joint Employer

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

87 Millwood Road, Millwood, NY 10546

3a. Employer Representative - Name and Title
See Attachment

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

3c. Tel. No.
See Attachment

3d. Cell No.

3e. Fax No.
See Attachment

3f. E-Mail Address
See Attachment

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

4b. Principal Product or Service
Lumber products and hardware

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

5b. Description of Unit Involved:

Included: All full-time and regular part-time agency drivers, drivers helpers, and yardsmen working at the Employer's facility located at 87 Millwood Road, Millwood, NY 10546

6a. Number of Employees in Unit:
2

Excluded:

All other employees, managers, supervisors, and guards as defined by 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) _____ 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):
February 28, 2020

11c. Election Time(s):
6:30 a.m. - 7:30 a.m.

11d. Election Location(s):
Millwood Lumber breakroom

12a. Full Name of Petitioner (including local name and number):
Local 456, International Brotherhood of Teamsters

12b. Address (street and number, city, State and ZIP code):
160 South Central Avenue
Elmsford, NY 10523

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

12d. Tel. No.
914-592-9500

12e. Cell No.

12f. Fax No.
914-592-4266

12g. E-Mail Address
Domcassanelli@teamsterslocal456.com

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

13a. Name and Title:
Bryan T. Arnault, Esq., of Counsel/Blitman & King LLP

13b. Address (street and number, city, State and ZIP code):
443 North Franklin Street, Suite 300, Syracuse, NY 13204-5412

13c. Tel. No.
315-671-3249

13d. Cell No.
315-378-3289

13e. Fax No.
315-471-2623

13f. E-Mail Address
btarnault@bklawyers.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)
Bryan T. Arnault

Signature

Title
of Counsel

Date
02/13/20

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 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.

**Teamsters Local 456
and
Millwood Lumber and Express Employment Professionals,
a Single and/or Joint Employer**

Attachment to RC Petition

Response to Fields 3a.-3f.

Michael Malara, Manager
East Haven Builders d/b/a Millwood
Lumber
87 Millwood Road
Millwood, NY 10546
Tel: (914) 941-8080
Email: mmalara@millwoodlumber.com

Express Employment Professionals
30 Glenn Street, Suite 411
North White Plains, NY 10603
Tel: (914) 428-0680
Email: Jobs.NorthWestchesterCountyNY@ExpressPros.com

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
02-RC-256354

Date Filed
2-13-20

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 Northwell Health Physicians Partners Ophthalmology		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 210 E. 64th Street NY, NY & 3765 Riverdale Ave., Bronx, NY	
3a. Employer Representative - Name and Title Chelsea Da Costa, HR Manager		3b. Address (If same as 2b - state same) 600 Community Drive, Manhasset, NY 11030	
3c. Tel. No. 516-434-9452	3d. Cell No.	3e. Fax No.	3f. E-Mail Address cdacosta3@northwell.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Medical Office	4b. Principal product or service Health Care Services	5a. City and State where unit is located: New York, NY	
5b. Description of Unit Involved Included: see attachment Excluded:			6a. No. of Employees in Unit: 53 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"/>

RECEIVED
FEB 13 2020

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)

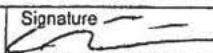
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 10, 2020	11c. Election Time(s): 8:30am to 9:30am and 12:30pm-1:30pm	11d. Election Location(s): 8th Floor Lunch Room at 210 E. 64th Street NY, NY	
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) Service Employees International Union			
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.	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 February 13, 2020
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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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Attachment to Question 5b – Unit Description

Included: All regular full time, part time, and per diem non-professional employees, including ophthalmology tech, photographer, surgical coordinator, surgical scheduler, practice office assistant, practice associate, secretary, billing associate, front desk receptionist and medical records clerk.

Excluded: All guards, managers, confidential employees and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
02-RC-256716

Date Filed
2-20-20

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 PRESTIGE MANAGEMENT		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1200 ZEREGA AVENUE NY BRONX 10462-	
3a. Employer Representative - Name and Title ARLYANE MCGLASHAN		3b. Address (If same as 2b - state same) 1200 ZEREGA AVENUE NY BRONX 10462-	
3c. Tel. No. (718) 822-7377	3d. Cell No.	3e. Fax No. (718) 822-7471	3f. E-Mail Address INFO@PRESTIGEMGT.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service BUILDING MANAGEMENT	5a. City and State where unit is located: Bronx, NY

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 8	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"/>
--	--	------------------------------------	--

BY: _____

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? 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): 3/6/2020	11c. Election Time(s): 12:00 NOON	11d. Election Location(s): 1544 BOONE AVENUE, BRONX, NY
------------------------------------	--------------------------------------	--

12a. Full Name of Petitioner (including local name and number) Gilberto Mendoza Local 660 UAW	12b. Address (street and number, city, state, and ZIP code) 100 SOUTH BEDFORD ROAD SUITE 340 NY MT KISCO 10549-
---	---

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

12d. Tel No. (646) 355-5291	12e. Cell No. (646) 355-5291	12f. Fax No.	12g. E-Mail Address GILBERTOTITOMENDOZA@HOTMAIL.COM
--------------------------------	---------------------------------	--------------	--

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

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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

Name (Print) Gilberto Mendoza	Signature GILBERTO MENDOZA	Title President	Date 02/19/2020 12:41:19
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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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-256716	2-20-20

Employees Included
ALL SUPERS, PORTERS & HANDYMEN

Employees Excluded
MANAGERS, SUPERVISORS AND ALL OTHERS AS DEFINED BY THE ACT

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-256854

Date Filed

2-21-20

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: Children's Muscum of the Arts		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 103 Charlton St, New York, NY 10014	
3a. Employer Representative - Name and Title: Seth Cameron, Executive Director		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (212) 274-0986	3d. Cell No.	3e. Fax No. (212) 274-1776	3f. E-Mail Address scameron@cmayn.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Museum		4b. Principal Product or Service Arts	5a. City and State where unit is located: New York, NY
5b. Description of Unit Involved: Included: All full time and regular part time employees of the employer. Excluded: All supervisors, managers, guards and facilities assistants.			6a. Number of Employees in Unit: 65
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 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.			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
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address: BY: _____	
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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s) March 8 and March 9, 2020		11c. Election Time(s): 3:00 p.m. - 6:00 p.m.	
		11d. Election Location(s): ARTogether Room on the 1st floor	
12a. Full Name of Petitioner (including local name and number): Local 2110, Technical, Office & Professional Union, UAW		12b. Address (street and number, city, State and ZIP code): 256 W. 38th Street, Suite 704, New York; NY 10019	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UAW, AFL-CIO			
12d. Tel. No. (212) 387-0220	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: Dana Lossia, Attorney		13b. Address (street and number, city, State and ZIP code): Levy Ratner, P.C., 80 Eighth Avenue, New York, NY 10011	
13c. Tel. No. (212) 627-8100	13d. Cell No. (617) 510-0283	13e. Fax No. (212) 627-8182	13f. E-Mail Address dlossia(a)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) Dana Lossia		Signature 	Date 2-21-20

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.
02-RC-256886

Date Filed
2-25-20

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
Northwell Health Physicians Partners Ophthalmology

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
210 E. 64th Street NY, NY & 3765 Riverdale Ave., Bronx, NY

3a. Employer Representative - Name and Title
Chelsea Da Costa, HR Manager

3b. Address (If same as 2b - state same)
600 Community Drive, Manhasset, NY 11030

3c. Tel. No.
516-434-9452

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
cdacosta3@northwell.edu

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

4b. Principal product or service
Health Care Services

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

5b. Description of Unit Involved
Included: see attachment

6a. No. of Employees in Unit:
53

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? 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):
March 10, 2020

11c. Election Time(s):
8:30am to 9:30am and 12:30pm-1:30pm

11d. Election Location(s):
8th Floor Lunch Room at 210 E. 64th Street, NY, NY

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)
Service Employees International Union

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.

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
February 24, 2020

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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RECEIVED
NLRB
REGION 2
NEW YORK, NY
2020 FEB 25 PM 12:03

Attachment to Question 5b – Unit Description

Included: All regular full time, part time, and per diem non-professional employees, including ophthalmology tech, photographer, surgical coordinator, surgical scheduler, practice office assistant, practice associate, secretary, billing associate, front desk receptionist and medical records clerk.

Excluded: All guards, managers, confidential employees and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
02-RC-256916

Date Filed
2-25-20

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 Breaking Ground, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 505 8th Avenue NY New York 10018-	
3a. Employer Representative - Name and Title Brenda Rosen		3b. Address (If same as 2b - state same)	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Apartments	
4c. City and State where unit is located: New York, NY		5a. City and State where unit is located: New York, NY	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 30 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) 02/20/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received

☐ 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 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): Tuesdays 11c. Election Time(s): 12pm-1pm and 4pm-7pm 11d. Election Location(s): Prince George Building, 15 East 27th Street, New York 10016

12a. Full Name of Petitioner (including local name and number) Pedro Card Local 210, International Brotherhood of Teamsters 12b. Address (street and number, city, state, and ZIP code) 55 Broad Street 11th Floor NY New York 10004-

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

12d. Tel No. (917) 657-3511	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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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 Clara Suh Esq. Hoffmann & Associates		13b. Address (street and number, city, state, and ZIP code) 450 Seventh Avenue, Suite 1400 NY New York 10123-	
13c. Tel No. (212) 679-0400	13d. Cell No.	13e. Fax No.	13f. E-Mail Address clara.suh@hoffmannlegal.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) Clara Suh Esq.	Signature Clara Suh	Title	Date 02/24/2020 15:52:52
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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.

RECEIVED
FEB 25 2020

BY: _____

Attachment

Employees Included
Maintenance Workers

Employees Excluded
Managers and security guards

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-256916	2-25-20

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-257151

Date Filed

2-27-20

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:

XPO Logistics

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

120 Neelytown Rd, Montgomery, NY 12549

3a. Employer Representative - Name and Title:

Dennis Gregory, Terminal Mgr

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

RECEIVED
FEB 27 2020

3c. Tel. No.

(845) 457-4040

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

Trucking/shipping

4b. Principal Product or Service

Transportation

4c. City and State where unit is located:

Montgomery, NY

5b. Description of Unit Involved:

Included:

All full-time and regular part-time truck drivers.

Excluded:

All other employees including guards and supervisors as defined in the Act.

6a. Number of Employees in Unit:

App. 50

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

March 20, 2020

11c. Election Time(s):

7 am -10 am; 4pm -7pm

11d. Election Location(s):

Employer's place of business

12a. Full Name of Petitioner (including local name and number):

Teamsters Local 445

12b. Address (street and number, city, State and ZIP code):

15 Stone Castle Road, Rock Tavern, NY 12575

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

International Brotherhood of Teamsters

12d. Tel. No.

(845) 564-5297

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:

Michael C. Anderson, Esq./Barnes, Iaccarino & Shepherd LLP

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

258 Saw Mill River Rd., 2nd Fl. Elmsford, NY 10523

13c. Tel. No.

(914) 592-1515

13d. Cell No.

13e. Fax No.

(914) 592-3213

13f. E-Mail Address

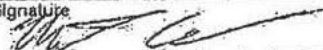
manderson@bislawfirm.com

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

Name (Print)

Michael C. Anderson

Signature



Title

Attorney

Date

2/27/2020

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.

02-RC-257165

Date Filed

2-27-20

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 Breaking Ground, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 505 8th Avenue NY New York 10018-	
3a. Employer Representative - Name and Title Linda R Carlotto Esq.		3b. Address (If same as 2b - state same) 666 Third Avenue 29th Floor NY New York 10017-	
3c. Tel. No. (212) 545-4040	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Linda.Carlotto@jacksonlewis.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Housing	
5a. City and State where unit is located: New York, NY			

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 6	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/20/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received
☐ 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 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	11c. Election Time(s): 12-1pm and 4pm-7pm	11d. Election Location(s): 505 8th Avenue, New York, NY 10018	

12a. Full Name of Petitioner (including local name and number) Pedro Card Local 210, International Brotherhood of Teamsters		12b. Address (street and number, city, state, and ZIP code) 55 Broad Street, 11th Floor NY New York 10004-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters			

12d. Tel No. (917) 657-3511	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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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 Clara Suh Esq. Hoffmann & Associates		13b. Address (street and number, city, state, and ZIP code) 450 Seventh Avenue, Suite 1400 NY New York 10123-	
13c. Tel No. (212) 679-0400	13d. Cell No.	13e. Fax No.	13f. E-Mail Address clara.suh@hoffmannlegal.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) Clara Suh Esq.	Signature Clara Suh	Title	Date 02/27/2020 13:07:36
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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.

RECEIVED
FEB 27 2020

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-257165	2-27-20

Employees Included

All maintenance workers working at 505 8th Avenue, New York, NY 10018 including housekeepers, engineers and painters

Employees Excluded

Office clerical employees, supervisors, security officers

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
02-RC-257166

Date Filed
2-27-20

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 Breaking Ground, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 202 West 24th Street NY New York 10011-	
3a. Employer Representative - Name and Title Linda R Carlozzi Esq.		3b. Address (If same as 2b - state same) 666 Third Avenue, 29th Floor NY New York 10017-	
3c. Tel. No. (212) 545-4040	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Linda.Carlozzi@jacksonlewis.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Housing	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: New York, NY	
		6a. No. of Employees in Unit 8	
		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) 02/20/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received
☐ 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 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): Tuesdays		11c. Election Time(s): 12pm-1pm and 4pm-7pm		11d. Election Location(s): 202 West 24th Street, New York, NY 10011			
12a. Full Name of Petitioner (including local name and number) Pedro Card Local 210, International Brotherhood of Teamsters				12b. Address (street and number, city, state, and ZIP code) 55 Broad Street, 11th Floor NY New York 10004-			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters							
12d. Tel No. (917) 657-3511		12e. Cell No.		12f. Fax No.		12g. E-Mail Address (b) (6), (b) (7)(C)	

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Clara Suh Esq. Hoffmann & Associates		13b. Address (street and number, city, state, and ZIP code) 450 Seventh Avenue, Suite 1400 NY New York 10123-	
13c. Tel No. (212) 679-0400	13d. Cell No.	13e. Fax No.	13f. E-Mail Address clara.suh@hoffmannlegal.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) Clara Suh Esq.	Signature Clara Suh	Title	Date 02/27/2020 12:59:35
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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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RECEIVED
FEB 27 2020

BY: _____

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-257166	2-27-20

Employees Included

All maintenance workers working at 202 West 24th Street, New York, NY 10011
including housekeepers, engineers and painters

Employees Excluded

Office clerical employees, supervisors, security officers

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

02-RC-257167

2-27-20

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 Breaking Ground Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 14 East 28th Street NY New York 10016	
3a. Employer Representative - Name and Title Linda Carlozzi Esq.		3b. Address (If same as 2b - state same) 666 Third Avenue, 29th Floor NY New York 10017	
3c. Tel. No. (212) 545-4040	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Linda.Carlozzi@jacksonlewis.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Housing	
5a. City and State where unit is located: New York, NY			5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details
6a. No. of Employees in Unit 6			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 02/20/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received**
☐ **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 an election in this matter, state your position with respect to any such election.

11b. Election Date(s): Tuesdays	11c. Election Time(s): 12pm-1pm and 4pm-7pm	11d. Election Location(s): 14 East 28th Street, New York, NY 10016
---	---	--

12a. Full Name of Petitioner (including local name and number) Pedro Card Local 210, International Brotherhood of Teamsters	12b. Address (street and number, city, state, and ZIP code) 55 Broad Street, 11th Floor NY New York 10004
--	--

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

12d. Tel No. (917) 657-3511	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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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 Clara Suh Esq. Hoffmann & Associates		13b. Address (street and number, city, state, and ZIP code) 450 Seventh Avenue, Suite 1400 NY New York 10123	
13c. Tel No. (212) 679-0400	13d. Cell No.	13e. Fax No.	13f. E-Mail Address clara.suh@hoffmannlegal.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) Clara Suh Esq.	Signature Clara Suh	Title	Date 02/27/2020 12:49:39
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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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RECEIVED
FEB 27 2020

BY: _____

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-257167	2-27-20

Employees Included

all maintenance workers working at 14 East 28th Street, New York, NY 10016 including
houseskeepers, engineers and painters

Employees Excluded

Office clerical employees, supervisors, security officers