

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 02-RC-244187 Date Filed 07/01/2019

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 Distinguished Concerts International New York		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 250 W. 57th Street Suite 1610 NY New York 10107-	
3a. Employer Representative - Name and Title Iris Derke		3b. Address (If same as 2b - state same) 250 W. 57th Street Suite 1610 NY New York 10107-	
3c. Tel. No. (212) 707-8566	3d. Cell No.	3e. Fax No. (646) 736-0437	3f. E-Mail Address iris@dciny.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Music Performance	
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:
120

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) 07/01/2019 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): 7/22/19 - 8/2/19	11c. Election Time(s): vote count 10am on 8/5/19	11d. Election Location(s): NLRB Region 2 office
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12a. Full Name of Petitioner (including local name and number) Joy Winkler Associated Musicians of Greater New York, Local 802 AFM	12b. Address (street and number, city, state, and ZIP code) 322 W 48th Street, 5th floor NY New York 10036
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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)
American Federation of Musicians

12d. Tel No. (212) 245-4802	12e. Cell No. (781) 254-6450	12f. Fax No. (212) 245-6255	12g. E-Mail Address jwinkler@local802afm.org
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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 Harvey Mars Attorney Law Office of Harvey S. Mars LLC		13b. Address (street and number, city, state, and ZIP code) 322 W 48th Street 6th floor NY New York 10036-	
13c. Tel No. (212) 765-4300	13d. Cell No. (201) 401-8389	13e. Fax No. (212) 765-2775	13f. E-Mail Address hsmllaborlaw@harveymarsattorney.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) Joy Winkler	Signature Joy Winkler	Title CHARTERED	Date 07/1/2019 11:31:51
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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
NLRB
REGION 2
JUL 1 11 31 AM '19

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All musicians employed by Distinguished Concerts International New York.

Employees Excluded

All other employees, including vocalists, clerical employees, managerial employees, guards and supervisors as defined in the National Labor Relations Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-244466	Date Filed 7-5-19

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 Planned Parenthood of New York City		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) See attached	
3a. Employer Representative - Name and Title Gloria Basem, Interim VP of HR		3b. Address (If same as 2b - state same) 26 Bleecker Street, NY, NY 10012	
3c. Tel. No. 212-274-7221	3d. Cell No.	3e. Fax No. 212-274-7243	3f. E-Mail Address gloria.basem@ppnyc.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health Care Clinic		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: All regular full-time, part-time and per diem professional and non-professional employees. Excluded: Employees already represented, physicians, supervisors and guards as defined by the Act.		6a. No. of Employees in Unit: 245
		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? 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.

11b. Election Date(s): July 25, 2019	11c. Election Time(s): See attached	11d. Election Location(s): See attached
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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
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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)
Service Employees International Union

12d. Tel No.	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 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 July 5, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment to Question 2(b) Address(es) of Establishment(s) Involved

Bleecker Street Office
26 Bleecker Street
New York, NY 10012

Joan Malin Brooklyn Health Center
44 Court Street
6th Floor
Brooklyn, NY 11201

Bronx Center
349 East 149th Street
2nd Floor
Bronx, NY 10451

Diane L. Max Center
21-41 45th Road
Long Island City, NY 11101

Staten Island Center
23 Hyatt Street
Staten Island, NY 10301

Attachment to Questions 11(c) Election Times

All Locations Except Staten Island

7:30a-9a

10:30a-12:30p

3p-6p

6:30p-9:30p

Staten Island Voting Times

12p-1p

Attachment to Questions 11(d) Election Locations

Bleecker Street Office

26 Bleecker Street

New York, NY 10012

- 4th floor conference room

Joan Malin Brooklyn Health Center

44 Court Street

6th Floor

Brooklyn, NY 11201

- Conference room

Bronx Center

349 East 149th Street

2nd Floor

Bronx, NY 10451

- 3rd floor conference room

Diane L. Max Center

21-41 45th Road

Long Island City, NY 11101

- Large Conference room

Staten Island Center

23 Hyatt Street

Staten Island, NY 10301

- Financial Counseling Office

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

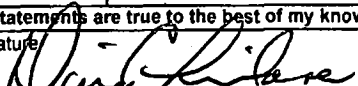
02-RC-244482

Date Filed

7-5-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrp.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: New Holland Residences		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 256 West 116th Street 3rd Floor, New York, NY 10026	
3a. Employer Representative - Name and Title: Joel Davis Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 646 556 7445	3d. Cell No. 917 981-8250	3e. Fax No. 646 558-0208	3f. E-Mail Address jdavis@nhresidences.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential apartments		4b. Principal Product or Service Maintenance service	5a. City and State where unit is located: Manhattan, New York
5b. Description of Unit Involved: Included: Cleaners: Superintendents, Handyman, Porters Excluded: All guards, supervisors and office employees as defined in the act.			6a. Number 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? <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) _____ no _____ and Employer declined recognition on or about (Date) 07-01-2019 (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: To be determined			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s):		11c. Election Time(s):	11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): Local 1032 L.I.F.E.		12b. Address (street and number, city, State and ZIP code): 325 73rd Street, Brooklyn, NY 11209	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): League of International Federated Employees			
12d. Tel. No. 718 238-2399	12e. Cell No.	12f. Fax No. 718 680-0842	12g. E-Mail Address dinachiclana@lifeunion.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Dina Chiclana Delegate		13b. Address (street and number, city, State and ZIP code): 325 73rd Street, Brooklyn, NY 11209	
13c. Tel. No. 718 238-2399	13d. Cell No.	13e. Fax No. 718 680-0842	13f. E-Mail Address dinachiclana@lifeunion.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) Dina Chiclana	Signature 	Title Delegate	Date 7/1/19

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

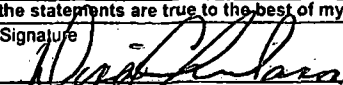
02-RC-244556

Date Filed

7-9-19

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: Shinda Management Corp.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 221-10 Jamaica Avenue 3rd Fl., Queens Village, NY 11428	
3a. Employer Representative - Name and Title: Fred Taitt Housing Manager		3b. Address (If same as 2b - state same): Same	
3c. Tel. No. 718 740-0416	3d. Cell No.	3e. Fax No. 718 217-6836	3f. E-Mail Address ftaitt@shinda.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential apartments		4b. Principal Product or Service Maintenance service	5a. City and State where unit is located: Manhattan, New York
5b. Description of Unit Involved: Included: Cleaners: Superintendents, Handyman, Porters Excluded: All guards, supervisors and office employees as defined in the act.			6a. Number 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? <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) _____ no and Employer declined recognition on or about (Date) 07/02/2019 (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: To be determined			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s):		11c. Election Time(s):	11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): Local 1032 L.I.F.E.		12b. Address (street and number, city, State and ZIP code): 325 73rd Street Brooklyn, NY 11209	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): League of International Federated Employees			
12d. Tel. No. 718 238-2399	12e. Cell No.	12f. Fax No. 718 680-0842	12g. E-Mail Address dinachiclana@lifeunion.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Dina Chiclana Delegate		13b. Address (street and number, city, State and ZIP code): 325 73rd Street, Brooklyn NY 11209	
13c. Tel. No. 718 238-2399	13d. Cell No.	13e. Fax No. 718 680-0842	13f. E-Mail Address dinachiclana@lifeunion.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) Dina Chiclana	Signature 	Title Delegate	Date 7/02/2019

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-244644

Date Filed

7-10-19

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.

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2a. Name of Employer: Intercos America Inc.		2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 37 weast 57 street #12 New York, N Y 10019	
3a. Employer Representative - Name and Title: Giovana Gugliara		3b. Address (if same as 2b - state same): Same as above	
3c. Tel. No. (212) 319-0700	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Producer, Supplier, Packaging of		4b. Principal Product or Service Cosmetics	
5a. City and State where unit is located: 110 Brook Hill Dr West Nyack NY 1099		5b. 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	
5b. Description of Unit Involved: Included: all full time and regular part time warehouse workers at the West Nyaack location Excluded: all other employees including production, office clerical, drivers drivers helpers, mechanics and supervisors as defined by the Act.		6a. Number of Employees in Unit: 22	
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) N/A		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 an election in this matter, state your position with respect to any such election: local 713 would like the earliest possible date: BY: _____		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): Local 713 IBOTU		12b. Address (street and number, city, State and ZIP code): 400 Garden City Plaza Suite 106 Garden City N Y 11530	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Marine Division of the International Longshoreman Assosiation AFL-CIO			
12d. Tel. No. (516) 741-5564	12e. Cell No.	12f. Fax No. (516) 741-2358	12g. E-Mail Address bobs@ibotu.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Robert Scalza Director of Organizing		13b. Address (street and number, city, State and ZIP code): 400 Garden City Plaza Suite 106 Garden City N Y 11530	
13c. Tel. No. (516) 741-5564	13d. Cell No. (516) 578-7897	13e. Fax No. (516) 741-2358	13f. E-Mail Address bobs@ibotu.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) Robert saciza	Signature <i>Robert Scalza</i>	Title Director of Organizing	Date 7/10/19

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
02-RC-245094	7/18/19

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, NY 10038	
3a. Employer Representative - Name and Title Isabella Dombrowski, Director of Employee and Labor Relations		3b. Address (If same as 2b - state same)	
3c. Tel. No. 212-683-6700, x 1372	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, Gramercy School & Roosevelt Children's Center	
4c. City and State where unit is located: 460 West 34th Street, New York, NY		5a. City and State where unit is located: 460 West 34th Street, New York, NY	
5b. Description of Unit Involved Included: See attached Excluded: Managerial, supervisory, and confidential employees			6a. No. 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? 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 Mail/Mail			
11b. Election Date(s): August 6, 7, or 8, 2019		11c. Election Time(s): 8:15-8:45 and 2:45-3:30		11d. Election Location(s): Staff lounge, 2nd floor reception area			
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)			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) AFT, AFL-CIO							
12d. Tel No. (212) 228-3382 x 129		12e. Cell No.		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, 8th Floor, New York, NY 10004	
13c. Tel No. (212) 228-3382 x 129	13d. Cell No.	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 July 18, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

All Teachers, Head Teachers, Adapted Physical Education Teachers, Art Teachers/Therapists, Teacher Assistants, Social Workers (including bilingual social workers), Occupational Therapists, School Psychologists, Physical Therapists, Speech Therapists (including bilingual speech therapists), Nurses, Receptionists, Administrative Assistants, CPSE Liaisons, CPSE Assistants, Financial Technicians, Maintenance Workers, Housekeepers, and/or Technology Specialists

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE			
Case No. 02-RC-245130		Date Filed 7-18-19	
<p>RECEIVED NLRB REGION 2 NEW YORK, NY</p>			
<p>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.</p>			
<p>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.</p>			
2a. Name of Employer: E. Fitzgerald Electric		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 633 3d Ave., 17th Floor, New York, NY 10017	
3a. Employer Representative - Name and Title: Donal O'Sullivan, Owner		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (212) 750-1808	3d. Cell No. (917) 217-7302	3e. Fax No.	3f. E-Mail Address dosullivan@navillusinc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) General Electrical/Construction		4b. Principal Product or Service Electrical Construction	
5a. City and State where unit is located: New York, NY		5b. Description of Unit Involved: Included: See attached. Excluded:	
6a. Number 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>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.</p>			
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)
<p>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) _____</p>			
<p>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)</p>			
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): August 8, 2019	11c. Election Time(s): 7:00 a.m. to 9:00 a.m.	11d. Election Location(s): 633 3d Ave., 17th Floor, New York, NY	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers, Local 3, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 158-11 Jewel Ave., Fourth Floor, Flushing, NY 11365	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers			
12d. Tel. No.	12e. Cell No. (917) 376-3474	12f. Fax No.	12g. E-Mail Address rkitson@local3ibew.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Raymond Kitson, Dir. of Organizing/Business Agent		13b. Address (street and number, city, State and ZIP code): 158-11 Jewel Ave., Fourth Floor, Flushing, NY 11365	
13c. Tel. No. (718) 591-4000	13d. Cell No. (917) 376-3474	13e. Fax No.	13f. E-Mail Address rkitson@local3ibew.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) Ezra Sholom	Signature <i>Ezra Sholom</i>	Title Organizer	Date 7/18/2019

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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RC Petition - Item 5(b)

Included:

All full-time and regular part-time journeymen, helpers, and other field employees.

Excluded:

All other employees, including office staff, managers and supervisors, guards and professionals as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
02-RC-245322

Date Filed
7/23/19

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 Harry S. Gordon School

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2465 Bathgate Avenue
NY Bronx 10458-

3a. Employer Representative - Name and Title
Isabella Dombrowski

3b. Address (If same as 2b - state same)
80 Maiden Lane
NY New York 10038-

3c. Tel. No.
(212) 683-6700

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:
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:
70

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

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

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
8/6/19

11c. Election Time(s):
1:45-3:15pm

11d. Election Location(s):
School cafeteria or classroom 201

12a. Full Name of Petitioner (including local name and number)
Oriana Vigliotti
United Federation of Teachers, Local 2, AFT, AFL-CIO

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

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

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

12e. Cell No.
(718) 213-1432

12f. Fax No.
(212) 228-9253

12g. E-Mail Address
ovigliotti@nysutmail.org

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

13a. Name and Title
Oriana Vigliotti attorney
NYSUT

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

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

13d. Cell No.
(718) 213-1432

13e. Fax No.
(212) 228-9253

13f. E-Mail Address
ovigliotti@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)
Oriana Vigliotti

Signature
Oriana Vigliotti

Title
attorney

Date
07/23/2019 11:22:25

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

DO NOT WRITE IN THIS SPACE	
Case 02-RC-245322	Date Filed 7/23/19

Employees Included

All Teachers, Teacher Assistants, Substitute Teacher Assistants, Occupational Therapists, Certified Occupational Therapist Assistants, Social Workers (including Bilingual Social Workers), Speech Therapists (including Bilingual Speech Therapists), Physical Therapists, Physical Therapist Assistants, School Psychologists (including Bilingual School Psychologists), Music Teachers, Adaptive Physical Education Teachers, CPSE Liaisons, Receptionists, Administrative Assistants, Financial Technicians, Housekeepers, and Maintenance Staff.

Employees Excluded

All statutory supervisors

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

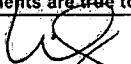
02-RC-245608

Date Filed

7/29/19

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: Matthews Aurora		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 175 Clearbrook Road, Elmsford, NY 10523	
3a. Employer Representative - Name and Title: Ted Anderson, Manager		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 914-376-3600	3d. Cell No. 201-723-3936	3e. Fax No.	3f. E-Mail Address TAnderson@matthewsintl.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Wholesale Delivery		4b. Principal Product or Service Caskets	5a. City and State where unit is located: Elmsford, NY
5b. Description of Unit Involved: Included: All full-time and part-time warehousemen, drivers and embroidery (continued) embroidering machine operators; EXCLUDED: All others.			6a. Number of Employees in Unit: 7
			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) <u>July 25, 2019</u> and Employer declined recognition on or about (Date) <u>No reply</u> (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: N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any: N/A		8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A
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) 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): August 16, 2019	11c. Election Time(s): 6:00-9:00 am & 1:00-3:00 pm	11d. Election Location(s): Cafeteria	
12a. Full Name of Petitioner (including local name and number): Local Union No. 966		12b. Address (street and number, city, State and ZIP code): 310 Hudson Street, Suite 2C Hackensack, NJ 07601	
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. 201-816-2500	12e. Cell No. 201-280-0596	12f. Fax No. 201-816-3493	12g. E-Mail Address jim@teamsterslocal966.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding:			
13a. Name and Title: Cristina Gallo, Counsel		13b. Address (street and number, city, State and ZIP code): Cohen, Weiss and Simon LLP 900 Third Avenue, Suite 2100, NY, NY 10022	
13c. Tel. No. 212-356-0226	13d. Cell No. 917-748-6536	13e. Fax No. 646-473-8226	13f. E-Mail Address cgallo@cwsny.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) Cristina E. Gallo	Signature 	Title Counsel	Date 07/25/19

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-245888

Date Filed

7-31-19

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:
The Jewel Facing Rockefeller Center

2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):
11 West 51st Street New York, NY 10019

3a. Employer Representative - Name and Title:
Zvi Cohen, General Manager

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

3c. Tel. No.
212-351-0666

3d. Cell No.

3e. Fax No.
212-863-0551

3f. E-Mail Address
zcohen@clubquarters.com

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

4b. Principal Product or Service
Lodging

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

5b. Description of Unit Involved:

Included:
See attached.

6a. Number of Employees in Unit:
30

Excluded:
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) _____ 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:

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
August 19, 2019

11c. Election Time(s):
6:30 am - 9:00 am; 1:30 pm - 5:30 pm

11d. Election Location(s):
Room 907

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

New York Hotel and Motel Trades Council, AFL-CIO

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

707 Eighth Avenue, New York, NY 10034

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

12d. Tel. No.
212-245-8100

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
gmartin@nyhtc.org

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

13a. Name and Title:
Gideon Martin, Assistant General Counsel

13b. Address (street and number, city, State and ZIP code):
707 Eighth Avenue, New York, NY 10034

13c. Tel. No.
646-276-7902

13d. Cell No.
646-276-7902

13e. Fax No.

13f. E-Mail Address
gmartin@nyhtc.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)

Gideon Martin

Signature

Gideon Martin

Title

Assistant General Counsel

Date

7/29/2019

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.

5b. Description of Unit Involved:
Included:

All full time and regular part time Front Desk, Engineering, and Housekeeping employees, including, but not limited to, Floor Attendants, Guest Service Representative employees, and Guest Service Managers.

RECEIVED
JUL 31 2019
BY: _____

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.
02-RD-245390

Date Filed
7-24-19

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: 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 RadNet Mid-Rockland Imaging		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 5 Columbus Circle 1790 Broadway NY New York 10019	
3a. Employer Representative - Name and Title Rachel-Louise Petrus		3b. Address (If same as 2b - state same) 5 Columbus Circle 1790 Broadway NY New York 10019	
3c. Tel. No. (212) 590-5572	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rachel-louise.petrus@radnet.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities		4b. Principal product or service Radiologic Services	
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: 60	
		6b. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

RECEIVED
JUL 24 2019

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 1199 SEIU United Healthcare Workers - East Pam Jeffrey		8b. Address 310 West 43rd Street NY New York	
8c. Tel No. (212) 582-1890	8d Cell No. (917) 797-4466	8e. Fax No.	8f. E-Mail Address pam.jeffrey@1199.org
8g. Affiliation, if any Service Employees International Union		8h. Date of Recognition or Certification 02/17/2019	

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 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):
August 2, 2019

11c. Election Time(s):
12:00 Noon to 4:30 P.M.

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

11d. Election Location(s):
9th Floor Conference Room

12a. Full Name of Petitioner (b) (6), (b) (7)(C) Petitioner

12b. Address (street and number, city, state, and ZIP code)
(b) (6), (b) (7)(C)

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C) None

12d. Tel No. (b) (6), (b) (7)(C)	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

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) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title Petitioner	Date 07/19/2019 11:36:14
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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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Mid-Rockland Imaging

Included: All full-time, regular part-time, and per-diem* employees in the following job classifications: Imaging technicians (including MRI, ultrasound, mammography and X-ray), imaging technician assistants, breast coordinators, patient service representatives, receptionists, and receptionists/medical records, employed by the Employer at its facility located at 5 Columbus Circle (1790 Broadway), New York, NY

*Also included are all employees in the unit who have worked an average of four (4) hours or more per week during the 13 weeks immediately preceding the election.

Excluded: All supervisory, confidential, executive and managerial employees, physicians, physician assistants, registered nurses, students whose performance of work at the Employer is a part of the educational course of study such students are pursuing, part-time employees who work a total of one-fifth ($1/5$) of the regular full-time work week or less for the job classifications in which they work, temporary employees as defined herein, and such other employees as are listed as excluded in the stipulations hereunto annexed. Any employee hired to work one-fifth ($1/5$) or less of the regular full-time work week for his/her classification shall be an Employee covered by the Agreement if he/she works more than sixteen (16) shifts within any period of up to thirteen weeks. Bargaining unit coverage shall be retroactive to the first day of the thirteen (13) week period.