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

DO NOT WRITE IN THIS SPACE Case No. 02-RC-23704

	III IIIIO OI A	<u> </u>	
14	Date Filed	3/5/19	

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) Desc	•		-	RB 4812). The sh	nowing of inte	rest should only be filed	
with the NLRB and should not in the purpose of this petition: RC	ceptieication o	employer or an	y other party.	of employees wish to	he represented	for numbers of collective	
bargaining by Petitioner and Petition	er desires to be certi	fied as representati	ve of the employees. The	Petitioner alleges th	at the following	circumstances exist and	
requests that the National Labor F	telations Board pro						
2a. Name of Employer Club Quarters Hotels Midtown- Times S		1 41	dress(es) of Establishmen  OW 45th St.	i(s) involved (Street a	ina number, city,	State, 21P code)	
3a. Employer Representative – Name		N	Y New York 11036- 3b. Address (If same as	2h - state same)		<u> </u>	
Ashley Grogg	and mic	•	40 W 45th St. NY New York 110				
3c. Tel. No.	3d. Cell No.		3e. Fax No.	36-	3f. E-Mail Addre	ess	
(212) 626-9222							
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located:							
Hotels & Motels Hospitality New York, NY							
5b. Description of Unit Involved 6a. No. of Employees in Unit:							
Included: See Attached Page 2 for ac	ditional details			•	Į-	29 6b. Do a substantial number (30%	
						or more) of the employees in the	
Excluded: See Attached Page 2 for ac	ditional details					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							
Check One: 7a. Request f			<del>-</del>	an	a Employer decil	ned recognition on or about	
7h Petitioner		(If no reply receive) Ad as Bargaining R	epresentative and desires	certification under the	Act		
8a. Name of Recognized or Certified			8b. Address	ocimication under the	7101.	Z	
						. (7) ***	
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr		
8g. Affiliation, if any			8h. Date of Recognition or	Certification	8i. Expiration D	ate of Current or Most Religion	
					Contract, if any	(Mom Day, War)	
9. Is there now a strike or picketing at the	ne Employer's establ	shment(s) involved	? If so, approx	imately how many en	nployees are par	ticipa Po?	
(Name of labor organization)						= 10 0	
10. Organizations or individuals other th						other organizations and individuals	
known to have a representative interest					recommended and	3	
				r		T	
10a. Name	10b. Ac	Idress		10c. Tel. No.	•	10d. Cell No.	
				10e. Fax No.	10f. E-Mail Address		
A FLORING DATE NO.					· ·		
Election Details: If the NLRB cond any such election.			ir position with respect to			Mail Mixed Manual/Mail	
11b. Election Date(s): 3/12/19	3:30pr	election Time(s): n - 5:30pm	11d. Election Location(s): Conference Room				
12a. Full Name of Petitioner (includir Josh Gottlieb BAT Local 514	g local name and n	umber)		12b. Address (street and number, city, state, and ZIP code) 777 westchester ave suite 101 Ny white plains 10604			
12c. Full name of national or internation Brotherhood of Amalgamated Trades			is an affiliate or constituen		<u> </u>		
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	dress	
(914) 705-5488  13. Representative of the Petitioner v	who will account com	ion of all pages f	or purposes of the repres	antation proceeding			
13a. Name and Title	mo will accept serv	ice of all papers i	13b. Address (street and				
13c. Tel No.	1: 424 Call \$1-		100 5-1110		406 5 14-3 4 4		
	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	ress	
I declare that I have read the above p	etition and that the	statements are tr	ue to the best of my know	ledge and belief.			
Name (Print)	Signature		Title		Date		
Josh Gottlieb	Josh Gottlieb		President		03/1/2019 1	0:58:39	

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-237044	3/5/19		

Employees Included
All full time and regular part time Housekeeping and Housemen

**Employees Excluded** 

All other employees including, but not limited to, Kitchen employees, front desk attendants, Maintenance, Clerical, Management and Guards as defined by the Act.

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

DO NOT WRITE IN THIS SPACE					
Case No 02-RC-237378	Date Filed 3-11-19				

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) Descri	•		•	RB 4812). The st	nowing of inte	erest should only be filed	
with the NLRB and should <u>not</u> b	e served on the emp	oloyer or an	y other party.				
<ol> <li>PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitione</li> </ol>	r desires to be certified a	s representati	ve of the employees. The	Petitioner alleges th	at the following	circumstances exist and	
. requests that the National Labor Re	elations Board proceed						
2a. Name of Employer			ddress(es) of Establishmen 55 Broadway Verrazzano H		ina number, city,	State, ZIP code)	
Mercy College	and Title	N	Y Dobbs Ferry 10522-			·	
3a. Employer Representative - Name	and ritte		3b. Address (If same as				
Anne Gilmartin	T an Call No		555 Broadway Ver NY Dobbs Ferry 1	0522-	Of C Mail Adds	:	
3c. Tel. No.	3d. Cell No.		3e. Fax No.	•	3f. E-Mail Addr		
(914) 674-7337	<del></del>		<u> </u>		agilmartin@merc		
4a. Type of Establishment (Factory, mine	e, wholesaler, etc.) 40	. Principal pro	duct or service	•	5a. City a	and State where unit is located:	
Others			Higher Education			Dobbs Ferry, NY	
5b. Description of Unit Involved					ļ	6a. No. of Employees in Unit:	
included: See Attached Page 2 for add	litional details				}-	570 . 6b. Do a substantial number (30%	
						or more) of the employees in the	
Excluded: See Attached Page 2 for add	itional details					unit wish to be represented by the	
			· · · · · · · · · · · · · · · · · · ·			Petitioner? Yes [ ] No [ ]	
Check One: 7a. Request for	r recognition as Bargainir	ng Representa	ative was made on (Date)	an an	d Employer decli	ined recognition on or about	
	(Date) (If no	reply receive	ed, so state).			•	
7b. Petitioner is	s currently recognized as	Bargaining R	epresentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified B	largaining Agent (If nor	e, so state).	. 8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Address		
a cert at		· · · · · · · · · · · · · · · · · · ·		0.05			
8g. Affiliation, if any		i	8h. Date of Recognition or	r Certification		Pate of Current or Most Recent (Month, Day, Year)	
			Contract			(Worth, Day, Tear)	
9. Is there now a strike or picketing at the	Employer's establishme	nt/s) involved	12 No If so approx	imately how many en	nnlovees are nar	ticinating?	
			•			ucipating:	
(Name of labor organization)		, has picl	keted the Employer since (I	Month, Day, Year)		·	
10. Organizations or individuals other that					resentatives and	other organizations and individuals	
known to have a representative interest i	in any employees in the u	ınit described	in item 5b above. (If none,	so state)			
10a Nama	10h Addron			10c. Tel. No.		10d. Cell No.	
10a. Name	10b. Address	S		TUC. Tel. NO.		Too, Cell No.	
	-			10e. Fax No.		10f, E-Mail Address	
	·			TOE. T BX TO.		Tot. E-Mail Address	
11. Election Details: If the NLRB condu	ucts an election in this ma	tter, state voi	ur position with respect to	11a Election Type	Manual I	Mail Mixed Manual/Mail	
any such election.					. 1 Wandar 1	Wind Walland	
11b. Election Date(s): April 5-19, 2019	11c. Election	on Time(s):		11d. Election Local	tion(s):		
· · · · · · · · · · · · · · · · · · ·	Mail ballot			Mail ballot			
12a. Full Name of Petitioner (including Kristin Kelleher	g local name and numb	er)		12b. Address (street and number, city, state, and ZIP code)			
Kristin Kelleher Service Employees International Union Local 20	OUnited		CC A	330 W 42nd St Suite NY New York 10036	- <del></del>		
12c. Full name of national or international Service Employees International Union	il labor organization of wi	nich Petitioner	r is an affiliate or constituen	it (if none, so state)			
12d. Tel No.	12e. Cell No.		12f. Fax No.	<del></del>	12g. E-Mail Ad	dross	
(781) 690-1006	(781) 690-1006		121. Fax NO.	1	kristin.kelleher(		
13. Representative of the Petitioner w		f all naners f	or nurnoses of the renres	entation proceeding	<u> </u>		
13a. Name and Title	ilo, will accept service o	an papers i	1 13b. Address (street and		-,	-	
Mairead Connor Attorney			100 E Washington St W				
Connor Labor Law 13c. Tel No.	13d. Cell No.		NY Syracuse 13202- 13e. Fax No.	<del>-</del>	13f, E-Mail Add	trocs	
(315) 422-6225	130. Cell No.		ISE, FAX NO.	ľ	mec@connorla		
I declare that I have read the above pe	tition and that the state	ments are tr	ue to the best of my know	vledge and belief		· · · · · · · · · · · · · · · · · · ·	
<u> </u>	und that the attit		at to the best of my know	ge and benef.			
	Cinhatura	<del></del>	Tista	<del></del>			
Name (Print)	Signature Kristin Kelleher	<del></del>	Title Organizing Coordinator		Date	00.22.50	
Kristin Kelleher	Kristin Kelleher	ON CAN PE	Title Organizing Coordinator PUNISHED BY FINE AND	IMPRISONMENT //	03/11/2019		

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, fall for to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE

Date Filed
3-11-19

#### **Employees Included**

All part-time and full-time faculty who are not Core Faculty, including all Adjunct Professors, Adjunct Associate Professors, Adjunct Associate Professors, Adjunct Instructors, Visiting Professors, Visiting Associate Professors, Visiting Associate Professors, Visiting Instructors, and Lecturers, who teach at least one credit or non-credit bearing course in the classroom or online or a hybrid course, and all tutors at all Mercy College locations

Case

02-RC-237378

#### **Employees Excluded**

All Core Faculty, all Deans (including Assistant and Associate), Directors (including Assistant and Associate) and Managers (including Assistant and Associate), supervisors, managerial employees, and guards, as defined by the Act. The bargaining and representational obligation to any such dual status employee shall extend only to the employment of such employee in his/her capacity as a member of the bargaining unit and not as to any other employment such individual may have with the employer.

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN	THIS SPACE
Case No.	02-RC-238065	Date Filed

	<u> </u>		·	·				3/20/19
INSTRUCTIONS: Unless e-Filed employer concerned is located the employer and all other part Case Procedures (Form NLRB	1. The petition m ties named in the 4812). The show	ust be accompa petition of: (1) ring of Interest s	nied by both the petition; hould only t	a showing of interest ( (2) Statement of Position to filed with the NLRB a	see 6b below) an on form (Form Ni nd should not be	d a certifica .RB-505); an served on :	te of service sh nd (3) Description the employer or	owing service on n of Representation any other party.
PURPOSE OF THIS PETITION     bargaining by Petitioner and Perequests that the National La	etitioner desires t	o be certified as r oard proceed un	epresentative nder its prop	e of the employees. The f er authority pursuant to	Petitioner alleges Section 9 of the	that the fol National La	lowing circums bor Relations A	tances exist and ct.
2a. Name of Employer: Mercy College		5	b. Address(e 555 Broad	s) of Establishment(s) inv Iway, Dobbs Ferry	olved (Street and /, NY 10522	number, City	, State, ZIP code	<del>)</del> ):
3a. Employer Representative - N Anne Gilmartin, Exec. I Resources		31	b. Address (ii /errazzan	f same as 2b - state same to Hall, 555 Broad	way, Dobbs	Ferry, N	Y 10522	
3c. Tel. No. 914-674-7337	3d. Cell No.	<u>-</u> -	3e. Fa	ax No.	3f. E-Mail A	ddress tin@mer	cy.edu	
4a. Type of Establishment (Factor) college		er, etc.)		incipal Product or Service er education		5a. City an	d State where ur Ferry, NY	nit is located:
5b. Description of Unit Involved: Included: See attached.				:		6a. Numbe 570	r of Employees i	n Unit:
Excluded: See attached.					·	of the e	ubstantial numbe mployees in the inted by the Petit	r (30% or more) unit wish to be ioner? X Yes No
Check One: 7a. Request for re on or about (Date	∌)	. (If no re	eply received	, so state).			leclined recogniti	
8a. Name of Recognized or Certif	fied Bargaining	ed as Bargaining Agent (If none, so		ive and desires certification. Address:	n under the Act.		A Comment	-
None			,	iA			3/2	ENG
8c. Tel. No.	8d. Cell No.		8e. Fa		8f. E-Mail A	2	The Park	19
Bg. Affiliation, if any:		<u>.</u>	8h. Date	of Recognition or Certifica		n Date of Cu tract, if any (		2
9. Is there now a strike or picketing (Name of Labor Organization)	at the Employers	s establishment(s	) involved? ]	No If so, approx	imately how man , has picketed		are participating r since (Month, L	ŧ/ <del></del>
10. Organizations or individuals other individuals known to have a repr	er than Petitioner resentative intere	and those name st in any employe	d in items 8 a ees in the uni	and 9, which have claimed t described in item 5b abo	recognition as re	presentative	s and other orga	nizations and
None				<u> </u>				
l0a. Name	108	o. Address			10c. Tel. No		10d. Cell No.	
					10e. Fax No		10f. E-Mail Addre	· · · · · · · · · · · · · · · · · · ·
1. Election Details: If the NLRB co Mail ballot election, ballo						1a. Election Manual		Mixed Manual/Mail
1b. Election Date(s): April 12-26, 2019		Election Time(s)	):		mail ball		:	
2a. Full Name of Petitioner (include	ding local name a national Uni	on Local 200	OUnited	12b. Address (street 330 W. 42nd S				10036
service Employees intern								
Service Employees Internal  2c. Full name of national or internal Service Employees Internal			Petitioner is a	n affiliate or constituent (i	fnone, so state):			
2c. Full name of national or internat Service Employees Intern 2d. Tel. No. 81-690-1006	national Unio 12e. Cell No. 781-690-10	on 006	12f. Fax	k No.	129. E-Mail / kristin.ke	lleher@s	seiu.org	
2c. Full name of national or internal	12e, Cell No. 781-690-10 78 rwho will acce	on 006	12f. Fax	r No. urposes of the represendress (street and number, Memorial Building	12g. E-Mail / kristin.ke	lleher@s g. IP code):		Syracuse, NY
2c. Full name of national or internative control of the Petitione 3. Representative of the Petitione 3a. Name and Title:  Mairead E. Connor, Attorne 3c. Tel. No.	12e, Cell No. 781-690-10 78 rwho will acce	on 006	12f. Fax papers for p 13b. Ad White	urposes of the represen dress (street and number, Memorial Building	12g. E-Mail / kristin.ke	g.  IP code): 00 E. Was	shington St.,	Syracuse, NY
2c. Full name of national or internal Service Employees Intern 2d. Tel. No. 81-690-1006  3. Representative of the Petitions 3a. Name and Title:	national Unio 12e. Cell No. 781-690-10 er who will accel y	On On ot service of all p	12f. Fax papers for p 13b. Ad White 13202	urposes of the represendress (street and number, Memorial Building x No.	tation proceeding city, State and Z, Suite 204, 1	g.  IP code): 00 E. Was	shington St.,	Syracuse, NY

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

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 PETITION RE MERCY COLLEGE FILED BY SEIU LOCAL 200UNITED

INCLUDED: All full-time and part-time Adjunct Professors, Adjunct Associate Professors, Adjunct Associate Professors, Adjunct Lecturers, Adjunct Instructors, Visiting Professors, Visiting Associate Professors, Visiting Associate Professors, Visiting Instructors, and Lecturers, who teach at least one credit or non-credit bearing course in the classroom or online or a hybrid course, and all tutors, at all Mercy College locations.

**EXCLUDED:** All other faculty, Deans (including Assistant and Associate), Directors (including Assistant and Associate) and Managers (including Assistant and Associate), managerial employees, guards, and supervisors as defined by the Act.

FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
02-RC-238345	3/26/19				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Shleppers Moving and Storage 920 E/49th st. Bronx NY 104455-5050Mr, Allen Golan 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Mr. Allen Golan Same 3c, Tel, No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 718 679 9825 914 684-0606 4a, Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a, City and State where unit is located: Moving and Storage Moving & Storage Bronx NY 5b. Description of Unit Involved: 6a, Number of Employees in Unit: Included: all regular full-time Drivers, Helpers and warehouse\ Storage personnel. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitiones X Yes All seasonal and part-time unit employees, office supervisors, and guards uder the act. □ 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: None 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 8h. Date of Recognition or Certification 8l. Expiration Date of Current or Mod 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Cear) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? \*\*\* The involved in , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 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 10b. Address 10c, Tei. No. 10d. Cell No. 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: ASAP Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): Local 713 International Brotherhood Of Trade Unions 400 Garden City Plaza Garden City N Y 11530 Suite 106 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Marine Division, International Longshoremen Association AFL-CIO 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (516)741-5564 (516)741-2358 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: 13b. Address (street and number, city, State and ZIP code): Robert Scalza Director of Organizing 400 GardenCity Plaza Garden city N Y 11530 Suuite 106 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 13c, Tel. No. (516)741-2358 bobs@ibotu.org (516)741-5564 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signatur 3/20/19 Robert Scalza Director of Organizing

File 200 328.19

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	02-RC-238362	Date Filed	3/26/19		

RC PETITION						02-RC-2	38362		3/26/	19		
INSTRUCTIONS: Unless e-File	d using the	e Agen	cy's website	e, www.	.nlrb.c	ov, submit	an original of thi	s Petition to	an NLRB of	fice in th	e Regio	n
in which the employer concern	red is loca	ted. Th	ne petition r	must be	acco	mpanied by	both a showing	of interest (s	ee 6b below	) and a	certifica	te
of service showing service on												
(Form NLRB-505); and (3) Des	cription of	Repres	entation Ca	ase Proc	cedur	es (Form NL	RB 4812). The s	howing of in	iterest shou	ld only b	e filed	
with the NLRB and should not	be served	on the	employer o	or any o	ther p	arty.					• .	1
1. PURPOSE OF THIS PETITION: RO	C-CERTIFICA	TION O	F REPRESEN	TATIVE .	- A sub	stantial number	r of employees wish	to be represente	ed for purposes	of collect	ive	
bargaining by Petitioner and Petition	ner desires to	be certif	ied as represe	entative of	f the en	nployees. The	Petitioner alleges t	hat the followi	ng circumstan	ces exist	and	
requests that the National Labor  2a. Name of Employer	Relations Bo	pard pro					o Section 9 of the Notes			nda)		_
Montefiore Medical Center							onx, NY 10467	and namber, cr	ly, State, Zir Co	Juey		
3a. Employer Representative - Nam	e and Title	·	<u> </u>				s 2b – state same)					
David Brodsky, Vice Presiden		e & La	bor Relatio		ame	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o and o dame,					
3c. Tel. No.		ell No.			e. Fax I	No.		3f. E-Mail Ad	dress			_
718-920-6321				71	18-92	0-6321			montefiore	ora.		
4a. Type of Establishment (Factory, mi	ne, wholesale	er, etc.)	4b. Principa	al product	or sen	rice			and State whe		located:	_
Hospital	,	,	Health Ca	•				Bronx				
5b. Description of Unit Involved									6a. No. of E	mployees	in Unit:	
Included: All full-time and reg	ular nart-	time m	edical inte	ernreter	re ac	residuals to	the multi-emp	lover unit	8			
, in rail time and reg	jului puit		icalcal lift	protor	15 45	residudio te	o the main-emp	loyer unit.	6b. Do a sul			
Excluded: All other employees o	f the Emple	war inc	ludina ausce	de and e	unan/	inam an dafir	and in Continu 2/1	1) of the Act	or more) of t			
All other employees o	i ilie Lilipio	yer, me	adding guard	us anu s	superv	isors as dem	ied iii Section 2(1	i) of the Act.	Petitioner?		_	16
Check One: 7a. Request	for recognition	n as Baro	raining Renres	sentative	was ma	ade on (Date)	a	nd Employer de				
	or recognition		(If no reply red					na Employer ac	Cirrica recogniti	011 011 01 0	ibout .	
7b. Petitioner	is currently r				-		certification under th	e Act				
8a. Name of Recognized or Certified					T	8b. Address						
8c. Tel No.	8d Cel	l No.		8e	e. Fax N	lo.		8f. E-Mail Add	dress			
On Affiliation If any					D-4	Description	0-45-4	0.5	Data at O			
8g. Affiliation, if any				on. i	Date of	Recognition or	r Cerunication		Date of Curren ny (Month, Day,		Recent	
									,,	,		
9. Is there now a strike or picketing at the	he Employer's	s establis	shment(s) invo	olved? N	اما	If so, approx	imately how many e	mployees are p	articipating?			
(Name of labor organization)			has	s picketed	the En	nplover since //	Month, Day, Year) _					
10. Organizations or individuals other th	an Detitioner	and tho						recentatives an	d other organia	ations and	d individus	
known to have a representative interest								nesentatives at	id other organiz	aliviis ali	a marvidus	,113
None												ĺ
10a. Name		10b. Add	dress				10c. Tel. No.		10d. Cell N	0.		П
	J.								101 500			_
							10e, Fax No.		10f. E-Mail	Address		- 1
11 Election Details: If the NLRB cond	lucts an elect	ion in this	s matter, state	P VOUE DOS	sition wi	th respect to	11a. Election Type	- Manual	Mail	Mixed Ma	nuni/Mail	
any such election.			o manor, state	, , o a. pop			ria. Election Type	wanuai _		Mixed Ma	nual/iviali	
11b. Election Date(s):			ection Time(s)	,			11d. Election Loca					-
April 8, 2019			am or 11am-	1pm			Montefiore Moses					
12a. Full Name of Petitioner (including 1199SEIU United Healthcare Workers		e and nu	imber)				12b. Address (stre 330 West 42nd Str	et and number, eet New York	city, state, and NY 10080-	ZIP code)		İ
12c. Full name of national or internation		nization o	of which Petitio	oner is an	affiliate	e or constituent		cet, New Tolk	-	===		$\dashv$
Service Employees International Union				oner ig all	. a.mat	o or community	( mone, 30 state)		म	32	20	<b>1</b>
12d. Tel No.	12e. Ce	ell No.		12	f. Fax N	No.		12g. E-Mail A	ddress	25	m	T
									<	63	_ര-	20
13. Representative of the Petitioner v	ho will acce	pt servi	ce of all pape	rs for pu	rposes	of the repres	entation proceeding	9.	0	6		្កា
13a. Name and Title Micah Wissin	ger Feg	I AM E	Patner D (	C   131	b. Addr	ess (street and	number, city, state,	and ZIP code)	20		02	34
WIICAH WIISSII	ger, Esq.	Levy r	varier, P.C	80			w York, NY 10011			2	ZO	٠,
13c. Tel No.	13d. Co				e. Fax I			13f. E-Mail Ad			N	Ċ
212-627-8100	347-852				2-627-8			mwissinger@l	evyratnersom	ليا		
I declare that I have read the above p	etition and ti	nat the s	tatements are	e true to	the bes	st of my know	ledge and belief.			O		
Name (Print)	Signature			Titl		D-1W-		Date March 25	2040	w		
Micah Wissinger				I COL	incel to	Petitioner		I March 25	2019			- 1

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.

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
02-RC-238385	3-26-19				

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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Avalon Bay see attach list 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) James Meehan Maintenance Director 1499 Post Road, 2nd Fairfield CT 06824 3d. Cell No. 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address 203-319-4949 203-543-1957 203-319-4944 jim meehan@avalonbay.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Residential Developments Maintenance see attachment 5b. Description of Unit Involved 6a. No. of Employees in Unit: 23 Included: All full time and regular part time Lead engineers, maintenance tech 1,2,3, painter 6b. Do a substantial number (30% or more) of the employees in the All office clerical and professional employees, guards and supervisors under the Act. unit wish to be represented by the Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 3/25/19 and Employer declined recognition on or about no reply (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. 8f. E-Mail Address 8e. Fax No. 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) 10b. Address 10a, Name 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 11a. Election Type: Manual \_Mail \_ Mixed Manual/Mail any such election. 11c. Election Time(s): 11b. Election Date(s): 11d Election Location(s): 4/17/19 Avalon Green and Avalon Ossining-maintenance room 2 pm to 3 pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union of Operating Engineers Local30 16-16 Whitestone Exwy, Whitestone NY 11357 12c. Full name of national or International labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 718-847-8484 ext 209 917-680-4291 718-805-2172 vincentfiorentino@iuoelocal30.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding <sup>13a. Name and Title</sup> Vincent Fiorentino Organizer 13b. Address (street and number, city, state, and ZIP code) 16-16 Whitestone Exwy, Whitestone NY 11357 13c. Tel No. 13d. Cell No 13e, Fax No. 13f, E-Mail Address 718-847-8484 ext 209 917-680-4291 718-805-2172 vincentfiorentino@iuoelocal30.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Vincent Fiorentino Organizer 3/26/19

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 youturary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

	DO NOT WRITE IN THIS SPACE						
	Case No.	Date Filed					
į	02-RC-238582	3-28-19					

RUPE				5-238582		20-19				
INSTRUCTIONS: Unless e-Filed us										
in which the employer concerned i										
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 s	erved on the	employer or	any other party.							
PURPOSE OF THIS PETITION: RC-CEI     bargaining by Petitioner and Petitioner de     requests that the National Labor Relat	esires to be certifi	ed as represent eed under its p	tative of the employees. The proper authority pursuant	e Petitioner alleges the Note of the Note	nat the following tional Labor f	ng circumstances exist and Relations Act.				
2a. Name of Employer		address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)								
			Orchard Street, New York, NY 10002							
3a. Employer Representative – Name and Title Kevin Jennings, President			3b. Address (If same as 2b – state same) Same							
3c. Tel. No. (877) 975-3786	3d. Cell No.		3e. Fax No.	3e. Fax No.		3f. E-Mail Address kjennings@tenement.org				
4a, Type of Establishment (Factory, mine, w	holesaler, etc.)		oduct or service		5a. City and State where unit is located:					
Museum	Museum Se				New York, NY					
5b. Description of Unit Involved Included: All full-time and regular par	t-time employe	es in the Educ	cation, Visitors Services.	Retail and Evening	Events	6a. No. of Employees in Unit: Approximately 90				
Departments.						6b. Do a substantial number (30% or more) of the employees in the				
Excluded: All other employees including guards, managers and supervisors as defined by the Act.    All other employees including guards, managers and supervisors as defined by the Act.   Or more) of the employees in truly wint wish to be represented by Petitioner? Yes   V   No										
Check Ono: 7a. Request for re				an	d Employer de	dined recognition on or about				
		(If no reply recei								
8a. Name of Recognized or Certified Barg			Representative and desires	s certification under the	Act.					
Solitaine of Accognized of Sertines Daily	janning Agont (#	none, so sune	y. do. Address							
8c. Tel No.	8d Cell No.		8e. Fax No.		8!. E-Mail Add	dress				
8g. Affiliation, If any			8h. Date of Recognition of	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 Er	nployer's establis	hment(s) involv	ed? No If so, appro	oximately how many en	nployees are pa	orticipating?				
(Name of labor organization)		, has p	icketed the Employer since	(Month, Day, Year)		Z 5				
Organizations or individuals other than F known to have a representative interest in an armount of the second					resentatives an	d other organizations and individuals				
10a. Name	10a. Name 10b. Address			10c. Tel. No.		10d. Cell No 80 O				
	1			10e. Fax No.		10f, E-Mai Adress 2				
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>	our position with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manua/Mail						
11b. Election Date(s): 11c. Election Time(s): April 5 - 6, 2019 12:00 pm - 3:00 pm			,	11d. Election Location(s): Conference Room at 91 Orchard Str						
12a, Full Name of Petitioner (including local 2110, Technical, Office and Profession		12b. Address (street and number, city, state, and ZIP code) 256 West 38th Street, New York, NY 10018								
12c. Full name of national or international lal United Auto Workers, AFL-CIO	bor organization	of which Petition	ner is an affiliate or constitue	int (if none, so state)						
12d, Tel No. (212) 287-0220 12e. Cell No.			12f. Fax No.		12g. E-Mail A	ddress				
13. Representative of the Petitioner who	vill accept servi	ce of all papers	for purposes of the repre	sentation proceeding	J.					
13a, Name and Title Allyson L. Belovin, Attorney				13b. Address (street and number, city, state, and ZIP code) LEVY RATNER, P.C. 83 8TH AVENUE, 8TH FL, NEW YORK, NY 10011						
13c, Tel No. 13d, Cell No.			13e. Fax No.							
(212) 627-8100 (646) 326-9096 (212) 627-8182 abelovin@fevyratner.com						yratner.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  Sighatory  Attorney  Attorney					Date 3/27/19					
WILLEUL FALSE STATEMEN	TS ONTHIS DE	TITION CAN BE	E PLINISHED BY FINE AND	IMPRISONMENT (II	S CODE TITI	E 48 SECTION 1001)				

PRIVACY ACT STATEMENT

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MICHAEL DEVAN

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No. 02-RC-238671	Date Filed 03/29/2019						

RC PETI	TION		02-RC-23	38671	03/	29/2019	
INSTRUCTIONS: Unless e-Filed using	the Agency's website, w	ww.nlrb.	gov, submit an	original of this	Petition to a	n NLRB office in the Region	
in which the employer concerned is loc							
of service showing service on the emp							
(Form NLRB-505); and (3) Description							
with the NLRB and should not be serve				= 401 <b>=</b> ). 1110 01	rouning or mic	not onound only no mod	
1. PURPOSE OF THIS PETITION: RC-CERTIF				f employees wish to	be represented	for purposes of collective	
bargaining by Petitioner and Petitioner desires							
requests that the National Labor Relations 2a. Name of Employer				s) involved (Street a			
BRIGHT POWER INSTALLATION AND	)					YORK NY 10005	
3a. Employer Representative – Name and Title		3b. Ad	dress (If same as 2	2b – state same)	Pr, NEW	YOICK , NT 10005	
BRET HEILIG	,		,		F = 11	Wyself all	
	. Cell No.	3e. Fax	No.	RUITE, ZI	3f. E-Mail Addr	WYORK, NY 10015	
718 354 0560					_	G @ BRIGHTPOWER - COM	
4a. Type of Establishment (Factory, mine, whole	saler, etc.) 4b. Principal pro	duct or se	rvice		5a. City a	and State where unit is located:	
SOLAR INSTALLER			ALLATION			YORK, NY	
5b. Description of Unit Involved		.,,,,	71027177000			6a. No. of Employees in Unit:	
Included: SOLAR INSTALLER	S, DRIVERS WA	RE HOUS	è		ł	24	
	,				,	6b. Do a substantial number (30%	
Excluded: ENGINEERS						or more) of the employees in the unit wish to be represented by the	
12						Petitioner? Yes No	
Check One: 7a. Request for recogn	ition as Bargaining Representa	ative was n	nade on (Date)	129/19 an	d Employer decl	ned recognition on or about	
	(Date) (If no reply receive			<del>, /</del>	,_,		
7b. Petitioner is curren	tly recognized as Bargaining R	Representa	tive and desires ce	ertification under the	Act.		
8a. Name of Recognized or Certified Bargaini No N ಲ	ng Agent (If none, so state).		8b. Address			Z 23	
8c. Tel No. 8d	Cell No.	8e. Fax	No.		8f. E-Mail Addr		
On Afflication if any		Oh Data	of Decembine on (				
8g. Affiliation, if any		on. Date	of Recognition or (	Seruncation	Contract, if any	Pate of Current or Most Recent (Mosth, Day Year)	
					,		
9. Is there now a strike or picketing at the Employ	yer's establishment(s) involved	1? <u>No</u>	If so, approxin	nately how many en	nployees are par	ticipeting? > D <	
(Name of labor organization)			mployer since (M			- III	
10. Organizations or individuals other than Petitio					resentatives and	other organizations and individuals	
known to have a representative interest in any er					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					,	.ω	
10a. Name	10b. Address		1	10c. Tel. No.		10d. Cell No.	
NONE			-	10a Fay Na		10f. E-Mail Address	
•			ł	10e. Fax No.		Tor. E-iviali Address	
11. Election Details: If the NLRB conducts an election in this matter, state your any such election.			with respect to	11a. Election Type	: Manual _	Mail Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):			11d. Election Local	tion(s):		
					• •		
12a. Full Name of Petitioner (Including local re	-			•		ity, state, and ZIP code)	
INTERNATIONAL BROTHER	MODD OF ELECTRICA	2 WORK	es, LOCAL 31	158-11 MARAY 1	IAN ARSDALE	JR AVE FLUSHING, NY 11365	
12c. Full name of national or international labor of	•			(II none, so state)			
12d. Tel No. 12d	DD OF ELECTRIC e. Cell No.	12f. Fax	WORKER <b>s</b> (No.		12g. E-Mail Ad	dress	
(718) 591 4000			-	_			
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.							
13a. Name and Title MICHAEL DEVAN, ORGANIZER 13b. Address (street and number, city, state, and ZIP code)							
13c. Tel No. 13c	d. Cell No.	13e. Fa	x No. , 718 z	70 1004	13f. E-Mail Add	Iress	
	6-388-1744		Mapa.		_	LOCAL 3 IBEN 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) Signatu	ire 1	Title			Date	1 1	

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

ORGANIZER

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