

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-237044	Date Filed 3/5/19

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 Club Quarters Hotels Midtown- Times Square		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 40 W 45th St. NY New York 11036-	
3a. Employer Representative - Name and Title Ashley Grogg		3b. Address (If same as 2b - state same) 40 W 45th St. NY New York 11036-	
3c. Tel. No. (212) 626-9222	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotels & Motels		4b. Principal product or service Hospitality	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: 29 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: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 3/12/19	11c. Election Time(s): 3:30pm - 5:30pm	11d. Election Location(s): Conference Room	
12a. Full Name of Petitioner (Including local name and number) Josh Gottlieb B.A.T. Local 514		12b. Address (street and number, city, state, and ZIP code) 77 westchester ave suite 101 NY white plains 10604-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Brotherhood of Amalgamated Trades			
12d. Tel No. (914) 705-5488	12e. Cell No.	12f. Fax No.	12g. E-Mail Address jgottlieb@localunion514.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Josh Gottlieb	Signature Josh Gottlieb	Title President	Date 03/1/2019 10:58:39

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.

RECEIVED
NLRB
REGION 2
2019 MAR 5 AM 11:37
NEW YORK, NY

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.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 Mercy College		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 555 Broadway Verrazzano Hall NY Dobbs Ferry 10522	
3a. Employer Representative - Name and Title Anne Gilmartin		3b. Address (If same as 2b - state same) 555 Broadway Verrazzano Hall NY Dobbs Ferry 10522	
3c. Tel. No. (914) 674-7337	3d. Cell No.	3e. Fax No.	3f. E-Mail Address agilmartin@mercy.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Higher Education	
		5a. City and State where unit is located: Dobbs Ferry, 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: 570
		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)

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

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

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail

11b. Election Date(s): April 5-19, 2019	11c. Election Time(s): Mail ballot	11d. Election Location(s): Mail ballot
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12a. Full Name of Petitioner (including local name and number) Kristin Kelleher Service Employees International Union Local 200United	12b. Address (street and number, city, state, and ZIP code) 330 W 42nd St Suite #900 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) Service Employees International Union	
12d. Tel No. (781) 690-1006	12e. Cell No. (781) 690-1006
12f. Fax No.	12g. E-Mail Address kristin.kelleher@seiu.org

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

13a. Name and Title Mairead Connor Attorney Connor Labor Law		13b. Address (street and number, city, state, and ZIP code) 100 E Washington St White Memorial Building Suite 204 NY Syracuse 13202	
13c. Tel No. (315) 422-6225	13d. Cell No.	13e. Fax No.	13f. E-Mail Address mec@connorlaborlaw.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) Kristin Kelleher	Signature Kristin Kelleher	Title Organizing Coordinator	Date 03/11/2019 08:23:59
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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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3-11-19
RECEIVED
NLRB

Employees Included

All part-time and full-time faculty who are not Core Faculty, including all Adjunct Professors, Adjunct Associate Professors, Adjunct Assistant Professors, Adjunct Lecturers, Adjunct Instructors, Visiting Professors, Visiting Associate Professors, Visiting Assistant 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

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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-238065

Date Filed

3/20/19

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:

Mercy College

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

555 Broadway, Dobbs Ferry, NY 10522

3a. Employer Representative - Name and Title:

Anne Gilmartin, Exec. Dir. Human Resources

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

Verrazzano Hall, 555 Broadway, Dobbs Ferry, NY 10522

3c. Tel. No.

914-674-7337

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

agilmartin@mercy.edu

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
college4b. Principal Product or Service
higher education

5a. City and State where unit is located:

Dobbs Ferry, NY

5b. Description of Unit Involved:

Included:

See attached.

Excluded:

See attached.

6a. Number of Employees in Unit:

570

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) _____ NA and Employer declined recognition, on or about (Date) _____ (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

None

8b. Address:

NA

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 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:

Mail ballot election, ballots mailed out 4/12 and returned 4/26, with vote count 4/29

11a. Election Type:

☐ Manual ☒ Mail ☐ Mixed Manual/Mail11b. Election Date(s):
April 12-26, 201911c. Election Time(s):
mail ballot11d. Election Location(s):
mail ballot

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

Service Employees International Union Local 200United

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

330 W. 42nd Street, Suite #900, New York, NY 10036

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

Service Employees International Union

12d. Tel. No.

781-690-1006

12e. Cell No.

781-690-1006

12f. Fax No.

12g. E-Mail Address

kristin.kelleher@seiu.org

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

13a. Name and Title:

Maired E. Connor, Attorney

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

White Memorial Building, Suite 204, 100 E. Washington St., Syracuse, NY 13202

13c. Tel. No.

315-422-6225

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

mec@connorlaborlaw.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)

Maired E. Connor

Signature

Maired E. Connor

Title

Attorney

Date

03/20/19

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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ATTACHMENT TO PETITION RE MERCY COLLEGE FILED BY SEIU LOCAL 200UNITED

INCLUDED: All full-time and part-time Adjunct Professors, Adjunct Associate Professors, Adjunct Assistant Professors, Adjunct Lecturers, Adjunct Instructors, Visiting Professors, Visiting Associate Professors, Visiting Assistant 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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-238345

Date Filed

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:
Shleppers Moving and Storage

2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):
920 E/49th st. Bronx NY 104455-5050 Mr, Allen Golan

3a. Employer Representative - Name and Title:
Mr. Allen Golan

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

3c. Tel. No.
914 684-0606

3d. Cell No.

3e. Fax No.
718 679 9825

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.):
Moving and Storage

4b. Principal Product or Service
Moving & Storage

5a. City and State where unit is located:
Bronx N Y

5b. Description of Unit Involved:
Included:

all regular full-time Drivers, Helpers and warehouse\ Storage personnel.

Excluded:

All seasonal and part-time unit employees, office, supervisors, and guards under the act.

6a. Number of Employees in Unit:
35

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

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

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

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

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

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

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

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

None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

ASAP

11a. Election Type:

☒ Manual ☐ Mail ☐ 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 International Brotherhood Of Trade Unions

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

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.

(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 GardenCity Plaza Garden city N Y 11530 Suuite 106

13c. Tel. No.

(516)741-5564

13d. Cell No.

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 Scalza

Signature

Robert Scalza

Title

Director of Organizing

Date

3/20/19

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PRIVACY ACT STATEMENT

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Filed on 3.28.19

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

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 Montefiore Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 111 East 210th Street, Bronx, NY 10467	
3a. Employer Representative - Name and Title David Brodsky, Vice President Employee & Labor Relations		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 718-920-6321	3d. Cell No.	3e. Fax No. 718-920-6321	3f. E-Mail Address Dbrodsky@montefiore.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Health Care	
		5a. City and State where unit is located: Bronx, NY	

5b. Description of Unit Involved Included: All full-time and regular part-time medical interpreters as residuals to the multi-employer unit. Excluded: All other employees of the Employer, including guards and supervisors as defined in Section 2(11) of the Act.		6a. No. of Employees in Unit: 8	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--	---	---

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--	--

11b. Election Date(s): April 8, 2019	11c. Election Time(s): 8am-10am or 11am-1pm	11d. Election Location(s): Montefiore Moses Building, Red Zone, Union Room on 1st Floor
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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 10001
--	--


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

12d. Tel No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
---------------------	----------------------	---------------------	----------------------------

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

13a. Name and Title Micah Wissinger, Esq. Levy Ratner, P.C.		13b. Address (street and number, city, state, and ZIP code) 80 8th Avenue, 8th Floor, New York, NY 10011	
13c. Tel No. 212-627-8100	13d. Cell No. 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 March 25, 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.

RECEIVED
NLRB
REGION 2
NEW YORK, NY
2019 MAR 26 PM 3:03

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 02-RC-238385	Date Filed 3-26-19
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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 Avalon Bay		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) see attach list	
3a. Employer Representative - Name and Title James Meehan Maintenance Director		3b. Address (If same as 2b - state same) 1499 Post Road, 2nd Fairfield CT 06824	
3c. Tel. No. 203-319-4949	3d. Cell No. 203-543-1957	3e. Fax No. 203-319-4944	3f. E-Mail Address jim.meehan@avalonbay.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential Developments		4b. Principal product or service Maintenance	
5b. Description of Unit Involved Included: All full time and regular part time Lead engineers, maintenance tech 1,2,3, painter Excluded: All office clerical and professional employees, guards and supervisors under the Act.		5a. City and State where unit is located: see attachment	
		6a. No. of Employees in Unit: 23	
		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) 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.	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.

11b. Election Date(s): 4/17/19	11c. Election Time(s): 2 pm to 3 pm	11d. Election Location(s): Avalon Green and Avalon Ossining-maintenance room
12a. Full Name of Petitioner (including local name and number) International Union of Operating Engineers Local30		12b. Address (street and number, city, state, and ZIP code) 16-16 Whitestone Exwy, Whitestone NY 11357

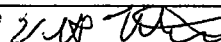
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

12d. Tel No. 718-847-8484 ext 209	12e. Cell No. 917-680-4291	12f. Fax No. 718-805-2172	12g. E-Mail Address vincentfiorentino@iuoelocal30.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 Vincent Fiorentino Organizer		13b. Address (street and number, city, state, and ZIP code) 16-16 Whitestone Exwy, Whitestone NY 11357	
13c. Tel No. 718-847-8484 ext 209	13d. Cell No. 917-680-4291	13e. Fax No. 718-805-2172	13f. E-Mail Address vincentfiorentino@iuoelocal30.org

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

Name (Print) Vincent Fiorentino	Signature 	Title Organizer	Date 3/26/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

RECEIVED
3 26 19
NLRB REGIONAL OFFICE
NEW YORK, N.Y.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **02-RC-238582** Date Filed **3-28-19**

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

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

2a. Name of Employer
Lower East Side Tenement Museum 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
103 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. 3f. E-Mail Address
kjennings@tenement.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Museum 4b. Principal product or service
Museum Services 5a. City and State where unit is located:
New York, NY

5b. Description of Unit Involved
Included: All full-time and regular part-time employees in the Education, Visitors Services, Retail and Evening Events Departments.
Excluded: All other employees including guards, managers and supervisors as defined by the Act.

6a. No. of Employees in Unit:
Approximately 90
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): **April 5 - 6, 2019** 11c. Election Time(s): **12:00 pm - 3:00 pm** 11d. Election Location(s): **Conference Room at 91 Orchard Street**

12a. Full Name of Petitioner (including local name and number)
Local 2110, Technical, Office and Professional Union, UAW, AFL-CIO 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 labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Auto Workers, AFL-CIO

12d. Tel No.
(212) 287-0220 12e. Cell No. 12f. Fax No. 12g. E-Mail Address

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

13a. Name and Title **Allyson L. Belovin, Attorney** 13b. Address (street and number, city, state, and ZIP code)
LEVY RATNER, P.C. 80 8TH AVENUE, 8TH FL, NEW YORK, NY 10011

13c. Tel No.
(212) 627-8100 13d. Cell No.
(646) 326-9096 13e. Fax No.
(212) 627-8182 13f. E-Mail Address
abelovin@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) **Allyson L. Belovin** Signature **[Signature]** Title **Attorney** Date **3/27/19**

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

PRIVACY ACT STATEMENT

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

RECEIVED
NLRB
REGION 2
NEW YORK NY
2019 MAR 28 PM 3:15

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
02-RC-238671

Date Filed
03/29/2019

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 BRIGHT POWER INSTALLATION AND CONSTRUCTION		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 11 MANOVER SQUARE, 21ST FL, NEW YORK, NY 10005	
3a. Employer Representative - Name and Title BRET HEILIG		3b. Address (if same as 2b - state same) 11 MANOVER SQUARE, 21ST FL, NEW YORK, NY 10005	
3c. Tel. No. 718 354 0560	3d. Cell No.	3e. Fax No.	3f. E-Mail Address BHEILIG@BRIGHTPOWER.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) SOLAR INSTALLER		4b. Principal product or service SOLAR INSTALLATION	
5b. Description of Unit Involved Included: SOLAR INSTALLERS, DRIVERS, WAREHOUSE Excluded: ENGINEERS		5a. City and State where unit is located: NEW YORK, NY	
		6a. No. of Employees in Unit: 24	
		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) 3/29/19 and Employer declined recognition on or about (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NONE		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

10a. Name NONE	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):

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, LOCAL 3

12b. Address (street and number, city, state, and ZIP code)
158-11 MARY VAN ARSDALE JR AVE FLUSHING, NY 11365

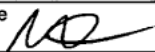
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

12d. Tel No. (718) 591 4000	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 MICHAEL DEVAN, ORGANIZER	13b. Address (street and number, city, state, and ZIP code)
13c. Tel No. 347 924 3996	13d. Cell No. 516-388-1744
13e. Fax No. 718 570 1004	13f. E-Mail Address MDEVAN@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) MICHAEL DEVAN	Signature 	Title ORGANIZER	Date 3/28/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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