

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

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-257605	Date Filed 3-6-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 City Bar Justice Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 42 West 44th St. NY New York 10036	
3a. Employer Representative - Name and Title Lynn Kelly		3b. Address (If same as 2b - state same) 42 West 44th St. NY New York 10036	
3c. Tel. No. (212) 382-6727	3d. Cell No.	3e. Fax No.	3f. E-Mail Address lkelly@nycbar.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Legal		4b. Principal product or service Legal aid offered to New Yorkers	
5a. City and State where unit is located: New York, NY			

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

11b. Election Date(s): March 19, 2020	11c. Election Time(s): 9:30a-12:30p; 2:30p-5:30p	11d. Election Location(s): 2nd Floor Conference Room, 42 West 44th St. New York, NY
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12a. Full Name of Petitioner (including local name and number)  
Grace Reckers  
Office and Professional Employees International Union, Local 153, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)  
265 W 14th St, Suite 610  
NY New York 10011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) Office and Professional Employees International Union, AFL-CIO	12d. Tel No. (925) 389-8168	12e. Cell No.	12f. Fax No.	12g. E-Mail Address greckers@opeiu.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		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) Grace Reckers	Signature Grace Reckers	Title Organizer	Date 03/6/2020 08:35:17
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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  
MAR 06 2020

BY: \_\_\_\_\_

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-257605	3-6-20

**Employees Included**

All nonprofessional employees employed by the employer, including Project Coordinators and Senior Project Coordinators.

**Employees Excluded**

All attorneys, managers, confidential employees, temporary employees, and supervisors as defined by the Act.

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

DO NOT WRITE IN THIS SPACE

Case No.  
02-RC-257691

Date Filed  
3-9-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 Citizen 360 Condominium		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 360 East 89th Street, New York, NY 10128	
3a. Employer Representative - Name and Title Senada Palaj		3b. Address (If same as 2b - state same) 770 Lexington Ave, New York, NY 10065	
3c. Tel. No. 212-396-8265	3d. Cell No.	3e. Fax No.	3f. E-Mail Address spalaj@halstead.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential building		4b. Principal product or service Building services	
5b. Description of Unit Involved Included: All building service workers Excluded: Statutory guards and supervisors		5a. City and State where unit is located: New York, NY 10002	
		6a. No. of Employees in Unit: 8	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ 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.

11b. Election Date(s): Nearest Wednesday	11c. Election Time(s): 2:30pm-3:30pm	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11d. Election Location(s): Employer Lounge		
12a. Full Name of Petitioner (including local name and number) SEIU LOCAL 32BJ		12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street New York, N.Y. 10011

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

12d. Tel No. 212 388-3800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Katchen Locke, Attorney		13b. Address (street and number, city, state, and ZIP code) 25 W. 18th Street, New York, NY, 10011	
13c. Tel No. 212 539 2941	13d. Cell No.	13e. Fax No. 212-388-2062	13f. E-Mail Address Klocke@seiu32bj.org

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

Name (Print) Katchen Locke	Signature 	Title Attorney	Date 3-6-20
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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  
MAR 09 2020

BY: \_\_\_\_\_



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

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-257861	Date Filed 3-9-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 Greyhound		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 625 8th Avenue NY New York 10018-	
3a. Employer Representative - Name and Title Leonard Ellis		3b. Address (If same as 2b - state same) 625 8th Avenue NY New York 10018-	
3c. Tel. No. (212) 971-6338	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Leonard.Ellis@firstgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services		4b. Principal product or service ticketing and customer 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 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)			
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): 4/3/2020		11c. Election Time(s): 6am - 9am & 1pm - 5pm	
11d. Election Location(s): MAIN BREAK ROOM			
12a. Full Name of Petitioner (including local name and number) GILBERTO MENDOZA Local 660 UAW		12b. Address (street and number, city, state, and ZIP code) 100 SOUTH BEDFORD ROAD SUITE 340 NY MT. KISCO 10549	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) New York			
12d. Tel No. (646) 355-5291	12e. Cell No. (646) 355-5291	12f. Fax No.	12g. E-Mail Address GILBERTOTITOMENDOZA@HOTMAIL.COM
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) GILBERTO MENDOZA	Signature GILBERTO MENDOZA	Title President	Date 03/9/2020 11:31:20

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

PRIVACY ACT STATEMENT

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

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MAR 09 2020

BY: \_\_\_\_\_

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed'
02-RC-257861	3-9-20

Employees Included

all full and part time ticketing and customer services employees

Employees Excluded

MANAGERS, SUPERVISORS AND ALL ACCORDING TO THE ACT



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

DO NOT WRITE IN THIS SPACE

Case No.  
**02-RC-258153**

Date Filed  
**3/12/20**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Millennium Tower Residences		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 30 West Street, New York, NY, 10004	
<b>3a. Employer Representative - Name and Title</b> Patrick Crotty (Resident Manager)		<b>3b. Address</b> (if same as 2b - state same) 99 Battery Pl, New York, NY 10280	
<b>3c. Tel. No.</b> (646)884-5110	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (212) 732-3570	<b>3f. E-Mail Address</b> Pcrotty@milfordmgmt.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Residential Building		<b>4b. Principal product or service</b> Building services	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All building service workers <b>Excluded:</b> statutory guards and supervisors		<b>5a. City and State where unit is located:</b> New York, NY	
		<b>6a. No. of Employees in Unit:</b> 16	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> 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.

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

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

**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):** nearest Monday  
**11c. Election Time(s):** 6:30-7:30 am, 2:30pm-3:30pm  
**11d. Election Location(s):** Break Room- 30 West Street, New York, NY, 10004

**12a. Full Name of Petitioner (including local name and number)**  
SEIU Local 32BJ  
**12b. Address (street and number, city, state, and ZIP code)**  
25 West 18th Street, New York, NY 10011

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

<b>12d. Tel No.</b> 212 388-3800	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Katchen Locke, Attorney		<b>13b. Address</b> (street and number, city, state, and ZIP code) 25 West 18th Street, New York, NY 10011	
<b>13c. Tel No.</b> 212 539 2941	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> klocke@seiu32bj.org

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

<b>Name (Print)</b> Katchen Locke	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 3-11-20
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.	02-RC-258334	Date Filed	03/23/2020
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer</b> Safe Passage Project	<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 185 West Broadway, New York, NY 10013
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<b>3a. Employer Representative - Name and Title</b> Rich Leimsider, Executive Director	<b>3b. Address</b> (If same as 2b - state same) Same
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<b>3c. Tel. No.</b> (212) 324-6558	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> rleimsider@safepassageproject.org
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<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.)	<b>4b. Principal product or service</b>	<b>5a. City and State where unit is located:</b> New York, NY
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See addendum <b>Excluded:</b>	<b>6a. No. of Employees in Unit:</b> 26 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 3/16/20 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.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

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

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

<b>11b. Election Date(s):</b> 4/1/20 - 4/10/20	<b>11c. Election Time(s):</b> N/A	<b>11d. Election Location(s):</b> N/A	<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>12a. Full Name of Petitioner (including local name and number)</b> UAW Local 2325 - Association of Legal Aid Attorneys (AFL-CIO)	<b>12b. Address (street and number, city, state, and ZIP code)</b> 50 Broadway, Suite 1600 NY, NY 10004-3817
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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)  
United Auto Workers, AFL-CIO

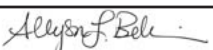
<b>12d. Tel No.</b> (212) 343-0708	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (212) 343-0966	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Allyson L. Belovin, Attorney	<b>13b. Address (street and number, city, state, and ZIP code)</b> Levy Ratner, P.C., 80 Eighth Avenue, 8th Floor New York, NY 10011
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<b>13c. Tel No.</b> (212) 627-8100	<b>13d. Cell No.</b> (646) 326-9096	<b>13e. Fax No.</b> (212) 627-8182	<b>13f. E-Mail Address</b> abelovin@levyratner.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Allyson Belovin	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> March 23, 2020
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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.

## ADDENDUM TO RC PETITION

Petitioner - UAW Local 2325 - Association of Legal Aid Attorneys

### Description of Unit Involved:

Unit description (with job classifications):

Included: All full-time and regular part-time workers employed by the Employer including but not limited to Paid Fellow, Legal Clerk, Operations Assistant, Operations Associate, Senior Operations Associate, Development Associate, Paralegal, Program Associate, Senior Staff Attorney, Social Worker, and Staff Attorney

Excluded: Managing Attorney, Supervising Attorney, Deputy Executive Director, Legal Director, Executive Director, Supervising Social Worker, Development Manager, Head of Finance and Operations, Director of People and Operations, interns, guards, confidential employees, supervisors and managerial employees.