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OTTILE OTTILEO	GOVERNMENT		DO NOT WRITE IN THIS SPACE						
NATIONAL LABOR RI RC PET	Case No. 02	e No. 02-RC-260613 Date Filed 05/18/2020							
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 er	nployer and all other partie	es named in the petition	on of: (1) the peti	tion; (2) State	ment of Position form				
(Form NLRB-505); and (3) Description	on of Representation Case	Procedures (Form NL	RB 4812). The si	howing of inte	erest should only be filed				
with the NLRB and should not be se									
1. PURPOSE OF THIS PETITION: RC-CER			of employees wish to	be represented	for purposes of collective				
bargaining by Petitioner and Petitioner desires to be certified as representa ive 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)									
Carestream Health Inc 150 Verona St. Rochester, NY 14608									
3a. Employer Representative - Name and 1		3b. Address (If same as							
Stephen Poulin		150 Verona St.		NY 14608					
			Nochester,						
	3d. Cell No.	3e. Fax No.		3f. E-Mail Addre	TOTAL SALARY CONTRACTOR				
	203-223-7731	A 92 23			oulin@carestream.c <mark></mark> ⊋				
4a. Type of Establishment (Factory mine wh	olesaler etc) 4b. Principal pro	oduct or service			nd State where unit is located:				
Medical Imagining Manufac	turing/S ₊ Service/E	ngineer Medical	Equipment	Roche	ster, NY				
5b. Description of Unit Involved		0			6a. No. of Employees in Unit:				
	regular amplevees	in the Field Cou	vice Engine	547-0005/001	19				
Included: All full and part time	e regular employees	s in the Field Sei	vice Engine		6b. Do a substantial number (30%				
Excluded.(US 305 NF Divisio	n)				or more) of the employees in the				
Excluded:(US 305 NF Division Service Sales Spec	cialists Account Exe	ecutives and Ma	anagers	22-2	unit wish to be represented by the				
Our and a set of the			inagoro,	+	Petitioner? Yes 🗸 No				
Check One: 7a. Request for reco	ognition as Bargaining Represent	ative was made on (Date)	ar	d Employer decli	ned recognition on or about				
	(Date) (If no reply receive								
7h Detitioner is cur	ren ly recognized as Bargaining F	-	cortification under the	Act					
8a. Name of Recognized or Certified Barga				CALL.					
8c. Tel No.	8d Cell No.	8e. Fax No.		8f. E-Mail Addre	ess				
8g. Affiliation, if any		8h. Date of Recognition of	r Certification	8i. Expiration D	ate of Current or Most Recent				
A CONTRACT CONTRACT OF DISTRIBUTION OF CONTRACTOR OF CONTRACTOR				Contract, if any	(Month Day Year)				
9. Is there now a strike or picketing at the Em	ployer's establishment(s) involved	d? No If so, approx	imately how many er	nployees are par	ticipating?				
9. Is there now a strike or picketing at the Em		110		nployees are part	licipating?				
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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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St Anthony Community Hospital 15 Maple Avenue, Warwick NY 10990 3a. Employer Representative - Name and Title 2b. Address (f same as 2b - state same); same 3b. The State St	bargaining by Petitioner and Petitioner desires to be certified as representative of the employees The Petitioner alleges that the following circumstances exist and												
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8g. Affiliation, if any: Bh. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9 s there now a strike or picketing at the Employer's establishment(s) involved? no fso approximately how many employees are participating? 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 hown 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 11b. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a Election Type Prefer in-person 11c. Election Time(s): 6mit to 9 am, 11 am to 2 pm, 6pm to 9pm TBD 12a. Full Name of Petitioner (including local name and number): The New York State Nurses Association 12f Fax No 12g E-Mail Address 12b. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): none 12g E-Mail Address 12b. Tell No 12e Cell No 12f Fax No 12g E-Mail Address 13b. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. Tas. Name and Thile: Joseph J. Vitale, Counsel <td></td> <td></td> <td>° °</td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			° °		-								
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June 12 6am to 9 am, 11 am to 2 pm, 6pm to 9pm TBD 12a. Full Name of Petitioner (including local name and number): The New York State Nurses Association 12b Address (street and number, city, State and ZIP code) 131West 33rd St, 4th Fl, NY NY 10001 attn Jessica Oliva 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): none 12e Cell No 12f Fax No 12g E-Mail Address 12d Tel No 12e Cell No 12f Fax No 12g E-Mail Address 13a. Name and Title: Joseph J. Vitale, Counsel 13b Address (street and number, city, State and ZIP code): Cohen, Weiss and Simon LLP, 900 Third Avenue, Suite 2100, NY NY 10022 13c Tel No 13d Cell No 13e Fax No 13f E-Mail Address jvitale@cwsny.com 12c Tel No 13d Cell No 13e Fax No 13f E-Mail Address jvitale@cwsny.com 13c Tel No 13d Cell No 13e Fax No 13f E-Mail Address jvitale@cwsny.com 12c Tel No 13d Cell No 13e Fax No 13f E-Mail Address jvitale@cwsny.com 12e Cell No 13g Fax No 13f E-Mail Address 10y titale@cwsny.com	prefer in-person				our posit	ion with respect to ar	X Manual Mail Mixed			Manual/Mail			
The New York State Nurses Association 131West 33rd St, 4th Fl, NY NY 10001 attn Jessica Oliva 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>): none 12d. Tel No 12e Cell No 12f Fax No 12g E-Mail Address 13a. Name and Title: 13b. Address (<i>street and number, city, State and ZIP code</i>): Cohen, Weiss and Simon LLP, 900 Third Avenue, Suite 2100, NY NY 10022 13c. Tel No 13d Cell No 13e Fax No 13f E-Mail Address 13c. Tel No 13d Cell No 13e Fax No 13f E-Mail Address 13c. Tel No 13d Cell No 13e Fax No 13f E-Mail Address 13c. Tel No 13d Cell No 13e Fax No 13f E-Mail Address 13c. Tel No 13g Cell No 13e Fax No 13f E-Mail Address 13c. Tel No 13g Cell No 13e Fax No 13f E-Mail Address 13c. Tel No 13g Cell No 13e Fax No 13f E-Mail Address 13t Leader that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date	June 12					· ·	1 '	TBD		-			
none 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. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Cohen, Weiss and Simon LLP, 900 Third Avenue, Suite 2100, NY NY 10022 13c Tel No 13d Cell No 13e Fax No 13f E-Mail Address 212 356 0238 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) Signature											essica	Oliva	
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13a. Name and Title: Joseph J. Vitale, Counsel 13b. Address (street and number, city, State and ZIP code): Cohen, Weiss and Simon LLP, 900 Third Avenue, Suite 2100, NY NY 10022 13c Tel No 212 356 0238 13d Cell No 13e Fax No 646 473 8238 jvitale@cwsny.com 1declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature	12c. Full name of national or internati NONE	onal labor organi	zation of which Pe	etitione	er is an a	ffiliate or constituent	(if non	e, so state):				
13a. Name and Title: Joseph J. Vitale, Counsel 13b. Address (street and number, city, State and ZIP code): 13c. Tel No 13d Cell No 13e Fax No 212 356 0238 13d Cell No 13f E-Mail Address 1 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. 13t E Name (Print) Signature Title Date	12d Tel No	12e Cell No		12	f Fax No	0		12g E-Mai	l Address				
212 356 0238 646 473 8238 jvitale@cwsny.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature					13b. Address (street and number, city, State and ZIP code):						NY 10022		
Name (Print) Signature Title Date	212 356 0238			6	46 473	3 8238	jvitale@cwsny.com						
		e petition and the		are t	rue to th	e best of my knowl	-					Date	
	Joseph J. Vitale												

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.* he 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.* he principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation he routine uses for the information are fully set forth in the Federal Register 71 Fed Reg 74942 43 (Dec 13 2006) he 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

RIDER TO PETITION

Included: All full-time, regular part-time, and Per Diem Registered Nurses employed by the Employer at its 15 Maple Avenue, Warwick, NY 10990 facility

Excluded Robotics Clinical Coordinators, Certified Lactation Consultants, Nurse Educators, Nurse Practitioners, Quality Management Nurses, Bone and Joint Coordinators (Medical Surgery), Bariatric Data Coordinators, Metabolic/Bariatric Surgical Coordinators, Scheduling Operating Room Coordinators, Clinical Coordinators OP GI Services, Clinical Coordinators OP Infusion/Chemo, Operating Room Clinical Resource Coordinators, Mt Alverno Center employees, Scherviev Pavilion employees, St Joseph's Place employees, Stress Test Registered Nurses, PACU Team Leads, Operating Room Team Leads, business office clerical employees, service employees, maintenance employees, technical employees, licensed practical nurses, guards, and all other professional employees and supervisors as defined in the National Labor Relations Act.

FORM NLRB-502 (RC)	UNITED STA	ATES OF AMERI	CA	η Γ		DO NOT WRITE IN THIS SPACE				
(2-18) NATIONAL LABOR RELATIONS BOARD RC PETITION				Case				Date Fil 05/	ed 29/2020	
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):										
The Bronx Defenders 360 East 161st Street, Bronx, NY 10451										
3a. Employer Representative - Nar	ne and Title:	3b. A	ddress (if sam	ie as 2b - state same,):					
Justine Olderman		_	Same							
3c. Tel. No. (718) 838-7878	3d. Cell No.		3e. Fax No).		3f. E-Mail A justine		defenders.	org	
4a. Type of Establishment (Factory, Legal Services Organiza		etc.)		al Product or Service Services	3		5a. City an Bronx,	d State where u NY	nit is loca	ited:
5b. Description of Unit Involved: Included:	*: -						6a. Numbe	er of Employees	in Unit:	
	See atta	ached adde	ndum				274			
Excluded:							of the e	ubstantial numbe mployees in the ented by the Peti	unit wist	
Check One: 🕅 7a. Request for rec on or about (Date)	cognition as Bargai	• •	ive was made received, so	· · J/L	9/20	and		declined recognit		1100 1 1100
7b. Petitioner is cur 8a. Name of Recognized or Certifie					on und	er the Act.				
		•								
BC. Tel. No.	8d. Cell No.		8e. Fax No).		8f. E-Mail A	ddress			
8g. Affiliation, if any:	-		8h. Date of R	ecognition or Certifica	ation 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
9. Is there now a strike or picketing a	t the Employer's e	stablishment(s) in	volved? N	0 If so, appro	ximate	ely how man	y employee:	s are participatin	g?	
(Name of Labor Organization)	thes Detitiones of	d Abasa samad is	items 9 and	0 which have also	_			er since (Month,		
individuals known to have a repre								es and other orga	amzation	s anu
10a. Name	10b. A	ddress				10c. Tel. No.		10d. Cell No.		
					10e. Fax No			10f. E-Mail Add		
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type:								Manual/Mail		
11b. Election Date(s): 6/12/20						11d. Election Location(s):				
12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code):										
Association of Legal Aid Attorneys, Local 2325, UAW 50 Broadway Suite 1600, New York NY 10004										
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent <i>(if none, so state):</i> United Automobile, Aerospace and Agricultural Implement Workers of America (UAW)										
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:										
Allyson L. Belovin, Attorney				atner, PC 80 8th				10011		
13c. Tel. No. (212) 627-8100 13d. Cell No. (646) 326-9096				13e. Fax No. 13f. E-Mail Address abelovin@levyratne			ner.com			
I declare that I have read the above	e petition and that	1	are true to th	ne best of my knowl	edge	and belief.				Data
Name (Print) Allyson L. Belovin		Signature	Alyon F.	Bel	Title Att	orney				Date 5/29/20

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

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.

ADDENDUM TO RC PETITION

Petitioner – Association of Legal Aid Attorneys, Local 2325, UAW

Description of Unit Involved:

Included: All full-time and regular part-time workers employed by the Employer including Administrator, Advancement Officer, Arraignment Clerk, Arraignment Court Advocate, Associate Legal Counsel, Associate Legal Director, ATI Specialist, Benefits Adviser, Benefits Coordinator, Civil Legal Advocate, Client and Community Navigator, Client Coordinator, Co-Director of RPP, Communications Associate, Community Organizer, Court Liaison, Development Associate, Digital Forensic Specialist, Discovery Administrator, Discovery Arraignment Data Administrator, DNA Specialist, Facilities Coordinator, Federal Practice Attorney, Forensic Practice Director Grants Manager, Immigration Civil Legal Advocate, Intake Clerk, Interpreter/Translator, Investigator, IT Associate, IT Discovery Compliance Officer, Law Graduate, Legal Advocate, Legal Assistant, Paid Fellow, Paralegal, Parent Advocate, Policy Associate, Policy Counsel, Practice Administrator, Practice Associate, Pro Bono Coordinator, Process Server, Re-entry Coordinator, Receptionist, Senior Investigator, Senior Staff Accountant, Senior Policy Advocate, Senior Policy Social Worker, Social Worker, Staff Attorney, and Team Administrator.

Excluded: Executive Director, Supervising Attorney, Investigations Supervisor, Legal Advocate Supervisor, Managing Director of Social Work, Social Work Supervisor, Chief of Staff, Chief Operating Officer, Chief Practice Officer, Director of Strategic Partnerships, Controller, Director of DEI, Office Manager, Director of Professional Development, Managing Director, Director of Strategic Communications, Legal Director, Chief Policy Counsel, Parent Advocate Supervisor, Supervising Legal Advocate, Director of the Center of Holistic Defense, Director of Organizing and Community Engagement, HR Generalist, Recruiting and Hiring Coordinator, IT Associate Director, Human Resources Manager, Legal Administrative Manager, Human Resources Associate, General Counsel, Associate General Counsel, Community Intake Coordinator, DEI Associate, Facilities Superintendent, Director of Advancement, Deputy Director, unpaid interns, guards, confidential employees, supervisors and managerial employees.