

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

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-228410

Date Filed

10-2-18

**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  
Hubert Street Condominium

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
7 Hubert Street, New York, NY 10013

3a. Employer Representative - Name and Title  
Afrim Pocesta

3b. Address (if same as 2b - state same)  
666 Broadway 12th Floor New York NY 10012

3c. Tel. No.  
2125295688

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
apocesta@andrewsbc.com

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

4b. Principal product or service  
Building services

5a. City and State where unit is located:  
New York, NY 10005

5b. Description of Unit Involved

Included: all building service workers

Excluded: statutory supervisors and guards

6a. No. of Employees in Unit:  
7

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 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.

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

11b. Election Date(s):  
10/11/18

11c. Election Time(s):  
2:30 pm - 3:30 pm

11d. Election Location(s):  
Locker Room

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 LOCAL 32BJ

12d. Tel No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

212 388-3800

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

13a. Name and Title  
Panos Koutris, Organizer

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

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address  
pkoutris@seiu32bj.org

347-836-3130

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)  
Panos Koutris

Signature

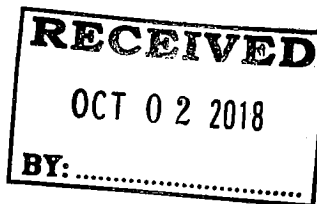
Title  
Organizer

Date  
09/26/2018

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.





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

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-228951

Date Filed

10-11-18

**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 Halcyon condominium		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 305 east 51st New York, N.Y. 10022	
3a. Employer Representative - Name and Title Tatiana Nizguretsky property manager		3b. Address (if same as 2b - state same) 600 Madison ave New York NY 10022	
3c. Tel. No. 212 897 2101	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Tnizguretsky@hfzpm.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential building		4b. Principal product or service Building services	
5a. City and State where unit is located: New York, NY 10013		5b. Description of Unit Involved Included: All building service workers Excluded: Statutory guards and supervisors, including superintendents	
6a. No. of Employees in Unit: 13		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.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): nearest Thursday	11c. Election Time(s): 230 to 330 pm	11d. Election Location(s): building lounge in cellar
--------------------------------------------	-----------------------------------------	---------------------------------------------------------

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 LOCAL 32BJ	
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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.	13f. E-Mail Address Klocke@seiu32bj.org
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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.

Name (Print) Katchen Locke	Signature <i>Katchen Locke</i>	Title Attorney	Date 10-5-18
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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

OCT 11 2018

BY: .....

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

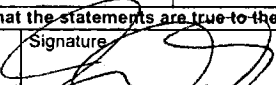
02-RC-229616

Date Filed

10-19-18

**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> New York Presbyterian Hudson Valley Hospital		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1980 Crompond Rd, Cortlandt Manor, NY 10567	
<b>3a. Employer Representative - Name and Title:</b> Stacey Petrower, President		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 914-734-3240	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> smp7001@nyp.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hospital		<b>4b. Principal Product or Service</b> Health care	
<b>5a. City and State where unit is located:</b> Cortlandt Manor, NY		<b>5b. Description of Unit Involved:</b> Included: See attached. Excluded:	
<b>6a. Number of Employees in Unit:</b> 260		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ N/A _____ and Employer declined recognition on or about (Date) _____ N/A _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> 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 (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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>			
<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>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election: See attached.			
<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b>	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>	
<b>12a. Full Name of Petitioner (including local name and number):</b> New York State Nurses Association		<b>12b. Address (street and number, city, State and ZIP code):</b> 131 West 33rd Street, 4th Floor, New York, NY 10001	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> None			
<b>12d. Tel. No.</b> 212-785-0157	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Wendy LaManque, Counsel to NYSNA		<b>13b. Address (street and number, city, State and ZIP code):</b> Cohen, Weiss and Simon LLP, 900 3rd Avenue, 21st Floor, NY, NY 10022	
<b>13c. Tel. No.</b> 212-356-0211	<b>13d. Cell No.</b> 315-761-9536	<b>13e. Fax No.</b> 646-473-8211	<b>13f. E-Mail Address</b> wlamanque@cwsny.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> WENDY M. LAMANQUE	<b>Signature</b> 	<b>Title</b> COUNSEL TO NYSNA	<b>Date</b> 10/19/18

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 NYSNA/Hudson Valley Hospital RC Petition (October 19, 2018)

**5b. Description of Unit Involved:**

**Included:** All full-time, regular part-time and per diem Registered Nurses performing direct patient care duties.

**Excluded:** All other employees, including Nurse Educators, Nurse Practitioners, Employee Health Nurse Practitioners, Quality Assurance, Case Managers, Lactation Consultants, Operating Room Coordinators, Infection Control, Clinical Nurse Managers, Assistant Clinical Nurse Managers, supervisors, security guards, and all other managerial/confidential employees as defined by the Act.

**11b. Election Date:** Thursday, November 8, 2018

**11c. Election times:** 6:00 a.m.-9:00 a.m.; 11:00 a.m.-2:00 p.m.; 6:00 p.m.-9:00 p.m.

**11d. Election location:** 1980 Crompond Rd, Cortlandt Manor, NY 10567 (Main Hospital Campus), Ground Floor Conference Room.

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

DO NOT WRITE IN THIS SPACE	
Case No.	02-RC-229778
Date Filed	10/23/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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 Isabella Geriatric Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 515 Audubon Avenue, New York, NY 10040	
3a. Employer Representative - Name and Title Mary DiGangi, Assistant V.P., Human Resources		3b. Address (If same as 2b - state same) same	
3c. Tel. No. (212) 342-9590	3d. Cell No. (917) 796-3891	3e. Fax No. (212) 927-4592	3f. E-Mail Address MDigangi@isabella.org or @mjhs.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home		4b. Principal product or service Healthcare	5a. City and State where unit is located: New York, NY
5b. Description of Unit Involved Included: see attached Excluded: see attached			6a. No. of Employees in Unit: 12 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) \_\_\_\_\_.

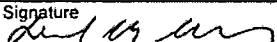
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

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.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Friday November 16, 2018	11c. Election Time(s): 3:30 p.m. to 5 p.m.	11d. Election Location(s): Classroom in the Education Building	
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) 310 West 43rd Street, 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. (212) 582-1890	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 David Slutsky, Attorney		13b. Address (street and number, city, state, and ZIP code): Levy Ratner, P.C., 80 Eighth Avenue, 8th Floor, New York, NY 10011	
13c. Tel. No. (212) 627-8100	13d. Cell No.	13e. Fax No. (212) 627-8182	13f. E-Mail Address dslutsky@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) David Slutsky	Signature 	Title Attorney	Date 10/23/18
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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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**RECEIVED**  
**OCT 23 2018**  
**BY: .....**

**ATTACHMENT TO RC-PETITION –RESPIRATORY THERAPISTS**

**5b. Description of the Unit Involved**

**Included:** All full-time and regular part-time<sup>1</sup> Respiratory Therapists as residuals to the existing 1199-represented bargaining unit.

**Excluded:** All other employees of the Employer, guards and supervisors as defined in Section 2(11) of the Act.

1. Employees who worked an average of four (4) or more hours per week over the preceding thirteen (13) week period shall be eligible to vote in the election.

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-230045</b>	Date Filed <b>10-29-18</b>

**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> Hudson Valley Early Childhood Learning Center c/o Hudson Valley State		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 15 Mount Ebo Rd S Ste 1 NY Brewster 10509-4090	
<b>3a. Employer Representative - Name and Title</b> Howard Yager Cerebral Palsy Assn		<b>3b. Address</b> (if same as 2b - state same) 15 Mount Ebo Rd S Ste 1 NY Brewster 10509-4090	
<b>3c. Tel. No.</b> (845) 878-9078	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (845) 878-3203	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Others		<b>4b. Principal product or service</b> Education	
		<b>5a. City and State where unit is located:</b> Brewster, NY	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 34
<b>Included:</b> See Attached Page 2 for additional details		<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"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

**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 (if none, so state).</b>		<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.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> 10/31/2018	<b>11c. Election Time(s):</b> 12:00 PM to 1:00 PM	<b>11d. Election Location(s):</b> The Blue Room/Gym 15 Mont Ebo Road South, Brewster, NY 10509
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<b>12a. Full Name of Petitioner (including local name and number)</b> Daniel Esakoff Hudson Valley Early Childhood Center United, New York State United Teachers/AFT/NEA/AFL-CIO	<b>12b. Address (street and number, city, state, and ZIP code)</b> 520 White Plains Rd Ste 400 NY Tarrytown 10505-9159
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<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> American Federation of Teachers/American Federation of Labor-Congress of Industrial Organizations	<b>12d. Tel No.</b> (917) 734-8275	<b>12e. Cell No.</b> (917) 734-8275	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> desakoff@nysutmail.org
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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>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

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> Daniel Esakoff	<b>Signature</b> Daniel Esakoff	<b>Title</b> Organizer	<b>Date</b> 10/28/2018 18:14:53
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

All full time and regularly employed part time teachers (including art, music, special education, substitute, and toddler), childcare providers, group leaders, fitness specialists, speech language pathologists/therapists, occupational therapists, psychologists, receptionists, and teacher assistants/aides (including 1 to 1 aides)

**Employees Excluded**

All other employees, including supervisors and guards as defined in the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

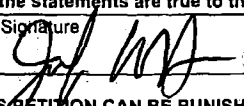
02-RC-230328

Date Filed

10-30-18

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

<b>2a. Name of Employer:</b> Bronx Global Learning Institute for Girls		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 750 Concourse Village West, Lower Level, Bronx, New York 10451	
<b>3a. Employer Representative - Name and Title:</b> Brimania Matalon, Business Manager		<b>3b. Address (if same as 2b - state same):</b> 750 Concourse Village West, Lower Level, Bronx, New York 10451	
<b>3c. Tel. No.</b> 718-993-1740	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> K-8 Charter School		<b>4b. Principal Product or Service</b> Education	<b>5a. City and State where unit is located:</b> Bronx, New York
<b>5b. Description of Unit Involved:</b> <b>Included:</b> Please see attached addendum. <b>Excluded:</b> Please see attached addendum.			<b>6a. Number of Employees in Unit:</b> 54
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 10/29/18 and Employer declined recognition on or about (Date) No reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> 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 (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
<b>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> None.			
<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>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 11/6/18	<b>11c. Election Time(s):</b> 10:30 a.m. to 2:15 p.m.	<b>11d. Election Location(s):</b> Teacher Lounge	
<b>12a. Full Name of Petitioner (including local name and number):</b> United Federation of Teachers, Local 2, AFT, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 52 Broadway, New York, New York 10004	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> American Federation of Teachers, AFL-CIO			
<b>12d. Tel. No.</b> 212-777-7500	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Jennifer A. Hogan (of Counsel to Robert Reilly)		<b>13b. Address (street and number, city, State and ZIP code):</b> 52 Broadway, 9th Floor, New York, New York 10004	
<b>13c. Tel. No.</b> 212-228-3382 x. 131	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 212-228-9253	<b>13f. E-Mail Address</b> jhogan@nysutmail.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Jennifer A. Hogan	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 10/29/18

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

## **ADDENDUM TO RC PETITION**

### **5b. Description of unit involved**

**Included:**

All employees in the following titles: teacher, guidance counselor, special education coordinator, literacy intervention, mathematics intervention, school culture advisor, dean of culture, special education teacher, AIS teacher, instructional coach, teacher assistant, literacy coach, physical education teacher.

**Excluded:**

All other employees, including supervisors.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RD-230263

Date Filed

10/31/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> The Institute for Family Health, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)</b> 2006 Madison Ave. New York NY 10035	
<b>3a. Employer Representative - Name and Title</b> Edith Diaz Asst. VP, Labor Relations		<b>3b. Address (If same as 2b - state same)</b> same	
<b>3c. Tel. No.</b> 212-633-0815	<b>3d. Fax No.</b>	<b>3e. Cell No.</b> 917-699-6486	<b>3f. E-Mail Address</b> Humanresources@institute.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Ambulatory Care		<b>4b. Principal product or service</b> Medical care	
<b>5a. Description of Unit Involved</b> <b>Included:</b> See Attachment 1  <b>Excluded:</b>			<b>5b. City and State where unit is located:</b> Bronx and Manhattan, New York

**6. No. of Employees in Unit** 100 **7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?** ☒ Yes ☐ No

<b>8a. Name of Recognized or Certified Bargaining Agent</b> Local 153, Office and Professional Employees International Union		<b>8b. Affiliation, if any</b> OPEIU	
<b>8c. Address</b> 265 West 14th Street, 6th floor, New York, NY 10011		<b>8d. Tel. No.</b> 212-741-8276	<b>8e. Cell No.</b> 510-220-7417
		<b>8f. Fax No.</b>	<b>8g. E-Mail Address</b> mhpburn@opeiu-tristate.org
<b>9. Date of Recognition or Certification</b> unknown		<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 12-31-18	

**11a. Is there now a strike or picketing at the Employer's establishment(s) involved?** ☐ Yes ☒ No **11b. If so, approximately how many employees are participating?**  
**11c. The Employer has been picketed by or on behalf of (Insert Name)** a labor organization, of  
(Insert Address) since (Month, Day, Year)

**12. Organizations or individuals other those named in items 8 and 11c, 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 5 above. (If none, so state)**

<b>12a. Name</b> none	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Fax No.</b>
		<b>12e. Cell No.</b>	<b>12f. E-Mail Address</b>

**13. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. **13a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**13b. Election Date(s)**  
November 13, 2018 **13c. Election Time(s)**  
8:30 am to 11:00 am **13d. Election Location(s)**  
all 6 locations listed in petition

**14. Full Name of Petitioner**

(b) (6), (b) (7)(C)

**14a. Address (Street and number, city, state, ZIP code)**

(b) (6), (b) (7)(C)

**14b. Tel. No.**

**14c. Fax No.**

**14d. Cell No.**

(b) (6), (b) (7)(C)

**14e. E-Mail Address**

(b) (6), (b) (7)(C)

**14f. Affiliation, if any**

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

<b>15a. Name</b> same as above	<b>RECEIVED</b>  OCT 31 2018  BY: .....	<b>15b. Title</b>	
<b>15c. Address (Street and number, city, state, ZIP code)</b>		<b>15d. Tel. No.</b>	<b>15e. Fax No.</b>
		<b>15f. Cell No.</b>	<b>15g. E-Mail Address</b>

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

<b>(b) (6), (b) (7)(C)</b>	<b>(b) (6), (b) (7)(C)</b>	<b>Title</b> Individual	<b>Date Filed</b> 10-31-18
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FORWARDED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVATE ACT STATEMENT

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

Attachment 1 to RD Petition

**Included:** All full time and regular part time Patient Service Representatives, Medical Records Clerks, Dental Assistants, Medical Office Assistants, Lobby Attendants, Lead Patient Services Representatives, Lead Medical Records Clerks, and Dental Office Assistants, employed by The Institute For Family Health, Inc., at the following locations: Walton Family Health Center, 1894 Walton Ave, Bronx, NY; The IFH Center for Counseling @Frisby, 2590 Frisby Ave., Bronx, NY; Mt. Hope Family Practice, 130 West Tremont Ave., Bronx, NY; Urban Horizons Family Health, 50-98 East 168<sup>th</sup> Street, Bronx, NY; The IFH at 17<sup>th</sup> Street, 230 West 17<sup>th</sup> Street New York, NY; Cadman Family Health Center, 300 Cadman Plaza West, Brooklyn, NY

**Excluded:** Maintenance employees, security guards, professional personnel (RNs, Social Workers, MDs), confidential and administrative employees and supervisors as defined in the Act.