SEIU LOCAL 32BJ

SEIU LOCAL 32BJ 12d. Tel No

212 388-3800

Name (Print)

Panos Koutris

10/11/18

13a. Name end Title Panos Koutris, Organizer

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

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

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

12e. Cell No.

13d. Cell No.

347-836-3130

Signature"

|  |   | •                                     |   |   |  |         |
|--|---|---------------------------------------|---|---|--|---------|
| FORM NLRB-502 (RC)<br>(4-15)   |   |                                       |   |   |  |         |
| UNITED STATES GOV  | FRNMENT   | <u> </u>                              | DO NO   | T WRITE IN TH                           | IS SPACE   |         |
| NATIONAL LABOR RELAT   | TIONS BOARD   | Case No.                              |   | Date                                    | Filed.   | ****    |
| RC PETIT   |   |                                       | 02-RC-22841   |   | 0-2-18   |         |
| INSTRUCTIONS: Unless e-Filed using the   |   |                                       |   | s Petition to a                         | n NLRB office in the Reg   |         |
| in which the employer concerned is loca  |   |                                       |   |   |  | :ate    |
| of service showing service on the emplo  |   |                                       |   |   |  |         |
| (Form NLRB-505); and (3) Description of  | •   | •                                     | LRB 4812). The s  | howing of in                            | terest should only be filed  | í       |
| with the NLRB and should not be served 1. PURPOSE OF THIS PETITION: RC-CERTIFIC  | i on the employer or a  | ny other party.                       |   |   |  |         |
| bargaining by Petitioner and Petitioner desires t<br>requests that the National Labor Relations B  | to be certified as representat<br>loard proceed under its pre | tive of the employees. The            | e Petitioner alleges t<br>to Section 9 of the N   | hat the followin<br>ational Labor R     | g circumstances exist and eletions Act.  |         |
| 2a. Name of Employer   |   | ddress(es) of Establishme             |   | and number, city                        | , Stete, ZIP code)   |         |
| Hubert Street Condominium  | 7 Hu  | bert Street, New Yo                   |   |   |  |         |
| Sa. Employer Representative – Name and Title Afrim Pocesta   |   | 3b. Address (if same a 666 Broadway 1 |   | York NY 100                             | 12   |         |
|  | Cell No.  | 3e. Fax No.                           | List was the same of the same | 3f. E-Mail Add                          | The state of the s |         |
| 2125295688   | •   |                                       |   | apocesta@                               | andrewsbc.com  |         |
| 4a. Type of Establishment (Factory, mine, wholesa  |   |                                       |   |   | and State where unit is located:   | ****    |
| Residential building   | Building serv   | ices                                  |   | New Yo                                  | ork, NY 10005  |         |
| 5b. Description of Unit Involved   |   |                                       |   |   | 6a. No. of Employees in Unit:  |         |
| Included: all building service wo  | rkers   |                                       |   |   | 6b. Do a substantial number (  | 30%     |
| Excluded:  |   |                                       |   |   | or more) of the employees in t   | 'nе     |
| statutory supervisors ar   | nd guards   |                                       |   |   | unit wish to be represented by Petitioner? Yes 7 No  | ne<br>1 |
| Check One: 7a. Request for recognition   | on as Bargaining Representa                                   | ative was made on (Date)              | ar  | d Employer ded                          | ined recognition on or about   |         |
| Name of the last o | _(Date) (If no reply receive                                  | d, so state).                         |   |   | -  |         |
|  | recognized as Bargaining Re                                   |                                       | certification under the   | Act.                                    |  |         |
| 8a. Name of Recognized or Certified Bargaining None  | Agent (// none, so state).                                    | 8b. Address                           |   |   |  |         |
| Bc. Tel No. 8d Ce  | ell No.   | 8e. Fax No.                           |   | 8f. E-Mall Addi                         | <b>BSS</b>   |         |
| 8g. Affiliation, If any  |   | 8h. Date of Recognition of            | or Certification  | 8i. Expiration C                        | ate of Current or Most Recent  |         |
|  |   | _                                     |   | Contract, if any                        | (Month, Day, Year)   |         |
| 9. Is there now a strike or picketing at the Employer  | 's actablichment/s) involved                                  | 2 NICO If co agrees                   | vimetaly how many or  | nolawace are not                        | tioination?  |         |
| (Name of labor organization)   | ,   | teted the Employer since              |   | inproyees are par                       | noipating:   |         |
| 10. Organizations or Individuals other than Petitione  |   |                                       |   | rococtati es and                        | other experience and leaf ( 4d   |         |
| known to have a representative interest in any empl  |   |                                       |   | esentatives and                         | Other organizations and individu   | Jais    |
| None   |   |                                       |   |   |  |         |
| 10a. Name  | 10b. Address  |                                       | 10c. Tel. No.   |   | 10d. Cell No.  |         |
| 1  |   |                                       | 10e. Fax No.  | *************************************** | 10f. E-Mail Address  |         |
|  |   |                                       |   |   |  |         |
| <ol> <li>Election Details: If the NLRB conducts an election.</li> </ol>  | aion in this matter, state your                               | r position with respect to            | 11a. Election Type:   | _ ✓ Manual                              | Mail Mixed Manual/Ma   | il      |
| 11b. Election Date(s):   | 11c. Election Time(s):  | M Palyaners                           | 11d. Election Locat   | ion(s):                                 | A. A. D. B.  |         |
| 10/11/18<br>12a. Full Name of Pathloner ( <i>Including local nam</i>   | 2:30 pm - 3:30 pm   |                                       | Locker Room   | t and number o                          | ity state and ZIP code)  |         |
|  |   |                                       |   |   |  |         |

25 West 18th Street New York, N.Y. 10011

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

12g. E-Mail Address

13f. E-Mail Address

09/26/2018

pkoutris@selu32bj.org

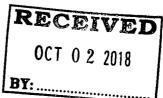
PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to essist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. 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.

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

12f. Fax No.

13e, Fex No.

Organizer



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

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

|   |          | DO NOT WRITE IN T | HIS SPACE  |
|---|----------|-------------------|------------|
|   | Case No. | 02-RC-228532      | Date Filed |
| ĺ |          | UZ-KC-220552      | 10-3-18    |

|   |                         |  |                       |                         |  |                         |                                   |   | - · · · · · · · · · · · · · · · · · · ·  |                                       |
|---|-------------------------|--|-----------------------|-------------------------|--|-------------------------|-----------------------------------|---|--|---------------------------------------|
| INSTRUCTIONS: Unless e-Filed u<br>employer concerned is located. T<br>the employer and all other parties<br>Case Procedures (Form NLRB 48 | he petition<br>named in | must be accomp<br>the petition of: (   | oanied b<br>1) the pe | y both a<br>tition; (2) | showing of Interest (se<br>Statement of Position   | e 6b belov<br>form (For | v) and a co<br>m NLRB-5           | ertificat<br>i05); an                   | e of service showing s<br>I (3) Description of Re  | ervice on<br>presentation             |
| PURPOSE OF THIS PETITION: I<br>bargaining by Petitioner and Petit<br>requests that the National Laboratery                                | ioner desire            | es to be certified a   | s represe             | entative of             | f the employees. The Pet                           | titioner all            | leges that                        | the foll                                | owing circumstances e  |                                       |
| 2a. Name of Employer:   |                         |  | 2b. Add               | ress(es)                | of Establishment(s) involv                         | ved (Street             | t and numb                        | er, City,                               | State, ZIP code):  | · · · · · · · · · · · · · · · · · · · |
| Allied Universal Security   | Service                 | <b>:</b> s   |                       | ty Parl                 | k NJ, Liberty Isla                                 | -                       |                                   | -                                       | ·  | y Park                                |
| 3a. Employer Representative - Nan   | ne and Title            |  | 3b. Add               | ress (if se             | ame as 2b - state same):                           |                         |                                   | • |  |                                       |
| David Chapla, VP of Lab   | or Relat                | ions   | •                     | <b>SVCS</b>             | 8 Tower Bridge                                     | 161 Wa                  | ish. St. 1                        | STE 6                                   | 00 Conshohocke   | n PA                                  |
| 3c. Tel. No.<br>(484) 351-1418  | 3d. Cell N<br>(610) 9   | o.<br>955-4790   |                       | 3e. Fax<br>(484)        | No.<br>351-1419                                    |                         | <sub>Mail</sub> Addre<br>id.chapl |   | is.com   |                                       |
| 4a. Type of Establishment (Factory, i   | nine, whole             | esaler, etc.)  |                       |                         | ipal Product or Service                            |                         |                                   | •                                       | State where unit is loc  |                                       |
| Government site   |                         |  |                       | Secur                   | ity Services                                       |                         |                                   |   | k City and one NJ si   | e                                     |
| 5b. Description of Unit Involved:   |                         | 4,   |                       |                         |  |                         | 6a.                               | Numbe                                   | r of Employees in Unit:  |                                       |
| Included: All Fulltime and Regular  | Dart tim                | o Soourity O   | fficare               | المعادة                 | ng at Status of Li                                 | harty of                | 12                                | 20                                      |  |                                       |
| An Fundine and Regular  | rait tiili              | e security O   | HILLEIS               | WOIKI                   | ing at Statue of Li                                | ocity si                |                                   | Do a si                                 | bstantial number (30%)   | or more)                              |
| All Managers, Supervisor  |                         |  |                       |                         |  |                         |                                   | of the e<br>represe                     | mployees in the unit wis<br>nted by the Petitioner? [  | h to be                               |
| Check One: 7a. Request for rec  | ognition as             |  |                       | e was mad<br>eceived, s |  | and made                | and Em                            | ployer d                                | eclined recognition  |                                       |
| on or about (Date)  | rently reco             |  |                       |                         | e and desires certification                        | under the               | Act.                              |   |  |                                       |
| 8a. Name of Recognized or Certific  |                         | the second secon |                       |                         | Address:   |                         |                                   |   |  |                                       |
| Local 32 BJ SEIU Andre  | w L. Sti                | rom  |                       | 25                      | West 18th St Nev                                   | w York                  | NY 100                            | 011-1                                   | 991  |                                       |
| Associate GC  |                         | •  |                       |                         |  |                         |                                   |   |  |                                       |
| 8c. Tel. No.  | 8d. Cell N              | 0.   |                       | Be. Fax                 | No.  | 8f. E-                  | Mail Addre                        | ss                                      |  |                                       |
| 212-388-3025  |                         |  |                       |                         |  |                         | om@se                             | iu32b                                   | i.org  |                                       |
| , ,   |                         |  |                       | n. Date of              | Recognition or Certification                       |                         |                                   |   | rrent or Most<br>Month, Day, Year) 12  | /31/2018                              |
| 9. Is there now a strike or picketing a   | t the Emplo             | ver's establishme  |                       |                         |  | mately how              | м тапу ег                         | nlovees                                 | are participating?   | n/a                                   |
| (Name of Labor Organization)  | t trio Emplo            | yar a adiabilatin  | (0)                   | 14                      | <u> </u>   | -                       |                                   |   | r since (Month, Day, Ye  |                                       |
| 10. Organizations or individuals other  | than Datit              | operand those pa   | mod in it             | ome 8 an                | d Q which have claimed                             |                         |                                   |   | and the second s |                                       |
| individuals known to have a repre   |                         |  |                       |                         |  |                         |                                   | CITALITE                                | o and outer organization   | is und                                |
| 10a. Name   |                         | 10b. Address   |                       |                         |  | 10c. T                  | rel. Ño.                          | 1                                       | 10d. Cell No.  |                                       |
| National League of Justic   | e and                   | 1  | 9 Dov                 | er Pénr                 | nsylvania 17315                                    | 1                       | 3) 544-3                          | 3257                                    | (503) 544-3257   |                                       |
| Security Professionals  |                         |  |                       |                         |  |                         | 10e. Fax No.                      |   | 10f. E-Mail Address  |                                       |
|   |                         |  |                       |                         |  | 1                       |                                   |   | President@nljsp.us   |                                       |
| 11. Election Details: If the NLRB co  | nducts and              | election in this ma  | atter, stat           | e your po               | sition with respect to any                         | such elec               | tion: 11a.                        | Election                                | Tỳpe:  | ·                                     |
| Mail Ballots  |                         |  |                       |                         |  |                         |                                   | Manua                                   |  | Manual/Mail                           |
| 11b. Election Date(s):  |                         | 11c. Election Tin  |                       |                         |  |                         |                                   | n Location(s):                          |  |                                       |
| October 15,2018   |                         | Mail Ballot  |                       |                         |  | 2                       | l Ballot                          |   |  |                                       |
| 12a. Full Name of Petitioner (Includ  |                         |  |                       |                         | 12b. Address (street a                             |                         |                                   |   |  |                                       |
| National League of Justic   | e and Se                | ecurity Profe  | ssiona                | IS                      | POB 129 Dove                                       | er Penns                | sylvania                          | 11/31                                   | 3  |                                       |
| 12c. Full name of national or internati   | onal labor              | organization of wh   | ich Petiti            | oner is an              | affiliate or constituent (ii                       | f none, so              | state):                           |   |  |                                       |
| None  | 1                       | <u> </u>   |                       |                         |  | <u></u>                 | <u> </u>                          | 1.                                      |  |                                       |
| 12d. Tel. No.   | 12e. Cell N             |  |                       | 12f. Fax                | No.  | 1 -                     | E-Mail Addi                       |   |  |                                       |
| (503) 544-3257  | Special Control         | 44-3257  |                       |                         |  |                         | sident@                           | nijsp.                                  | us   |                                       |
| <ol> <li>Representative of the Petitione</li> <li>Name and Title:</li> </ol>  | r who will              | accept service of  | ali pape              |                         | rposes of the represen<br>fress (street and number |                         | _                                 | odel:                                   |  |                                       |
| Ronald A. Mikell, President   |                         |  |                       |                         | x 129 Dover Penns                                  |                         |                                   | .000).                                  |  |                                       |
| 13c. Tel. No.   | 13d. Cell N             | No.  | -                     | 13e. Fax                | · No   | 126 =                   | -Mail Addr                        |   |  |                                       |
| (503) 544-3257  |                         | 544-3257   |                       | IJC. FAX                | HTG.   | l                       | sident@                           |   | 115  |                                       |
| declare that I have road the above  |                         |  | ments a               | e true to               | the best of my known                               |                         |                                   | rirlah.                                 | <del>и</del> υ   |                                       |
| Name ( <i>Print</i> )   |                         | Signalure  |                       |                         |  | rife                    |                                   | -                                       |  | Date                                  |
| Ronald A Mikell   |                         |  |                       | 1 1                     | 100  | Preside                 | ent                               |   |  | 09302018                              |

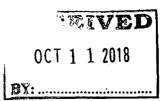
UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE             | IN THIS SPACE       |
|--------------------------|---------------------|
| Case No.<br>02-RC-228951 | Date Filed 10-11-18 |

| in which the emp<br>of service showi   | ployer concerned is<br>ng service on the e   | s located. The<br>employer and             | petition must<br>all other partie  | be acco<br>s named                                  | mpanied by b<br>I in the petitio                             | oth a showing of<br>n of: (1) the petit                               | f interest (see<br>ion; (2) Statem                             | NLRB office in the Region<br>6b below) and a certificate<br>nent of Position form |
|--|--|--|--|---|--|---|--|---|
| with the NLRB a  1. PURPOSE OF TH bargaining by Pet requests that the  | nd should not be s<br>IS PETITION: RC-CEI<br>itioner and Petitioner de<br>National Labor Relat                         | erved on the entire to be certification of | employer or an<br>REPRESENTATI<br>ad as representation<br>and ar its pro | y other p<br>VE - A sub<br>ve of the e<br>per autho | party.  pstantial number of mployees. The Perity pursuant to | of employees wish to<br>Petitioner alleges the<br>Section 9 of the Na | be represented for<br>at the following of<br>tional Labor Rela | or purposes of collective circumstances exist and ations Act.                     |
| 2a. Name of Emplo<br>Halcyon condon  | inium  |  | 25. Ad<br>305 e  | ast 51st  | ULW YE   |   | nd number, city, 5<br>106 22                                   | State, ZIP code)  |
| Tatiana Nizgure  | esentative – Name and<br>tsky property man   | ager                                       |  | 600 M   | adison ave N   | 2b - state same)<br>ew York NY 100                                    |  |   |
| 3c. Tel. No.<br>212 897 2101   | nment <i>(Factory, mine, w</i>   | 3d. Cell No.                               | dh Dringlast no  | 3e. Fax   | ···  |   | 3f. E-Mail Addre   |   |
| Residential build  | ing  | mioresarer, erc.)                          | 4b. Principal pro<br>Building servi                                      |   |  |   | New Yor  | k, NY 10013   |
| Excluded: Statutory guards and supervisors including superintendents or more) of the employees in the unit wish to be represented by the supervisors including superintendents |  |  |  |   |  |   |  |   |
| Check One:   | =  | (Date)                                     | (If no reply receive   | d, so state   | 2).  | an  |  | ed recognition on or about  |
| 8a. Name of Recog<br>None  | nized or Certified Bar   | gaining Agent <i>(li</i>                   | none, so state).   |   | 8b. Address  |   |  |   |
| 8c. Tel No.  |  | 8d Cell No.                                |  | 8e. Fax No. 8f. E-Mail Ad                           |  |   | 8f. E-Mail Addre   | SS  |
| 8g. Affiliation, if any  |  |  |  |   |  |   |  | ate of Current or Most Recent<br>(Month. Day, Year)                               |
| 9. Is there now a str<br>(Name of labor o  | ike or picketing at the E  |  |  |   |  | imately how many er<br>Month, Day, Year)                              | nployees are part  | icipating?  |
|  | r individuals other than<br>presentative interest in a   |  |  |   |  |   | resentatives and   | other organizations and individuals   |
| 10a. Name  |  | 10b. Ad                                    | dress  |   |  | 10c. Tel. No.   |  | 10d. Cell No.   |
|  |  |  |  |   |  | 10e. Fax No.  |  | 10f. E-Mail Address   |
| 11. Election Detail<br>any such election<br>11b. Election Date(  |  |  | is matter, state you   | ur position   | with respect to  | 11a. Election Type  |  | Mail Mixed Manual/Mail  |
| nearest Thursday   | Petitioner ( <i>including l</i>  | 230 to                                     | 330 pm   | <del></del> -                                       |  | building lounge in  | cellar   | ity, state, and ZIP code)   |
| SEIU LOCAL 32BJ<br>12c. Full name of n   | ational or international   |  |  | r is an affi  | liate or constituer  | 25 West 18th Stre   |  |   |
| SEIU LOCAL 32BJ<br>12d. Tel No.<br>212 388-3800  | - Al   | 12e. Cell No.                              |  | 12f. Fa   | ax No.   |   | 12g. E-Mail Add  | dress   |
| 1  | e of the Petitioner who<br>e Katchen Lo  | •  | , ,  | 13b. A  | -  | d number, city, state,  | _  |   |
| 13c. Tel No.<br>212 539 2941   | , ,  | 13d, Çeli No.                              |  |   | ax No.   |   | 13f. E-Mail Add<br>Klocke@seiu32                               |   |
| I declare that I have Name (Print)   | I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. |  |  |   |  |   |  |   |
| Katchen Locke<br>WIL   | FUL FALSE STATEM   | ENTS ON THIS F                             | THION CAN BE   | PUNISH  | A TOY  | MPRISONMENT (   | J.S. CODE, TITL  | E 18, SECTION 1001)   |

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.

PRIVACY ACT STATEMENT



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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

| DO NOT WRITE IN | THIS SPACE |
|-----------------|------------|
| Case No.        | Date Filed |
| 02-RC-229616    | 10-19-18   |

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): New York Presbyterian Hudson Valley 1980 Crompond Rd, Cortlandt Manor, NY 10567 Hospital 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Stacey Petrower, President Same 3c, Tel, No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. 914-734-3240 smp7001@nyp.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Cortlandt Manor, NY Hospital Health care 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: 260 See attached. Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition N/A on or about (Date) (If no reply received, so state). N/A ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8c. Tel. No. 8d, Cell No. 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. OCT 1 9 2018 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: See attached. Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 131 West 33rd Street, 4th Floor, New York, NY 10001 New York State Nurses Association 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state). None 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 212-785-0157 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): Wendy LaManque, Counsel to NYSNA Cohen, Weiss and Simon LLP, 900 3rd Avenue, 21st Floor, NY, NY 10022 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 212-356-0211 315-761-9536 646-473-8211 wlamanque@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 WENDY M. LAMANBUE COUNSEL TO MENUA 10

# 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

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

| RCPE  | NOTHE   |                                 |                                |  | O_ 110  | -                             | ,,   |  |  |
|---|---|---------------------------------|--------------------------------|--|---|-------------------------------|--|--|--|
| INSTRUCTIONS: Unless e-Filed u  |   |                                 |                                |  |   |                               |  |  |  |
| in which the employer concerned   |   |                                 |                                |  |   |                               |  |  |  |
| 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 <u>not</u> be  | served on the   | employer or                     | any other party.               |  |   |                               |  |  |  |
| PURPOSE OF THIS PETITION: RC-C<br>bargaining by Pelitioner and Petitioner<br>requests that the National Labor Rel                           | desires to be certif  | ied as represer                 | ntative of the employees       | . The Peti                             | itioner alleges th                            | at the follow                 | ing circumstances exist and  |  |  |
| 2a. Name of Employer  |   | 2b                              | . Address(es) of Establi       | shment(s) i                            | involved (Street a                            | ind number, c                 |  |  |  |
| Isabella Geriatric Center   |   | 51                              | 5 Audubon Avenu                | ·                                      |   | 40<br>                        |  |  |  |
| 3a. Employer Representative – Name a Mary DiGangi, Assistant V.P., H  | uman Resourc  | es                              | 3b. Address (If s              | ime as 2b                              | - state same)                                 |                               |  |  |  |
| 3c. Tel. No.<br>(212) 342-9590  | 3d. Cell No.<br>(917) 796-38  | 891                             | 3e. Fax No.<br>(212) 927-459   | 2                                      |   | 3f. E-Mail Ad<br>MDigangi     | ddress<br>@isabella.org or @mjhs.org   |  |  |
| 4a. Type of Establishment (Factory, mine, Nursing Home  | wholesaler, etc.)   | 4b. Principal<br>Healthcare     | product or service             |  |   |                               | y and State where unit is located:<br>York, NY   |  |  |
| 5b. Description of Unit Involved  |   |                                 |                                |  |   |                               | 6a. No. of Employees in Unit:  |  |  |
| <sup>Included:</sup> see attached   |   |                                 |                                |  |   |                               | Sh. Do a substantial sumbor (20%)  |  |  |
| Excluded:<br>see attached   |   |                                 |                                |  |   |                               | 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes \( \sqrt{N} \) No |  |  |
| Check One: 7a. Request for  | recognition as Barg   | gaining Represe                 | entative was made on ((        | ale)                                   | an  | d Employer di                 | eclined recognition on or about  |  |  |
|   | (Date)  | (If no reply rece               | eived, so state).              |  | _   |                               | <u> </u>   |  |  |
|   |   |                                 | g Representative and d         |  | fication under the                            | Act.                          |  |  |  |
| 8a. Name of Recognized or Certified Ba<br>None  | rgaining Agent (II  | rnone, so stat                  | e). 8b. Add                    | ess                                    |   |                               |  |  |  |
| 8c. Tel No.   | 8d Cell No.   |                                 | 8e. Fax No.                    | ······································ |   | 8f. E-Mail Ad                 | ddress   |  |  |
| 8g. Affiliation, if any   |   |                                 | 8h. Date of Recogn             |  |   |                               | n Date of Current or Most Recent<br>nny (Month, Day, Year)   |  |  |
| 9. Is there now a strike or picketing at the  | Employer's establis   | hment(s) invol                  | ved? No If so,                 | pproximat                              | tely how many en                              | nployees are p                | participating?   |  |  |
| (Name of labor organization)  |   | , has                           | picketed the Employer s        | ince (Mont                             | th, Day, Year)                                |                               | <u> </u>   |  |  |
| <ol> <li>Organizations or individuals other than<br/>known to have a representative interest in<br/>None</li> </ol>                         |   |                                 |                                |  |   | resentatives a                | nd other organizations and individuals   |  |  |
| 10a, Name   | 10b. Ad   | dress                           | ·                              | 10                                     | c. Tel. No.                                   | <u> </u>                      | 10d. Cell No.  |  |  |
|   |   |                                 |                                | 10e. Fax No.                           |   |                               | 10f. E-Mail Address  |  |  |
| 11. Election Details: If the NLRB conduction,   | ts an election in thi   | s matter, state                 | your position with respe       | ct to 11                               | a. Election Type:                             | ✓ Manual                      | Mail Mixed Manual/Mail   |  |  |
| 11b. Election Date(s):<br>Friday November 16, 2018  | 3:30 p.i  | ection Time(s):<br>n. to 5 p.m. |                                |  | d. Election Locat<br>assroom in the E         |                               | ding   |  |  |
| 12a. Full Name of Petitioner (Including 1<br>1199SEIU United Healthcare Workers E   |   | imber)                          |                                | 1                                      | tb. Address <i>(stree</i><br>0 West 43rd Stre |                               | r, city, state, and ZIP code)<br>c, NY 10036   |  |  |
| 12c. Full name of national or international<br>Service Employees International Union  | labor organization  | of which Petitio                | ner is an affiliate or con     | stituent <i>(if r</i>                  | none, so state)                               |                               | ,  |  |  |
| 12d. Tel No.<br>(212) 582-1890  | 12f. Fax No.  |                                 |                                | 12g. E-Mail                            | Address                                       |                               |  |  |  |
| 13. Representative of the Petitioner who  | will accept servi   | ce of all paper                 | s for purposes of the          | epresenta                              | ation proceeding                              | <b>].</b>                     |  |  |  |
| 13a. Name and Title David Sluts   | Lu Attorna  | 21/                             | 13b. Address (stre             |  |   |                               | ).   |  |  |
|   | ky, Attorne   | - <b>y</b>                      | Levy Ratner, P.C., 80          | Eignin Aver                            | nue, ain rioor, new                           |                               |  |  |  |
| 13c. Tel No.<br>(212) 627-8100  | 13d. Cell No.   |                                 | 13e. Fax No.<br>(212) 627-8182 | Eignin Aver                            | T T   | 13f. E-Mail A<br>dslutsky@lev |  |  |  |
| 13c. Tel No.  | 13d. Cell No.   |                                 | 13e, Fax No.<br>(212) 627-8182 |  |   | 13f. E-Mail A                 |  |  |  |
| 13c. Tel No.<br>(212) 627-8100<br>I declare that I have read the above peti   | 13d. Cell No.   |                                 | 13e, Fax No.<br>(212) 627-8182 |  |   | 13f. E-Mail A                 |  |  |  |

### 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. NLRB to decline to invoke its processes.

OCT 2 3 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

Case No. 02-RC-230045 Date Filed 10-29-18

RC PETITION

| INSTRUCTIONS: Unless e-Filed in which the employer concerne   | d is located. Th                              | e petition must                            | be accompanied by b                                     | both a showing of                            | interest (see                   | e 6b below) and a certificate                                     |
|---|---|--|---|--|---------------------------------|---|
| of service showing service on the (Form NLRB-505); and (3) Description  | iption of Repres                              | entation Case P                            | Procedures (Form NLI                                    |  |                                 |   |
| with the NLRB and should not b  | e served on the                               | employer or anj                            | y other party.  |  |                                 |   |
| PURPOSE OF THIS PETITION: RC-<br>bargaining by Petitioner and Petitioner<br>requests that the National Labor Re | r desires to be certifi                       | ied as representativ                       | e of the employees. The I                               | Petitioner alleges that                      | the following                   | circumstances exist and   |
| 2a. Name of Employer  | Hauoris Board proc                            |  | dress(es) of Establishment                              |  |                                 |   |
| Hudson Valley Early Childhood Learning  | Center c/o Hudson \                           | (41)-1.                                    | Mount Ebo Rd S Ste 1<br>Brewster 10509-4090             | .,   |                                 |   |
| 3a. Employer Representative - Name  |   |  | 3b. Address (If same as                                 | 2b - state same)                             |                                 |   |
| Howard Yager  |   | ASSU                                       | 15 Mount Ebo Rd :<br>NY Brewster 1050                   | S Ste 1                                      |                                 |   |
| 3c. Tel. No.  | 3d. Cell No.                                  | - Note 1                                   | 3e. Fax No.   |  | 3f. E-Mail Addr                 | ess   |
| (845) 878-9078  |   |  | (845) 878-3203  |  |                                 |   |
| 4a. Type of Establishment (Factory, min   | e, wholesaler, etc.)                          | 4b. Principal prod                         | duct or service   |  | 5a. City a                      | nd State where unit is located:                                   |
| Others  |   |  | Education   |  |                                 | Brewster, NY  |
| 5b. Description of Unit Involved  |   |  |   |  |                                 | 6a. No. of Employees in Unit:                                     |
| Included: See Attached Page 2 for add   | litional details                              |  |   |  | -                               | 34  |
|   |   |  |   |  |                                 | 6b. Do a substantial number (30% or more) of the employees in the |
| Excluded: See Attached Page 2 for add   | litional details                              | 7  |   |  |                                 | unit wish to be represented by the Petitioner? Yes [ ] No [ ]     |
| Check One: 7a. Request for  | r recognition as Barg                         | gaining Representat                        | tive was made on (Date) _                               | and  | Employer decli                  | ned recognition on or about                                       |
| 7b. Petitioner  |   | (If no reply received as Bargaining Re     | d, so state). epresentative and desires of              | certification under the A                    | Act.                            |   |
| 8a. Name of Recognized or Certified I   |   |  | 8b. Address   |  |                                 |   |
| 8c. Tel No.   | 8d Cell No.                                   |  | 8e. Fax No.   |  | 8f. E-Mail Addr                 | 41  |
| 8g. Affiliation, if any   |   |  |   |  |                                 | late of Current or Most Recent<br>(Month, Day, Year)              |
| <ol> <li>Is there now a strike or picketing at the<br/>(Name of labor organization)</li> </ol>                  | e Employer's establi                          |  | ? No If so, approx<br>seted the Employer since (I       | imately how many emp                         | oloyees are par                 | ticipating?   |
| 10. Organizations or individuals other th   | D-##  |  |   |  | contatives and                  | other organizations and individuals                               |
| to. Organizations or individuals other to known to have a representative interest                               |   |  |   |  | sentatives and                  | ouler organizations and individuals                               |
| 10a. Name   | 10b. Ad                                       | Idress                                     | -   | 10c. Tel. No.                                |                                 | 10d. Cell No.   |
|   |   |  |   | 10e. Fax No.                                 |                                 | 10f. E-Mail Address   |
| <ol> <li>Election Details: If the NLRB cond<br/>any such election.</li> </ol>                                   | ucts an election in th                        | is matter, state you                       | r position with respect to                              | 11a. Election Type:                          |                                 | Mail Mixed Manual/Mail  |
| 11b. Election Date(s):<br>10/31/2018  | 1   | lection Time(s):<br>PM to 1:00 PM          |   |  | 15 Mont Ebo                     | Road South, Brewster, NY 10509                                    |
| 12a. Full Name of Petitioner (including<br>Daniel Esakoff<br>Hudson Valley Early Childhood Center United,       | New York State United 7                       | eachers/AFT/NEA/AF                         |   | 520 White Plains Rd S<br>NY Tarrytown 10105- |                                 | ity, state, and ZIP code)   |
| 12c. Full name of national or internation<br>American Federation of Teachers/American                           | al labor organization<br>can Federation of La | of which Petitioner<br>bor-Congress of Ind | is an affiliate or constituen<br>dustrial Organizations |  |                                 | 9   |
| 12d. Tel No.  | 12e. Cell No.                                 |  | 12f. Fax No.  |  | 12g. E-Mail Ad<br>desakoff@nysi | dress<br>utmail.org   |
| (917) 734-8275  13. Representative of the Petitioner v  | (917) 734-8275                                |  | ar numbers of the rentes                                |  | <u> </u>                        |   |
| 13a. Name and Title   | nio win accept serv                           | ice of all papers it                       | 13b. Address (street and                                |  |                                 |   |
| 13c, Tel No.  | 13d. Cell No.                                 |  | 13e. Fax No.  |  | 13f. E-Mail Add                 | dress   |
| I declare that I have read the above p  | etition and that the                          | statements are tru                         | ue to the best of my know                               | vledge and belief.                           |                                 |   |
| Name (Print)  | Signature                                     |  | Title   |  | Date                            |   |
| Daniel Esakoff  | Daniel Esakoff                                |  | Organizer   |  | 10/28/2018                      | 18:14:53  |

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.

|        | DO N | OT WRITE IN THIS SPACE |
|--------|------|------------------------|
| chment | 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.

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

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

| DO NOT WRITE IN | THIS SPACE |
|-----------------|------------|
| Case No.        | Date Filed |
| 02-RC-230328    | 10-30-18   |

| <del></del>  |                             | <del></del>         |                                |              |   |  |                                |                                 |   |                           |  |
|--|-----------------------------|---------------------|--------------------------------|--------------|---|--|--------------------------------|---------------------------------|---|---------------------------|--|
| INSTRUCTIONS: Unless e-Filed us<br>employer concerned is located. To<br>the employer and all other parties<br>Case Procedures (Form NLRB 48: | he petition i<br>named in t | nust be<br>he petit | accompanied<br>ion of: (1) the | by bo        | th a sho<br>i; (2) St   | owing of interest (see<br>latement of Position f | 6b below) and<br>form (Form NL | d a certificate<br>RB-505); and | e of service showing se<br>I (3) Description of Rep | ervice on<br>presentation |  |
| PURPOSE OF THIS PETITION: F<br>bargaining by Petitioner and Petiti<br>requests that the National Labo  | ioner desires               | to be c             | ertified as repre              | esentati     | ve of th  | e employees. The Peti                            | tioner alleges                 | that the follo                  | wing circumstances e                                |                           |  |
| 2a. Name of Employer:  |                             |                     | 2b. A                          | ddress       | es) of E  | stablishment(s) involv                           | ed (Street and                 | number, City,                   | State, ZIP code):                                   |                           |  |
| Bronx Global Learning In   | stitute fo                  | r Gir               | ls 750                         | Con          | COURS   | e Village West                                   | Lower Le                       | vel Bron                        | k, New York 104                                     | 51                        |  |
| Diolog Cioval Ecalding in  |                             | /1 <b>U</b> II.     | 13 730                         |              | OGGIS   |  | DOWOL DO                       | ···.                            | ., 110W 10tk 104                                    | , I                       |  |
| 3a. Employer Representative - Nan  | ne and Title:               |                     | 3b. A                          | ddress       | (if same  | e as 2b - state same):                           |                                |                                 |   |                           |  |
| Brimania Matalon, Busine   | ess Mana                    | ger                 | 750                            | Con          | cours   | e Village West,                                  | Lower Le                       | vel, Bron                       | x, New York 104                                     | 51                        |  |
| 3c. Tel. No.<br>718-993-1740   | 3d. Cell No.                |                     | · · · · · · · · ·              | Зе.          | Fax No  | •  | 3f. E-Mail                     | Address                         |   |                           |  |
| 4a. Type of Establishment (Factory, r  | nine, wholes                | aler, etc           | ;.)                            | 4b.          | Principa  | al Product or Service                            |                                | 5a. City an                     | d State where unit is loca                          | ated:                     |  |
| K-8 Charter School   |                             |                     |                                | Ed           | lucati  | on   |                                | Bronx, N                        | ew York   |                           |  |
| 5b. Description of Unit Involved: Included:  |                             |                     |                                |              | ·—-,_   |  |                                |                                 | r of Employees in Unit:                             |                           |  |
| Please see attached adden  | dum                         |                     |                                |              |   |  |                                | 54                              |   |                           |  |
| Excluded:  | <b></b>                     |                     |                                |              |   |  |                                | 6b. Do a si                     | ubstantial number (30%                              | or more)                  |  |
| Please see attached adden  | dum                         |                     |                                |              |   |  |                                | of the e                        | mployees in the unit wis                            | h to be                   |  |
| Check One: 7a. Request for rec   |                             | Rarnaini            | na Representa                  | tive wa      | s made  | on (Date) 10/2                                   | .9/18 ar                       |                                 | nted by the Petitioner?                             | × Yes No                  |  |
| on or about (Date)   |                             |                     | (If no reply                   |              |   |  | .5/10 4                        | ia Employer c                   | icomico (coogrillari                                | }                         |  |
| 7b. Petilioner is cui  | rently recog                | nized as            | Bargaining Re                  | presen       | tative a  | nd desires certification                         | under the Act.                 |                                 |   |                           |  |
| 8a. Name of Recognized or Certific   | ed Bargainir                | ıg Ager             | it (If none, so s              | tate)        | 8b. Ad  | dress:   |                                |                                 |   |                           |  |
| None.  |                             |                     |                                |              |   |  |                                |                                 | •   |                           |  |
| 8c. Tel. No.   | 8d. Cell No                 |                     |                                | 8e.          | Fax No  | •  | 8f. E-Mail                     | 8f. E-Mail Address              |   |                           |  |
| 8g. Affiliation, if any:   |                             |                     |                                | 8h. Da       | h. Date of Recognition or Certification   Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) |  |                                |                                 |   |                           |  |
| 9. Is there now a strike or picketing a  | t the Employ                | er's est            | ablishment(s) ii               | nvolved      | ? No  | If so, approxi                                   | mately how ma                  | ny employee                     | s are participating?                                |                           |  |
| (Name of Labor Organization)   |                             |                     |                                |              |   |  | , has pickete                  | d the Employ                    | er since (Month, Day, Ye                            | ear)                      |  |
| 10. Organizations or individuals othe  |                             |                     |                                |              |   |  | recognition as                 | representative                  |   |                           |  |
| individuals known to have a repre  | esentative in               | erest in            | any employee                   | s in the     | unit de   | scribed in item 50 abov                          | re. (Ir none, so               | state)                          |   | ;                         |  |
| None.  | <del></del>                 | 10) 1               |                                |              |   |  | 7.0 2.1                        |                                 | 1404 0 1111   |                           |  |
| 10a. Name  | ,                           | 10b. Ad             | Idress                         |              |   | •  | 10ç. Tel. N                    | 10.                             | 10d. Cell No.                                       | ou. Cell No.              |  |
|  |                             |                     | )                              |              |   |  | 10e. Fax N                     | No.                             | 10f. E-Mail Address                                 | <del></del>               |  |
| 11. Election Details: If the NLRB co   | nducts and                  | election            | in this matter, s              | tate yo      | ur posit  | ion with respect to any                          | such election:                 | 11a. Electio                    | n Type:   |                           |  |
|  |                             |                     |                                |              |   |  |                                | X Manua                         | l Mail Mixed  | d Manual/Mail             |  |
| 11b. Election Date(s):   |                             | 11c. El             | ection Time(s):                |              |   | <del></del>                                      | 11d. Elect                     | 11d. Election Location(s):      |   |                           |  |
| 11/6/18  | ļ                           | 10:3                | 0 a.m. to 2                    | :15 p        | m.  |  | Teache                         | r Lounge                        |   |                           |  |
| 12a. Full Name of Petitioner (include  | ling local na               |                     |                                | <del>`</del> |   | 12b. Address (street a                           |                                |                                 |   | <del></del>               |  |
| United Federation of Tea   |                             |                     |                                | L-CI         | )   | 52 Broadway,                                     | New York                       | , New Yo                        | rk 10004  |                           |  |
| 12c. Full name of national or internal   | lional labor o              | rganiza             | tion of which Po               | etitione     | r is an a   | iffiliate or constituent (i                      | f none, so state               | e):                             | <del></del>   | <del>"</del>              |  |
| American Federation of 7   |                             |                     | -CIO                           | -1.2         |   | <u> </u>   |                                |                                 |   |                           |  |
| 12d. Tel. No.<br>212-777-7500  | 12e. Cell N                 | o.                  |                                | 121          | . Fax N   | <b>o</b> .                                       | 12g. E-Ma                      | il Address                      |   |                           |  |
| 13. Representative of the Petitione  | r who will a                | ccept :             | service of all p               | apers 1      | or pur  | oses of the represen                             | tation proceed                 | ding.                           |   |                           |  |
| 13a. Name and Title:   |                             |                     |                                | 131          | o. Addre  | ess (street and number                           | , city, State and              | d ZIP codè):                    |   |                           |  |
| Jennifer A. Hogan (of Coun   | sel to Rol                  | ert R               | eilly)                         | 52           | Broa  | dway, 9th Floor,                                 | New York,                      | New York                        | 10004   |                           |  |
| 13c. Tel. No.  | 13d. Cell N                 | lo.                 | <del></del>                    |              | e. Fax N  |  | 13f. E-Mai                     | l Address                       |   |                           |  |
| 212-228-3382 x. 131  |                             |                     |                                | 2            | 2-22  | 8-9253   | ihogan                         | @nysutm                         | ail.org   |                           |  |
| I declare that I have read the abov  | e petition a                | nd that             | the statement                  | s are tr     | ue to ti  | ne best of my knowle                             | dge and belief                 |                                 |   | <del></del>               |  |
| Name (Print)   |                             |                     | Signature                      | 100          | /   | -  | Title                          |                                 | · — — — — — — — — — — — — — — — — — — —             | Date                      |  |
| Jennifer A. Hogan  |                             | {                   | Upl 1                          | /// V        | +   | (  | Attorney                       |                                 |   | 10/29/18                  |  |

### 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.

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

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RD PETITION**

Case No. 02-RD-230263 Date Filed 10/31/18

DO NOT WRITE IN THIS SPACE

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 locate<br>the employer and all other pa<br>Case Procedures (Form NLRI   | rties named in t  | the petition of:(1)  | the petition; (2) Sta                                | tement of Pos                | sition form   | (Form NLRB-505); a   | nd (3) Descriptio                   | n of Representation      |  |
|---|---|----------------------|--|------------------------------|---|--|-------------------------------------|--------------------------|--|
| PURPOSE OF THIS PETITION     recognized bargaining represe     Labor Relations Board process  | ntative is no long  | ger their representa | ative. The Petitioner                                | r alleges that t             | the followin  | g circumstances ex   |                                     |                          |  |
| 2a. Name of Employer The Institute for Family H   | 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 2006 Madison Ave. New York NY 10035 |                      |  |                              |   |  |                                     |                          |  |
| 3a. Employer Representative - I<br>Edith Diaz Asst. VP, Labo  | 3b. Address (If same as 2b - state same) same   |                      |  |                              |   |  |                                     |                          |  |
| c. Tel. No.<br>12-633-0815  |   |                      | 3e. Cell No. 3f. E-Mail Address Humanresources@insti |                              |   | tute.org   |                                     |                          |  |
| 4a. Type of Establishment (Factor Ambulatory Care   |   |                      | 4b. Principal product or service<br>Medical care     |                              |   |  |                                     |                          |  |
| 5a. Description of Unit Involved Included:  See Attachment 1  Excluded:   |   |                      |  |                              |   | 5b. City and State wh<br>is located:<br>Bronx and Manh<br>York |                                     |                          |  |
| 6. No. of Employees in Unit 100   |   |                      | r (30% or more) of the                               |                              | n the unit no                                       | o longer wish to be re   | presented by the o                  | pertified or currently   |  |
| 8a. Name of Recognized or Certified Bargaining Agent Local 153, Office and Professional Employees International Union   |   |                      |  |                              | 8b. Affiliation, if any OPEIU                       |  |                                     |                          |  |
| 8c. Address<br>265 West 14th Street, 6th floor, New York, NY 10011  |   |                      |  | 8d. Tel. No.<br>212-741-8276 |   | 8e. Cell No.<br>510-220-7417                                   |                                     |                          |  |
|   |   |                      |  | 8f. Fax No.                  |   | 8g. E-Mail Address<br>mhepburn@opeiu-tristate.org              |                                     |                          |  |
| 9. Date of Recognition or Certification unknown 10. Expiration Date of Current or 12-31-18  |   |                      |  |                              | Most Recen  | t Contract, if any (Mo   | nth, Day, Year)                     |                          |  |
| 11a. Is there now a strike or picke   | ting at the Empl  | oyer's establishmer  | nt(s) involved?                                      | res X No                     | 11b. If so,   | approximately how n  | nany employees ar                   |                          |  |
| 11c. The Employer has been pick   | eted by or on be  | half of (Insert Nan  | ne)  |                              |   |  |                                     | a labor organization, of |  |
| (Insert Address)  |   | d in itoms 0 and 11  | a which have claims                                  | ad recognition               | 40 roprocon   |  | e (Month, Day, Ye                   | ear)                     |  |
| 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition a<br>and individuals known to have a representative interest in any employees in the unit described in item |   |                      |  |                              | em 5 above. (If none, so state)                     |  |                                     |                          |  |
| 12a. Name 12b. Address none   |   |                      |  |                              | 12c. Tel. No.                                       |  | 12d. Fax No.                        |                          |  |
|   |   |                      | 12e. Cell No.  |                              | 12f. E-Mail Address                                 |  |                                     |                          |  |
| Election Details: If the NLRB conducts an election in this     matter, state your position with respect to any such election.   |   |                      |  |                              | 13a. Election Type: X Manual Mail Mixed Manual/Mail |  |                                     |                          |  |
| 13b. Election Date(s) November 13, 2018  13c. Election Time(s) 8:30 am to 11:00 am  |   |                      |  |                              | all 6 locations listed in petition                  |  |                                     |                          |  |
| 14. Full Name of Petitioner<br>(b) (6), (b) (7)(C)  |   |                      |  |                              |   |  |                                     |                          |  |
| 14a, Address (Street and number, citv. state, ZIP code)<br>(b) (6), (b) (7)(C)  |   |                      |  |                              | 14b. Tel. No.                                       |  | 14c. Fax No.                        |                          |  |
|   |   |                      |  |                              | 14d, Cell N<br>(b) (6), (b)                         | No.<br>) (7)(C)  | 14e F-Mail Addre<br>(b) (6), (b) (7 | 7)(C)                    |  |
| 14f. Affiliation, if any  |   | <del></del>          |  |                              |   |  | <del></del>                         |                          |  |
| 15. Representative of the Petition 15a. Name  | ner who will ac   |                      |  |                              | 15b.Title   | proceeding.  |                                     |                          |  |
| same as above   |   |                      |  |                              | 15d. Tel. No. 15e. Fax No.                          |  |                                     |                          |  |
| 15c. Address (Street and number, city, state, ZIP code)  OCT 3 1 2  |   |                      |  |                              |   |  |                                     | g. E-Mail Address        |  |
|   |   | BY                   |  |                              | 15f. Cell N   |  | 19g. E-IVIAII AQQIR                 | *                        |  |
| declare that I have read the ab   | ove petition and  | that the stateme     | nts are true to the                                  | best of my kn                | owledge an  | nd belief.   |                                     | Date Filed               |  |
| (b) (6), (b) (7)(C)   |   |                      |  | _                            | Individua   | al   |                                     | 10-31-18                 |  |
|   | 4.4   |                      | _  | O OV CINIC AN                | D IMPORTOR  | NIMENTALE CODE   | TITLE 40 CECT                       | TEAR SOURS               |  |

ED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) CT STATEMENT

### **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

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