UNITED STATES					DO NO	OT WRITE IN THIS SPACE			
NATIONAL LABOR RELATIONS BOARDCase No.02-RC-249253Date Filed10/2/19RC PETITIONCase No.02-RC-249253Date Filed10/2/19									
INSTRUCTIONS: Unless e-Filed us									
in which the employer concerned i									
of service showing service on the									
(Form NLRB-505); and (3) Descript	•				.RB 4812). The s	howing of int	terest 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)									
Planned Companies, Planned Building Services, and Planned Lifestyle Services, as a single employer 269 West 87th Street, New York, NY 10024									
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same) Robert Francis, President & CEO 150 Smith Road, Parsippany, NJ 07050									
3c. Tel. No. 973-739-0080	3d. Cell No.		3e. Fax	No.		3f. E-Mail Add info@planne	ress edcompanies.com		
4a. Type of Establishment (Factory, mine, w Residential Building	holesaler, etc.)	4b. Principal pro Building servi		rvice		5a. City New Yo	and State where unit is located: ork. NY		
5b. Description of Unit Involved		3					6a. No. of Employees in Unit:		
Included: All building service	e workers						7 6b. Do a substantial number (30%		
Excluded:							or more) of the employees in the unit wish to be represented by the		
statutory guards an	d supervis	sors					Petitioner? Yes V No		
Check One: 7a. Request for red	cognition as Barg	gaining Representa	tive was m	nade on (Date)	ar	d Employer dec	lined recognition on or about		
		(If no reply received		•					
7b. Petitioner is cu 8a. Name of Recognized or Certified Barg			epresentat	ive and desires 8b. Address	certification under the	e Act.	· · · · · · · · · · · · · · · · · · ·		
none	anning Agent (A	r none, so statej.	Í	OD. AUDIESS					
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress		
8g. Affiliation, if any			8h. Date o	of Recognition of	r Certification	8i. Expiration [Date of Current or Most Recent		
				j			y (Month, Day, Year)		
9. Is there now a strike or picketing at the En	nplover's establis	shment(s) involved	? no	lf so, approx	imately how many er	nplovees are pa	rticipating?		
					Month, Day, Year)				
10. Organizations or individuals other than P									
known to have a representative interest in ar							Ū.		
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.		
					10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conducts any such election.	an election in thi	s matter, state you	r position v	with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail		
11b. Election Date(s):		ection Time(s):			11d. Election Loca Library Lounge or				
nearest Friday 12a. Full Name of Petitioner (including loc		-3:30pm (mber)		-					
SEIU Local 32BJ 12c. Full name of national or international lab			is an affilia	ate or constituen	25 West 18th Stree				
SEIU Local 32BJ	12e, Cell No.		12f. Fax			12g. E-Mail Ad			
12d. Tel No. 212 388-3800						-			
13. Representative of the Petitioner who w	ill accept servi	ce of all papers fo	r purpose	es of the repres	entation proceeding	j .	20		
13a. Name and Title Katchen Loc	ke, Attorr	ney		dress (street and 8th Street, New Yo	d number, city, state, ork, NY 10011	and ZIP code)	2019		
13c. Tel No. 212 539 2941	13d. Cell No.		13e. Fax 212-388-2			13f. E-Mail Add klocke@seiu32			
I declare that I have read the above petitio	n and that the s	statements are tru			riedge and belief.		nlinia		
	aluren		Title			Date .			
Katchen Locke	Sur	2	Attorney			1	0/2/19		
WILLFUL FALSE STATEMEN	TS ON THIS PE	TITION CAN BE P	UNISHED	BY FINE AND	IMPRISONMENT (U.	S. CODE, TITLE	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.

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE					
	Case No.	02-RC-2493	17	Filed 10/3	-				
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , 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) Casa Maria Community Health Center/Promesa 311 East 175th Street, Bronx, NY 10456									
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same) 324 East 149th Street, Bronx, NY 10451									
	3d. Cell No.		3e. Fax No. 347-649-3078		3f. E-Mail Add				
4a. Type of Establishment (Factory, mine, wh Health Care Clinic	nolesalèr, etc.)	4b. Principal pro Health Care	duct or service			and State where	unit is local	ed;	
5b. Description of Unit Involved Included: All full-time, regular (part-time a	and per dien	n professionals a	and nonprofes	ssionals.	6a. No. of Emp 14 6b. Do a subst			
Excluded: All other employees of the E	Employer, incl	uding guards ar	nd supervisors as defin	ned in Section 2(1	1) of the Act.		remployees i represented	n the	
	(Date) (If no reply received	tive was made on (Date) _ d, so state). epresentative and desires			clined recognition	on or about		
8a. Name of Recognized or Certified Barga			8b. Address	Certification under the		·	•		
BC. Tel No.	8d Cell No.		8e. Fax No.		8f: E-Mail Add	Iress			
8g. Affiliation, if any			8h. Date of Recognition o	r Certification		Date of Current on (Month, Day, Y		กเ	
9. Is there now a strike or picketing at the Em (Name of labor organization)			? No II so, approv eted the Employer since (nployees are pa	articipating?			
10. Organizations or individuals other than Pe known to have a representative interest in any None					resentatives an	d othèr organizat	ions and ind	viduals	
10a. Name	10b. Add	Iress	·	10c. Tel. No.		10d. Cell No.			
				10e. Fax No.		101. E-Mail A			
11. Election Details: If the NLRB conducts a any such election.		-	r position with respect to	11a. Election Type		MailM	ixed Manual	/Mail	
11b. Election Date(s): 10/23/19		ection Time(s): or 2p-4p		11d. Election Location(s): 324 East 149th Street, 2nd Floor Breakroom					
12a. Full Name of Petitioner (<i>including loca</i> 1199SEIU United Healthcare Workers East			·	12b. Address (stre 330 West 42nd Sti			IP code)		
12c. Full name of national or international laboration of the service Employees International Union		of which Petitioner		it (il none, so state)					
12d. Tel No.	12e. Cell No.		12I. Fax No.		12g. E-Mail Ad	ddress			
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13. Name and Title Micah Wissinger, Esq. Levy Ratner, P.C. 13b. Address (street and number, city, state, and ZIP code) 13b. Address (street and number, city, state, and ZIP code) 13. Name and Title Micah Wissinger, Esq. Levy Ratner, P.C. 13b. Address (street and number, city, state, and ZIP code) 50 8th Avenue, 8th Floor, New York, NY 10011									
	13d. Cell No. 47-852-5558		13e. Fax No. 212-627-8182		13f. E-Mail Ad mwissinger@l		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	بسير و	
I declare that I have read the above petition		tatements are tru		vledge and belief.			810 810		
Micah Wissinger	atiure		Title Counsel to Petitioner		Date October 3,		6		

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.

	TES GOVERNMENT	,		DO NOT	WRITE IN TH	IS SPACE		
KÇ PI	ETITIONS BOARD		Case No.	02-RC-24934	14 Date	Filed 10/3/	/19	
INSTRUCTIONS: Unless e-Filed in which the employer concerne	d is located. The petitic	on must be acco	ompanied by	both a showing o	f interest (s	ee 6b below) ai	nd a certificate	
of service showing service on the	he employer and all othe	er parties named	d in the petiti	on of: (1) the petit	tion; (2) Stat	ement of Posit	tion form	
(Form NLRB-505); and (3) Descr with the NLRB and should <u>not</u> b				RB 4812). The st	nowing of in	terest should a	only be filed	
PURPOSE OF THIS PETITION: RC-4 bargeining by Petitioner and Petitione requests that the National Labor Re-	CERTIFICATION OF REPRE or desires to be certified as rep	SENTATIVE • A sub presentative of the e	bstantial numbe mployees. The	Petitioner alleges th	at the followin	ng circumstances		
2a. Name of Employer New York Eye and Ear Infirman	y of Mount Sinai	25. Address(es) 310 E. 14th S	of Establishmer Street, New \	nt(s) involved (<i>Street a</i> York, NY 10003)	
3a. Employer Representative ← Name and Title 3b. Address (If same as 2b – state same) Jeff Cohen, System VP Labor Relations and Human Resources 19 E. 98th Street, Suite 2H, New York, NY 10029								
3c. Tel. No:	3d. Cell No.	3e. Fax			3f. E-Mail Add		·····	
212-241-8381	646-352-1798	212-87	6-7344		jeff.cohen@)mountsinai.o	rg	
4a. Type of Establishment (Factory, mine Hospital	e, wholesaler, etc.) 4b. Prin	ncipal product or ser Care	rvice			and State where it ork, NY	unit is located:	
5b. Description of Unit Involved						6a. No. of Emple	oyees in Unit:	
Included: All full-time and	regular part-time	service emr	olovees.			220		
Excluded: All other employed	es, including securi	ity guards an	d supervis			or more) of the r unit wish to be r Petitioner? Yes		
Check One: 7a. Request for	r-recognition as Bargaining Re	epresentative was m ly received, so state,		anı	d Employer dec	lined recognition of	on or about	
7b. Petitioner i	s currently recognized as Bar			certification under the	Act.			
8a. Name of Recognized or Certified E			8b. Address					
8c. Tel No.	8d Cell No.		No.		8f. E-Mail Add	Iress		
8g. Affiliation, if any		8h. Date c	of Recognition o	r Certification		Date of Current or y (Month, Day, Ye		
9. Is there now a strike or pickeling at the								
(Name of labor organization)		, has pickeled the E	mployer since (Month Day Yearl		·····		
10. Organizations or individuals other that known to have a representative interest	in any employees in the unit d	1 in items 8 and 9, w escribed in item 5b	hich have claim	ed recognition as repr		d other organizatio	ons and individuals	
10. Organizations or individuals other that known to have a representative interest i 10a. Name	in any employees in the unit d	d in llems 8 and 9, w escribed in item 5b	vhich have claim above. (Il none	ed recognition as repr		d other organizatio	ons and individuals	
known to have a representative interest i	in any employees in the unit d	d in liems 8 and 9, w escribed in item 5b	vhich have claim above. (If none	ed recognition as repr , so state)				
known to have a representative interest i 10a. Name 11. Election Details: If the NLRB condu	in any employees in the unit d	lescribed in item 5b	above. (If none	ed recognillon as repr , so state) 10c. Tel. No.	esentatives an	10d. Cell No.		
 known to have a representative interest i 10a. Name 11. Election Details: If the NLRB conduction any such election. 11b. Election Date(s): 	in any employees in the unit d	escribed in item 5b state your position v me(s):	above. (If none	ed recognition as repr , so state) 10c. Tel. No. 10e. Fax No.	esentatives an Manual [ion(s):	10d. Cell No. 10f. E-Mail Ado MailMix	dress	
 known to have a representative interest i 10a. Name 11. Election Details: If the NLRB conduction any such election. 11b. Election Date(s): 	in any employees in the unit d 10b. Address ucts an election in this matter, 11c. Election Tir 6-8 am; 12-2 pm g local name and number)	escribed in item 5b state your position v me(s):	above. (If none	ed recognition as repr , so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type: 11d. Election Locati	esentatives an Manual [ion(s): ce Room (roor	10d. Cell No. 10f. E-Mail Add MailMix m 314) city, state, and ZIF	dress ked Manual/Maij 2 code)	
 known to have a representative interest i 10a. Name 11. Election Details: If the NLRB condu- any such election. 11b. Election Date(s): October 22, 2019 12a. Full Name of Petitioner (<i>including</i>) 	in any employees in the unit d 10b. Address ucts an election in this matter, 11c. Election Tir 6-8 am; 12-2 pm g local name and number) East	escribed in item 5b state your position v ne(s): n; 5-7pm	above. (If none	ed recognition as repr , so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type: 11d. Election Locati 3rd Floor Conferen 12b. Address (stree 310 West 43rd Stre	esentatives an Manual [ion(s): ce Room (roor	10d. Cell No. 10f. E-Mail Add MailMix m 314) city, state, and ZIF	dress ked Manual/Maij 2 code)	
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FORM-NLRB-502 (RC) UNITED STATES OF AMERICA						DO NOT WRITE IN THIS SPACE									
(2-18)	NATIONA	RC PETITIO		OAR	D			Cas	Case No. Date Filed 02-RC-249502 10/7/2019					19	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petitior s named in	n must be accom the potition of: (panied 1) the p	by b etiti	oth a s on; (2)	showing Stateme	of interest (: int of Positio	see 8i on for	b below) an m (Form Ni	d a certifica .RB-505); an	te of servi id (3) Desc	ce shov ription	ving se of Rea	ervice (on tation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Labo	lioner desire	es to be certified a	is repre	senta	tive of	the empl	oyees. The F	Petitio	oner alleges	that the foll	lowing cire	cumstar	nces ex	lective «ist an	e Id
2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): ASM Global f/k/a AEG Facilities and/or 125 East 11th Street Webster Hall New York, NY 10003															
3a. Employer Representative - Name and Title: 3b. Address (il same as 2b - state same): Mike Venafro, General Manager Same															
3c. Tel. No. (917) 921-4442	3d. Cell N	0.	3e. Fax No.						3f, E-Mail mvenaf	Address TO@bow	erypres	ents.co	om		
4a. Type of Establishment (Factory, Entertainment venue	mine, whole	əsaler, өtc.)				ipal Prod ainmei	uct or Service ht	e		5a. City an New Y	'ork, N	Y		ted:	
5b. Description of Unit Involved: Included: Stagehands and stage technicians or	mployed at	the Employer's fa	acility a	ur 124	s East	Lith Stre	et New Yor	rk NJ	,	6a. Numbe 28	er of Emplo	iyees in	Unit:		
Excluded: All other employees.											ubstantial i employees ented by th	in the u	nit wis <u>h</u>	to be	
Check One: 7a. Request for rec on or about (Date) 7b. Petitioner is cur		(If n	o reply	recei	ved, so	state).		ion un		d Employer	declined re	cognitio	ń		
8a. Name of Recognized or Certifie None						ddress:							<u></u>	<u>`</u>	
8c. Tel. No.	8d, Cell N	0,		8e	Fax N	10.			8f. E-Mail /	Address					
8g. Affiliation, if any:) 	3h. D	ate of F	Recogniti	on or Certific		Recent Co	ntract, if any	(Month, Da	ay, Year,			
9. Is there now a strike or picketing a	t the Emplo	yer's establishme	nt(s) inv	olved	1? <u>No</u>)	If so, appro			ny employee		Carra III.	6-C3		
(Name of Labor Organization)					يفدين					the Employ					• <u> </u>
10. Organizations or individuals other individuals known to have a repre None	r than Petiti esentative ir	oner and those ha iterest in any emp	amed in bloyees	in the	s 8 and i Unit de	escribed	in item 5b ab	ove. (ognition as r (If none, so	epresentativi state)	es and othe	≥rtorgan ≺ ◯		i angr G	NCE NCE
10a. Name		10b. Address							10c. Tel. N		10d. Cell	<u> </u>	PM		
11. Election Details: If the NLRB co	nducts and	election in this ma	aller sta			ition with	respect to a		10e. Fax N	o. 11a. Electio		Addre Z	ss	r 	ა ი
11b. Election Date(s):		11c. Election Tin								Manua on Location(s	II 🗌 Ma	ii 🔲	Nixed	Manua	al/Mail
10/21/19 12a. Full Name of Petitioner (includ	ing local na	TBD	<u> </u>	;			ddress (stree			, State and 2	ZIP code):				
Theatrical Protective Unic CIO, CLC						New	West 46th York, N	Y 10	0036						
12c. Full name of national or internat International Alliance of Theatrical	Stage Emp	loyees, Moving F		Tech	nicians	s, Artists			of the Unite	ed States, Its	Territorie	s and Ca	anada,	AFL-(010
12d. Tel. No. (212) 333-2500	12e. Cell M			(2		399-66			12g. E-Mai		£				
13. Representative of the Petitione 13a. Name and Title: Nicholas J. Johnson, Counse		accept service of	r all pap	13	b, Addro	ress (stre	el end numble LLP, 170	er, citj	y, State and	ZIP code):	, New Y	ork, N	VY 10	019	
13c. Tel. No. (212) 765-2100 I declare that I have read the above	13d. Cell N		monte	(2		765-89		loder		Address n@spiva	klipton.	com			
Name (Print) Nicholas J. Johnson	- perition a	Signature		In the second se		M		Title		<u>`</u>		· · · ·		Date 10/0	4/19
				.	Th.				-						

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 ef 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.

	ES GOVERNMENT R RELATIONS BOA		Once No.	DO NOT WRITE IN THIS SPACE							
			Case No. 02	2-RC-249739	Date	Filed 10/9/19					
INSTRUCTIONS: Unless e-Filed u	sina the Aaena	v's website, ww	w.nlrb.gov. submit a	an original of this	Petition to a	n 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 <u>not</u> 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	171 Occawana Lako Dd										
Orange County Transit, LLC 171 Oscawana Lake Rd NY Putnam Valley 10579-											
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)											
John Mensch	_		171 Oscawana La NY Putnam Valley	/ 10579							
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add						
(631) 872-8101		_			john@eastendb						
4a. Type of Establishment (Factory, mine	wholesaler, etc.)	4b. Principal proc			5a. City	and State where unit is located:					
Transportation			Student Transportat	ion		Putnam Valley, NY					
5b. Description of Unit Involved						6a. No. of Employees in Unit:					
Included: See Attached Page 2 for addi	ional details					28 6b. Do a substantial number (30%					
						or more) of the employees in the					
Excluded: See Attached Page 2 for addi	ional details					unit wish to be represented by the					
						Petitioner? Yes [🖌] No [🗌]					
			tive was made on (Date) <u>1</u>	0/08/2019 and	I Employer dec	lined recognition on or about					
		(If no reply received									
	, ,	<u> </u>	presentative and desires	certification under the	Act.						
8a. Name of Recognized or Certified B		r none, so state).	8b. Address								
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress					
8g. Affiliation, if any	•		8h. Date of Recognition or	r Certification		Date of Current or Most Recent					
					Contract, if an	y (Month, Day, Year)					
	Caralanada astabili		No Kasara	én statu bana ang							
9. Is there now a strike or picketing at the				imately how many em							
(Name of labor organization)		has pick	eted the Employer since (I	Month, Day, Year)							
10. Organizations or individuals other that					esentatives an	d other organizations and individuals					
known to have a representative interest in	any employees in	the unit described i	n item 5b above. (If none,	, so state)							
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.					
				10e. Fax No.		10f. E-Mail Address					
 Election Details: If the NLRB condu any such election. 			r position with respect to	11a. Election Type:		Mail Mixed Manual/Mail					
11b. Election Date(s): October 31, 2019		lection Time(s):	nm	11d. Election Locati Break Poom at 171		e Dd. Dufnam Valley, NV 10570					
12a. Full Name of Petitioner (including		9am; 12pm to 1:30	pm			ke Rd, Putnam Valley, NY 10579 city, state, and ZIP code)					
Frank McCann Transport Workers Union, Local 100				195 Montague Street NY Brooklyn 11201-	9rd Floor	city, state, and zip code)					
12c. Full name of national or international Transport Workers Union of America, AFL		of which Petitioner i	is an affiliate or constituen	it (if none, so state)							
12d. Tel No. (917) 488-8314	12e. Cell No.		12f. Fax No.		12g. E-Mail Ao fmccann@twu	ddress local100.org					
13. Representative of the Petitioner wh	o will accept servi	ice of all papers fo	r purposes of the repres	entation proceeding							
13a. Name and Title			13b. Address (street and	d number, city, state, a	and ZIP code)						
Damian Treffs Senior Attorney TWU Local 100			195 Montague Street 3r NY Brooklyn 11201-	d Floor							
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad						
(347) 463-6534			(866) 567-4890		dtreffs@twulo	cal100.org					
I declare that I have read the above per	ition and that the	statements are tru	e to the best of my know	vledge and belief.							
	Signature		Title		Date						
Damian Treffs	Damian Treffs		Senior Attorney		10/9/2019						
						E 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 NOT WRITE IN THIS SPACE

Attachment

Date Filed

Case

Employees Included

All full time and regular part time drivers and monitors

Employees Excluded statutory supervisors and mechanics

FORM NLRB-502 (RC) (4-15)

UNITED STATE	UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE								
NATIONAL LABOR		Case No. Date Filed 02-RC-249798 10-10-19							
INSTRUCTIONS: Unless e-Filed us	and the second	wana pirb					aion		
In which the employer concerned in of service showing service on the	s located. The petition mi employer and all other pai	ust be acco ties named	ompanied by I in the peti	y both a showing tion of: (1) the pet	of interest (se tition; (2) State	e 6b below) and a certil ement of Position form	ficate		
(Form NLRB-505); and (3) Descript				LRB 4812). The s	showing of int	erest should only be fil	ed		
with the NLRB and should not be s 1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de	RTIFICATION OF REPRESENT	ATIVE - A sut	ostantial numb						
requests that the National Labor Relat	ions Board proceed under its	proper autho	rity pursuant	to Section 9 of the N	lational Labor R	elations Act.	<u> </u>		
2a. Name of Employer Planned Companies, Planned Building Services, and Planned L				ent(s) involved <i>(Street</i> ew York, NY 100		, State, ZiP codej			
3a. Employer Representative – Name and Robert Francis, President & CEO		3b. Add	lress (If same	as 2b – state same) Parsippany, NJ (199 9 - Contra Cont			
3c. Tel. No.	3d. Cell No.	3e. Fax	No.		3f. E-Mail Add				
973-739-0080	halandan ata L. Ah. Dainainat					edcompanies.com			
4a. Type of Establishment (Factory, mine, w Residential Building	Building se	product or ser	VICE		New Yo	and State where unit is locate ork. NY	a:		
5b. Description of Unit Involved			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		6a. No. of Employees in Un	it:		
Included: All building service	workers				ļ	9			
Excluded:						6b. Do a substantial numbe or more) of the employees i unit wish to be represented	nthe		
statutory guards ar	la supervisors					Petitioner? Yes V No			
Check One: 7a. Request for re	cognition as Bargaining Represe [Date] (If no reply receiption			a	nd Employer decl	ined recognition on or about			
7b. Petitioner is cu	rrently recognized as Bargaining			s certification under th	e Act.		.,		
8a. Name of Recognized or Certified Barg none			8b. Address						
8c. Tel No.	8d Cell No.	Be. Fax	No		8f. E-Mail Addr	ess			
8g. Affiliation, if any		8h. Date o	f Recognition	or Certification		Date of Current or Most Receipt (Month, Day, Year)	nt		
9. Is there now a strike or picketing at the Er	nnlover's establishment(s) involv	ed? no	If so appro	ximately how many e	molovees are par	rticipatino?	···		
(Name of labor organization)				(Month, Day, Year)					
10. Organizations or individuals other than P					presentatives and	other organizations and indi	óduals		
known to have a representative interest in an	ny employees in the unit describe			e, so state)					
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB conducts any such election.		our position v	vith respect to	11a. Election Type		Mail Mixed Manual/	Mail		
11b. Election Date(s): nearest Tuesday	11c. Election Time(s): 2:30pm-3:30pm			11d. Election Location(s): 535 W 43rd Street - Screening Room					
12a. Full Name of Petitioner (including loc	ai name and number)	· · · · · · · · · · · · · · · · · · ·		12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street, New York, NY 10011					
SEIU Local 32BJ 12c. Full name of national or international lat	or organization of which Petition	er is an affilia	te or constitue		et, New York, N	Y 10011			
SEIU Local 32BJ									
12d. Tel No. 212 539 2941	12e. Cell No.	12f. Fax		No. 12g: E-Mail Address					
13. Representative of the Petitioner who v	vill accept service of all papers			· · · · ·			[
^{13a. Name and Title} Katchen Loc	ke, Attorney	1	fress <i>(street al</i> 8th Street, New '	nd number, city, state, York. NY 10011	and ZIP code)				
13c. Tel No.	13d. Cell No.	13e. Fax			13f. E-Mail Add		1		
212 539 2941 I declare that I have read the above petitio	n and that the statements are	212-388-2		wledge and belief	klocke@seiu32	bj.org			
	nature led and	Title			Date				
Katchen Locke	TXALL LONG	Attorney			10-10-19				
WILLFUL FALSE STATEMER Solicitation of the information on this form is aut Relations Board (NLRB) in processing represen 43 (Dec. 13, 2006). The NLRB will further expla NLRB to decline to invoke its processes.	horized by the National Labor Rela tation and related proceedings or li	RIVACY ACT Itions Act (NLR itigation. The I	STATEMENT (A), 29 U.S.C. (routine uses for formation to the	151 et seq. The princ the information are full	ipal use of the info ly set forth in the Fi	rmation is to assist the Nationa ederal Register, 71 Fed. Reg. 7	4942-		
		ית ניי							
		B	Y:	ورز بزر ور وه دو بله بله ا					

FORM NLRB-502 (RC)			VEIVED					
(4-15)			GION 2					
	TES GOVERNMENT			DO NO	WRITE IN THIS	······································		
	DR RELATIONS BOARD	7019 OCT	Case No.	50162	Date F 10-	18-19		
INSTRUCTIONS: Unless e-Filed	using the Agency's web:	site, www.nlri	b.gov, submit a	an original of this	Petition to a	n NLRB office in the Region		
in which the employer concerned of service showing service on the	d is located. The petition	n must be acc	companied by	both a showing o	of interest (see	e 6b below) and a certificate		
of service showing service on the	he employer and all other	r parties nam	ed in Nicpetiti	🖌 of: (1) the peti	tion; (2) State	ment of Position form		
(Form NLRB-505); and (3) Descr				RB 4812). The s	howing of inte	erest should only be filed		
with the NLRB and should not b 1. PURPOSE OF THIS PETITION: RC-	e served on the employe	er or any othe	r party.		. h	An an and a star the star		
bargaining by Petitioner and Petitione requests that the National Labor Re	r desires to be certified as repr	esentative of the r its proper aut	employees. The hority pursuant to	Petitioner alleges the Section 9 of the N	nat the following ational Labor Re	circumstances exist and lations Act.		
2a. Name of Employer Asian Americans for Equality		2 Allen Stre	et, Suite 7A, N	it(s) involved (Street a lew York, NY 10		State, ZIP code)		
3a. Employer Representative – Name Jennifer Sun, Co-Executive Dir		j.Sami	•	s 2b - state same)				
3c. Tel, No.	3d. Cell No.	3e. Fa	ax No.		3f. E-Mail Addr			
212-979-8381 4a. Type of Establishment (Factory, min	a whalachlist ata h dh Oda	cipal product or s			jennifer_sun	@aate.org		
Legal Services	Legal	cipal product of s	ervice		New Yo			
5b. Description of Unit Involved				····		6a. No. of Employees in Unit:		
Included: See attached.						21 6b. Do a substantial number (30%		
Excluded: See attached.						or more) of the employees in the unit wish to be represented by the		
Check One: 7a. Request fo	r recognition as Bargaining Re	presentative was	made on (Date) 1		d Employer decli	Petitioner? Yes V No		
	2019 (Date) (If no reply s currently recognized as Barg	received, so sla	te).					
8a. Name of Recognized or Certified E			8b. Address			·· · · · ·		
8c. Tel No.	8d Cell No.	8e. Fa	ax No.		8f. E-Mail Addr	ess		
8g. Affiliation, if any	<u> </u>	8h. Dat	e of Recognition o	r Certification	8i. Expiration D	ate of Current or Most Recent		
- <u>.</u>			-		Contract, if any	(Month, Day, Year)		
9. Is there now a strike or picketing at the	e Employer's establishment(s) i	involved? No	If so, approx	imately how many er	nployees are par	tlcipating?		
(Name of labor organization)						······································		
10. Organizations or individuals other the known to have a representative interest					resentatives and	other organizations and individuals		
10a. Name	10b. Address		10c. Tel. No.			10d. Cell No.		
			10e. Fax No.			10f. E-Mail Address		
11. Election Details: If the NLRB condu	ucts an election in this matter, s	state your positio	n with respect to	11a. Election Type: Manual Mail Mail Mixed Manual/Mail				
11b. Election Date(s): 11/01/2019	11c. Election Tim 3 p.m7 p.m.	ne(s):		11d. Election Location(s): Basement, 111 DMsion SL, NY, NY 10002 AND Breakroom, 37-61 84th SL, Jackson Heights, NY 1				
12a. Full Name of Petitioner (Including Association of Legal Aid Attorneys, Log	local name and number)				et and number, ci	ily, state, and ZIP code)		
12c. Full name of national or international		etitioner is an aff	iliate or constituen					
12d. Tel No.	12e. Cell No.	12f. F	ax No.		12g. E-Mail Add	dress		
212-343-0966 13. Representative of the Petitioner w	ho will accept service of all p	apers for purpo	ses of the repres	entation proceeding	a.			
13a. Name and Title Allyson Be	• •	13b. /	Address (street an	d number, city, stale, Jonue, New York, NY 100	and ZIP code)			
13c. Tel No.	13d. Cell No.	13e. f	ax No.		13f. E-Mail Add			
212-627-8100 I declare that I have read the above pe	tition and that the statement		27-8182 best of my know	vledge and belief.	abelovin@levyr			
Name (Print)	Sola Di	Title		····	Date			
Allyson Belovin WILLFUL FALSE STATE	MENTS ON THIS PETITION C	Attorn		IMPRISONMENT /	10/18/2019	18, SECTION 1001)		
WILLFUL FALSE STATE			CT STATEMENT					

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

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j.

5b. Description of Unit Involved:

Included: All full-time and regular part-time employees employed by the Employer in the Community Services Department, currently employed at or out of 111 Division Street, 35-34 Union Street, 133-29 41st Avenue, and/or 37-61 84th Street including Administration Associate, Citizenship Counselor, College Counselor, Counselor, Healthcare Navigator, Job Developer/Placement Specialist, Immigration Counselor, Intake Specialist, ONA Navigator, Organizer, Program Aide, Program Manager, Smoking Cessation Navigator, Tenant Counselor, and Tenant Counselor/Organizer.

Excluded: All Director of Programs; Director of Program Administration; Managing Director of Community Outreach, Advocacy, and Program Services; Project Manager; Renaissance Economic Development Corporation employees; interns, confidential employees, supervisors and managerial employees.