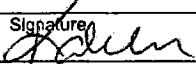


UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-249253	Date Filed 10/2/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Planned Companies, Planned Building Services, and Planned Lifestyle Services, as a single employer		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 269 West 87th Street, New York, NY 10024	
3a. Employer Representative - Name and Title Robert Francis, President & CEO		3b. Address (If same as 2b - state same) 150 Smith Road, Parsippany, NJ 07050	
3c. Tel. No. 973-739-0080	3d. Cell No.	3e. Fax No.	3f. E-Mail Address info@plannedcompanies.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential Building		4b. Principal product or service Building services	
5a. City and State where unit is located: New York, NY		5b. Description of Unit Involved Included: All building service workers Excluded: statutory guards and supervisors	
6a. No. of Employees in Unit: 7		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). none		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>no</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): nearest Friday	11c. Election Time(s): 2:30pm-3:30pm	11d. Election Location(s): Library Lounge or Gymnasium - 269 W 87th Street	
12a. Full Name of Petitioner (including local name and number) SEIU Local 32BJ		12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street, New York, NY 10011	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) SEIU Local 32BJ			
12d. Tel No. 212 388-3800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Katchen Locke, Attorney		13b. Address (street and number, city, state, and ZIP code) 25 West 18th Street, New York, NY 10011	
13c. Tel No. 212 539 2941	13d. Cell No.	13e. Fax No. 212-388-2062	13f. E-Mail Address klocke@seiu32bj.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Katchen Locke	Signature 	Title Attorney	Date 10/2/19

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-249317

Date Filed

10/3/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Casa Maria Community Health Center/Promesa		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 311 East 175th Street, Bronx, NY 10456	
3a. Employer Representative - Name and Title Katrina M. Jones, Human Resources		3b. Address (If same as 2b - state same) 324 East 149th Street, Bronx, NY 10451	
3c. Tel. No. 347-649-3095	3d. Cell No.	3e. Fax No. 347-649-3078	3f. E-Mail Address kjones@promesa.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health Care Clinic		4b. Principal product or service Health Care	5a. City and State where unit is located: Bronx, NY

5b. Description of Unit Involved
Included: All full-time, regular part-time and per diem professionals and nonprofessionals.
Excluded: All other employees of the Employer, including guards and supervisors as defined in Section 2(11) of the Act.

6a. No. of Employees in Unit:
14

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ **7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (If no reply received, so state).**
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). **8b. Address**

8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

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

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

11b. Election Date(s): 10/23/19 **11c. Election Time(s):** 8a-10a or 2p-4p **11d. Election Location(s):** 324 East 149th Street, 2nd Floor Breakroom

12a. Full Name of Petitioner (Including local name and number) 1199SEIU United Healthcare Workers East **12b. Address (street and number, city, state, and ZIP code)** 330 West 42nd Street, New York, NY 10036

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

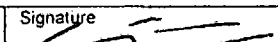
12d. Tel No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Micah Wissinger, Esq. Levy Ratner, P.C. **13b. Address (street and number, city, state, and ZIP code)** 80 8th Avenue, 8th Floor, New York, NY 10011

13c. Tel No. 212-627-8100	13d. Cell No. 347-852-5558	13e. Fax No. 212-627-8182	13f. E-Mail Address mwissinger@levyratner.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Micah Wissinger	Signature 	Title Counsel to Petitioner	Date October 3, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

RECEIVED
OCT 03 2019
BY: _____

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-249344	Date Filed 10/3/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer New York Eye and Ear Infirmary of Mount Sinai		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 310 E. 14th Street, New York, NY 10003	
3a. Employer Representative - Name and Title Jeff Cohen, System VP Labor Relations and Human Resources		3b. Address (If same as 2b - state same) 19 E. 98th Street, Suite 2H, New York, NY 10029	
3c. Tel. No. 212-241-8381	3d. Cell No. 646-352-1798	3e. Fax No. 212-876-7344	3f. E-Mail Address jeff.cohen@mountsinai.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Acute Care	
		5a. City and State where unit is located: New York, NY	

5b. Description of Unit Involved Included: All full-time and regular part-time service employees. Excluded: All other employees, including security guards and supervisors defined by the act.		6a. No. of Employees in Unit: 220
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
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8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): October 22, 2019	11c. Election Time(s): 6-8 am; 12-2 pm; 5-7pm	11d. Election Location(s): 3rd Floor Conference Room (room 314)
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12a. Full Name of Petitioner (including local name and number) 1199SEIU United Healthcare Workers East	12b. Address (street and number, city, state, and ZIP code) 310 West 43rd Street, 5th Floor, New York, NY 10018
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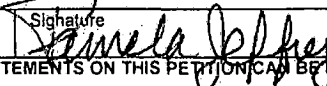
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employee International Union
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12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Pamela Jeffrey		13b. Address (street and number, city, state, and ZIP code) 80 8th Avenue, 8th Floor, New York, NY 10011	
13c. Tel. No. 212-627-8100	13d. Cell No. 917-363-3015	13e. Fax No. 212-627-8182	13f. E-Mail Address Pjeffrey@levyrather.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) Pamela Jeffrey	Signature 	Title Attorney	Date 10/3/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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RECEIVED
OCT 03 2019

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

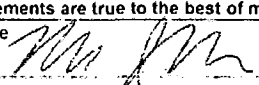
02-RC-249502

Date Filed

10/7/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b 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: ASM Global f/k/a AEG Facilities and/or Webster Hall		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 125 East 11th Street New York, NY 10003	
3a. Employer Representative - Name and Title: Mike Venafro, General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (917) 921-4442	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mvenafro@bowerypresents.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Entertainment venue		4b. Principal Product or Service Entertainment	
5b. Description of Unit Involved: Included: Stagehands and stage technicians employed at the Employer's facility at 125 East 11th Street, New York, NY. Excluded: All other employees.		5a. City and State where unit is located: New York, NY 6a. Number of Employees in Unit: 28 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? 2019 09 07 - 7 PM 1:19 (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____		10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None	
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 10/21/19	11c. Election Time(s): TBD	11d. Election Location(s): TBD	
12a. Full Name of Petitioner (including local name and number): Theatrical Protective Union, Local No. One, IATSE, AFL-CIO, CLC		12b. Address (street and number, city, State and ZIP code): 320 West 46th Street New York, NY 10036	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, Its Territories and Canada, AFL-CIO			
12d. Tel. No. (212) 333-2500	12e. Cell No.	12f. Fax No. (212) 399-6691	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Nicholas J. Johnson, Counsel		13b. Address (street and number, city, State and ZIP code): Spivak Lipton LLP, 1700 Broadway, 21st Floor, New York, NY 10019	
13c. Tel. No. (212) 765-2100	13d. Cell No.	13e. Fax No. (212) 765-8954	13f. E-Mail Address njohnson@spivaklipton.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) Nicholas J. Johnson	Signature 	Title Counsel	Date 10/04/19

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

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-249739

Date Filed

10/9/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer

Orange County Transit, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

171 Oscawana Lake Rd
NY Putnam Valley 10579-

3a. Employer Representative - Name and Title

John Mensch

3b. Address (If same as 2b - state same)

171 Oscawana Lake Rd
NY Putnam Valley 10579-

3c. Tel. No.

(631) 872-8101

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

john@eastendbus.com

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

Transportation

4b. Principal product or service

Student Transportation

5a. City and State where unit is located:

Putnam Valley, NY

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

28

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 10/08/2019 and Employer declined recognition on or about 10/08/2019 (Date) (If no reply received, so state). Yes



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____

(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
October 31, 2019

11c. Election Time(s):
7am to 9am; 12pm to 1:30pm

11d. Election Location(s):
Break Room at 171 Oscawana Lake Rd, Putnam Valley, NY 10579

12a. Full Name of Petitioner (including local name and number)

Frank McCann
Transport Workers Union, Local 100

12b. Address (street and number, city, state, and ZIP code)

195 Montague Street 9th Floor
NY Brooklyn 11201-

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

Transport Workers Union of America, AFL-CIO

12d. Tel No.

(917) 488-8314

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
fmccann@twulocal100.org

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

13a. Name and Title

Damian Treffs Senior Attorney
TWU Local 100

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

195 Montague Street 3rd Floor
NY Brooklyn 11201-

13c. Tel No.

(347) 463-6534

13d. Cell No.

13e. Fax No.

(866) 567-4890

13f. E-Mail Address
dtreffs@twulocal100.org

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

Name (Print)

Damian Treffs

Signature

Damian Treffs

Title

Senior Attorney

Date

10/9/2019 12:23:21

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included
All full time and regular part time drivers and monitors

Employees Excluded
statutory supervisors and mechanics

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
02-RC-249798

Date Filed
10-10-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Planned Companies, Planned Building Services, and Planned Lifestyle Services, as a single employer		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 535 West 43rd Street, New York, NY 10036	
3a. Employer Representative - Name and Title Robert Francis, President & CEO		3b. Address (If same as 2b - state same) 150 Smith Road, Parsippany, NJ 07050	
3c. Tel. No. 973-739-0080	3d. Cell No.	3e. Fax No.	3f. E-Mail Address info@plannedcompanies.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential Building		4b. Principal product or service Building services	
5b. Description of Unit Involved Included: All building service workers Excluded: statutory guards and supervisors		5a. City and State where unit is located: New York, NY	
		6a. No. of Employees in Unit: 9	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 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 local name and number) SEIU Local 32BJ		12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street, New York, NY 10011	


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
SEIU Local 32BJ

12d. Tel. No. 212 539 2941	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

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

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

Name (Print) Katchen Locke	Signature 	Title Attorney	Date 10-10-19
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PRIVACY ACT STATEMENT

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OCT 10 2019

BY: _____

RECEIVED
NLRB
REGION 2

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

2019 OCT 18 02:RC-250162
NEW YORK, NY

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

10-18-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Asian Americans for Equality		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2 Allen Street, Suite 7A, New York, NY 10002	
3a. Employer Representative - Name and Title Jennifer Sun, Co-Executive Director		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 212-979-8381	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jennifer_sun@aafe.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Legal Services	4b. Principal product or service Legal		5a. City and State where unit is located: New York, NY
5b. Description of Unit Involved Included: See attached. Excluded: See attached.			6a. No. of Employees in Unit: 21 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 10/04/2019 and Employer declined recognition on or about 10/16/2019 (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

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

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

11b. Election Date(s): 11/01/2019	11c. Election Time(s): 3 p.m.-7 p.m.	11d. Election Location(s): Basement, 111 Division St., NY, NY 10002 AND Breakroom, 37-61 84th St., Jackson Heights, NY 11372
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12a. Full Name of Petitioner (including local name and number) Association of Legal Aid Attorneys, Local 2325, UAW	12b. Address (street and number, city, state, and ZIP code) 50 Broadway, Suite 1600, New York, NY 10004
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

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

13a. Name and Title Allyson Belovin, Attorney		13b. Address (street and number, city, state, and ZIP code) Levy Ratner, P.C., 80 6th Avenue, New York, NY 10011	
13c. Tel No. 212-627-8100	13d. Cell No.	13e. Fax No. 212-627-8182	13f. E-Mail Address abelovin@levyratner.com

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

Name (Print) Allyson Belovin	Signature <i>Allyson P. Belovin</i>	Title Attorney	Date 10/18/2019
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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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.