

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	02-RC-265512	Date Filed	09/01/2020
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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 One Van Dam Condominium	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 176-186 Avenue of the Americas New York, NY 10013
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3a. Employer Representative – Name and Title Steven Hirsch (Property Manager, First Service Residential)	3b. Address (If same as 2b – state same) 622 3rd Avenue 15th Floor New York, NY 10017
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3c. Tel. No. 212-634-8900	3d. Cell No.	3e. Fax No. 212-634-3946	3f. E-Mail Address Steven.hirsch@fsresidential.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential Building	4b. Principal product or service Building Services	5a. City and State where unit is located: New York, NY, 10013
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5b. Description of Unit Involved Included: All Building Service Workers Excluded: Statutory guards and supervisors, including superintendents	6a. No. of Employees in Unit: 6 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"/>
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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
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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): Nearest Thursday	11c. Election Time(s): 6:30am-7:15am, 2:30pm-3:15pm	11d. Election Location(s): Amenities Room (2nd Floor)
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12a. Full Name of Petitioner (including local name and number) SEIU LOCAL 32BJ	12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street New York, N.Y. 10011
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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)
SEIU

12d. Tel No. (212)388-3800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

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

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 8/14/20
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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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-265514

Date Filed

09/01/2020

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

Rising Ground

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

463 Hawthorne Avenue
NY Yonkers 10705-

3a. Employer Representative – Name and Title

Elise S. Zealand

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

463 Hawthorne Avenue
NY Yonkers 10705-

3c. Tel. No.

(914) 375-8667

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

EZealand@risingground.org

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

Services

4b. Principal product or service

Intellectual/developmental disability residential services

5a. City and State where unit is located:

Bronx, 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:

10

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)

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):
September 15, 2020

11c. Election Time(s):
whichever time the board sees fit

11d. Election Location(s):
mail ballot

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

Kevin Merced
Warehouse Production Sales and Allied Service Employees Union Local 811 AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
534 3rd Avenue suite 1267
NY Brooklyn 11215-

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

International Union of Allied Novelty and Production Workers AFL-CIO

12d. Tel No.

(929) 271-3584

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
kevinmerced811@gmail.com

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

13a. Name and Title

Warren Mangan Esq. General counsel
O'conner & Mangan P.C.

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

271 North Avenue Suite 206
NY New Rochelle 10801-

13c. Tel No.

(914) 576-7630

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
ocmlawyers@aol.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)

Kevin Merced

Signature

Kevin Merced

Title

President

Date

09/1/2020 11:28:14

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 02-RC-265514	Date Filed 09/01/2020

Employees Included

All full time and regular part time Direct Support Professionals (DSP) employed by the Employer at it's facility located at 4316 Van Cortlandt Park Avenue Bronx NY 10470.

Employees Excluded

All other employees, including per-diem employees, guards, professional employees and supervisors as defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
02-RC-265520	09/01/2020

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 Rising Ground	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 463 Hawthorne Avenue NY Yonkers 10705-
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3a. Employer Representative – Name and Title Elise S. Zealand	3b. Address (If same as 2b – state same) 463 Hawthorne Avenue NY Yonkers 10705-
---	--

3c. Tel. No. (914) 375-8667	3d. Cell No.	3e. Fax No.	3f. E-Mail Address EZealand@risingground.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services	4b. Principal product or service Intellectual/developmental disability residential services	5a. City and State where unit is located: Bronx, NY
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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: 6 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"/>
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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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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): September 15th, 2020	11c. Election Time(s): mail ballot	11d. Election Location(s): mail ballot
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12a. Full Name of Petitioner (including local name and number) Kevin Merced Merced Warehouse Production Sales and Allied Service Employees Union Local 811 AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 534 3rd avenue suite 1267 NY Brooklyn 11215-
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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)
International Union of Allied Novelty and Production Workers AFL-CIO

12d. Tel No. (929) 271-3584	12e. Cell No.	12f. Fax No.	12g. E-Mail Address kevinmerced811@gmail.com
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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 Warren Mangan General Counsel O'conner and Mangan P.C.	13b. Address (street and number, city, state, and ZIP code) 271 North Avenue Suite 206 NY New Rochelle 10801-
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13c. Tel No. (914) 576-7630	13d. Cell No.	13e. Fax No.	13f. E-Mail Address ocmlawyers@aol.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) Kevin Merced Merced	Signature Kevin Merced	Title President	Date 09/1/2020 12:08:09
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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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Attachment

DO NOT WRITE IN THIS SPACE	
Case 02-RC-265520	Date Filed 09/01/2020

Employees Included

All full time and regular part time Direct Support Professionals employed by the Employer at its facility located at 255 Cabrini Boulevard Apt. 1C New York NY 10040.

Employees Excluded

All other employees, including per-diem employees, guards, professional employees, supervisors and guards as defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-265523

Date Filed

09/01/2020

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

Rising Ground

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

463 Hawthorne Avenue
NY Yonkers 10705-

3a. Employer Representative – Name and Title

Elise S Zealand

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

463 Hawthorne Avenue
NY Yonkers 10705-

3c. Tel. No.

(914) 375-8667

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

EZealand@risingground.org

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

Services

4b. Principal product or service

Intellectual/developmental disability residential services

5a. City and State where unit is located:

Bronx, 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:

8

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? _____ 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):
September 15th, 2020

11c. Election Time(s):
Mail Ballot

11d. Election Location(s):
Mail Ballot

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

Kevin Merced
Warehouse Production sales and allied service employees union local 811 AFL-CIO

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

534 3rd avenue suite 1267
NY Brooklyn 11215-

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

International Union of allied Novelty and production workers AFL-CIO

12d. Tel No.

(929) 271-3584

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
kevinmerced811@gmail.com

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

13a. Name and Title

Warren Mangan General counsel
O'conner and Mangan P.C.

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

271 North Avenue suite 206
NY New Rochelle 10801-

13c. Tel No.

(914) 576-7630

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
ocmlawyers@aol.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)

Kevin Merced

Signature

Kevin Merced

Title

President

Date

09/1/2020 12:50:04

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

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 02-RC-265523	Date Filed 09/01/2020

Employees Included

All full time and regular part time Direct support professionals employed by the employer at its facility located at 634 East 241st street Bronx NY 10470

Employees Excluded

All other employees, including per-diem employees, guards, professional employees, supervisors and guards as defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-265673	Date Filed 09/04/2020

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.

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2a. Name of Employer Rising Ground	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 463 Hawthorne Avenue NY Yonkers 10705-
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3a. Employer Representative – Name and Title Elise S. Zealand	3b. Address (If same as 2b – state same) 463 Hawthorne Avenue NY Yonkers 10705-
---	--

3c. Tel. No. (914) 375-8667	3d. Cell No.	3e. Fax No.	3f. E-Mail Address EZealand@risingground.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services	4b. Principal product or service Intellectual/Developmental disability residential services	5a. City and State where unit is located: Yonkers. NY
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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: 10 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"/>
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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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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): September 15th 2020	11c. Election Time(s): mail ballot	11d. Election Location(s): mail ballot
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12a. Full Name of Petitioner (including local name and number) Kevin Merced Warehouse Production Sales and Allied Service Employees Union Local 811 AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 534 3rd Avenue Suite 1267 NY Brooklyn 11215-
--	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Allied Novelty and Production Workers AFL-CIO

12d. Tel No. (929) 271-3584	12e. Cell No.	12f. Fax No.	12g. E-Mail Address kevinmerced811@gmail.com
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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 Warran Mangan General Counsel O'conner and Mangan P.C.	13b. Address (street and number, city, state, and ZIP code) 271 North Avenue Suite 206 NY New Rochelle 10801-
---	--

13c. Tel No. (914) 576-7630	13d. Cell No.	13e. Fax No.	13f. E-Mail Address ocmlawyers@aol.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) Kevin Merced	Signature Kevin Merced	Title President	Date 09/1/2020 21:34:43
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 02-RC-265673	Date Filed 09/04/2020

Employees Included

All full time and regular part time Direct Support Professionals employed by the Employer at its facility located at 600C Depeyster Street Yonkers NY.

Employees Excluded

All other employees, including per-diem employees, professional employees, supervisors and guards as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-265692	Date Filed 09/04/2020

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 Rising Ground	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 463 Hawthorne Avenue NY Yonkers 10705-
--	---

3a. Employer Representative – Name and Title Elise S. Zealand	3b. Address (If same as 2b – state same) 463 Hawthorne Avenue NY Yonkers 10705-
---	--

3c. Tel. No. (914) 375-8667	3d. Cell No.	3e. Fax No.	3f. E-Mail Address EZealand@risingground.org
---------------------------------------	---------------------	--------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services	4b. Principal product or service Intellectual/Developmental disability residential services	5a. City and State where unit is located: Yonkers. NY
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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: 10 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).	8b. Address
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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): September 15th 2020	11c. Election Time(s): mail ballot	11d. Election Location(s): mail ballot
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12a. Full Name of Petitioner (including local name and number) Kevin Merced Warehouse Production Sales and Allied Service Employees Union Local 811 AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 534 3rd Avenue Suite 1267 NY Brooklyn 11215-
--	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Allied Novelty and Production Workers AFL-CIO

12d. Tel No. (929) 271-3584	12e. Cell No.	12f. Fax No.	12g. E-Mail Address kevinmerced811@gmail.com
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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 Warran Mangan General Counsel O'conner and Mangan P.C.	13b. Address (street and number, city, state, and ZIP code) 271 North Avenue Suite 206 NY New Rochelle 10801-
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13c. Tel No. (914) 576-7630	13d. Cell No.	13e. Fax No.	13f. E-Mail Address ocmlawyers@aol.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) Kevin Merced	Signature Kevin Merced	Title President	Date 09/1/2020 21:34:43
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 02-RC-265692	Date Filed 09/04/2020

Employees Included

All full time and regular part time Direct Support Professionals employed by the Employer at its facility located at 600C Depeyster Street Yonkers NY.

Employees Excluded

All other employees, including per-diem employees, professional employees, supervisors and guards as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-265712

Date Filed

09/04/2020

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

Rising Ground

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

463 Hawthorne Avenue
NY Yonkers 10705-

3a. Employer Representative – Name and Title

Elise S. Zealand

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

463 Hawthorne Avenue
NY Yonkers 10705-

3c. Tel. No.

(914) 375-8667

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

EZealand@risingground.org

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

Services

4b. Principal product or service

Intellectual/developmental disability residential services

5a. City and State where unit is located:

Yonkers. 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:

8

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)

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):
September 15th 2020

11c. Election Time(s):
mail ballot

11d. Election Location(s):
mail ballot

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

Kevin Merced
Warehouse Production Sales and Allied Service Employees Union Local 811 AFL-CIO

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

534 3rd Avenue Suite 1267
NY Brooklyn 11215-

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

International Union of Allied Novelty and Production Workers AFL-CIO

12d. Tel No.

(929) 271-3584

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
kevinmerced811@gmail.com

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

13a. Name and Title

Warren Mangan General Counsel
O'conner and Mangan P.C.

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

271 North Avenue Suite 206
NY New Rochelle 10801-

13c. Tel No.

(914) 576-7630

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
ocmlawyers@aol.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)

Kevin Merced

Signature

Kevin Merced

Title

President

Date

09/1/2020 21:16:46

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 02-RC-265712	Date Filed 09/04/2020

Employees Included

All full time and regular part time Direct Support Professionals employed by the Employer at its facility located at 600B Depeyster Street, Yonkers NY.

Employees Excluded

All other employees, including per-diem employees, professional employees, supervisors and guards as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-265962	Date Filed 09/10/2020

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 Lenox Hill Neighborhood House	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 331 E 70th Street, New York, NY 10021
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3a. Employer Representative – Name and Title Warren Scharf	3b. Address (If same as 2b – state same) Same
--	---

3c. Tel. No. (212) 218-0484	3d. Cell No.	3e. Fax No.	3f. E-Mail Address wscharf@lenoxhill.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Settlement House	4b. Principal product or service Integrated Human Services	5a. City and State where unit is located: New York, NY
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5b. Description of Unit Involved Included: All full-time and regular part-time professional employees employed by the Employer in the following classifications: Attorney, Paid Fellow, Law Graduate and Senior Attorney. Excluded: Executive Director, Deputy Director, Legal Department Director, Supervising Attorney, Advocate, Manager, employees represented by 1199SEIU or DC1707, interns, confidential employees and supervisors as defined under the Act.	6a. No. of Employees in Unit: 8 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) 09/10/20 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **none**
☐ 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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ 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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): 10/01/20	11c. Election Time(s):	11d. Election Location(s): By Mail
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12a. Full Name of Petitioner (including local name and number) UAW Local 2325 - Association of Legal Aid Attorneys (AFL-CIO)	12b. Address (street and number, city, state, and ZIP code) 50 Broadway, Suite 1600 NY, NY 10004-3817
--	---

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

12d. Tel No. (212) 343-0708	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 8th Avenue, 8th Floor, New York, NY 10011
---	--

13c. Tel No. (212) 627-8100	13d. Cell No. (646) 326-9096	13e. Fax No. (212) 627-8182	13f. E-Mail Address abelovin@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) Allyson Belovin	Signature 	Title Attorney	Date 09/09/2020
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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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 02-RC-266018

Date Filed
09/11/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the 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: Suburban Propane	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 25 Kensico Drive Mount Kisco, New York 10549
3a. Employer Representative - Name and Title: Craig Grant, Acting Manager	3b. Address (if same as 2b - state same): Same

3c. Tel. No. (914) 666-5174	3d. Cell No. (203) 988-3776	3e. Fax No.	3f. E-Mail Address cgrant@suburbanpropane.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Wholesaler	4b. Principal Product or Service Fuel and gas	5a. City and State where unit is located: Mount Kisco, New York	
5b. Description of Unit Involved: Included: All full-time and part-time drivers and service technicians employed by the Employer. Excluded: Managers, supervisors, professional employees, and guards as defined in the Act, and all other employees.		6a. Number of Employees in Unit: Approx. 6	
		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: ☒ 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:
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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):
October 1, 2020

11c. Election Time(s):
6:00 a.m. - 8:00 a.m.

11d. Election Location(s):
Mount Kisco yard

12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 456	12b. Address (street and number, city, State and ZIP code): 160 S. Central Avenue Elmsford, New York 10523
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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):
International Brotherhood of Teamsters

12d. Tel. No. (914) 592-9500	12e. Cell No.	12f. Fax No.	12g. E-Mail Address AnthonyT@teamsterslocal456.com
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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:
Bryan T. Arnault, Esq., Blitman & King LLP

13b. Address (street and number, city, State and ZIP code):
443 North Franklin Street, Suite 300
Syracuse, New York 13204

13c. Tel. No. (315) 422-7111	13d. Cell No. (315) 378-3289	13e. Fax No. (315) 471-2623	13f. E-Mail Address btarnault@bklawyers.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) Bryan T. Arnault	Signature 	Title Of Counsel	Date 09/11/20
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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 may 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-266083

Date Filed

09/10/2020

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 Aramark and Manhattan College as a joint Employer	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4513 Manhattan College Pkwy NY Bronx 10471-
--	--

3a. Employer Representative – Name and Title Barbara Fabe	3b. Address (If same as 2b – state same) 4513 Manhattan College Pkwy NY Bronx 10471-
---	---

3c. Tel. No. (914) 750-3747	3d. Cell No. (718) 862-7922	3e. Fax No. (718) 862-7350	3f. E-Mail Address barbara.fabe@manhattan.edu
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services	4b. Principal product or service Facilities Maintenance at an institution of higher learning	5a. City and State where unit is located: Bronx, NY
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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: 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: ☐ 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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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): Thursday October 1st	11c. Election Time(s): 10:00 am -11:45 am	11d. Election Location(s): In the Facilities Plant break room located on Manhattan College
---	---	--

12a. Full Name of Petitioner (including local name and number) Dylan James Wiley Office Professional Employee International Union Local 153	12b. Address (street and number, city, state, and ZIP code) 265 W 14th St # 610 NY New York 10011-
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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)
Office Professional Employee International Union

12d. Tel No. (914) 318-0031	12e. Cell No. (914) 318-0031	12f. Fax No.	12g. E-Mail Address dwiley@opeiu-tristate.org
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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	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Dylan James Wiley	Signature Dylan James Wiley	Title Business Representative	Date 09/3/2020 12:25:28
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 02-RC-266083	Date Filed 09/10/2020

Employees Included

All full time and regular part time Grounds foremen, Carpentry foremen, Painter foremen, Plumbing foremen, Electrical foremen, and Locksmith foremen

Employees Excluded

All guards, watchmen, supervisors, and confidential employees as defined in the National Labor Relations Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
02-RC-266096	09/15/2020

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 Health Alliance		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) See Attachment	
3a. Employer Representative - Name and Title Heidi Rosborough / Human Resources Manager		3b. Address (If same as 2b - state same) 396 Broadway, Kingston, NY 12401	
3c. Tel. No. 845-802-7411	3d. Cell No.	3e. Fax No. 845-802-7414	3f. E-Mail Address heidi.rosborough@hahv.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Security	
5a. City and State where unit is located: Kingston, NY			5a. City and State where unit is located: Kingston, NY

5b. Description of Unit Involved
Included: ALL FULL-TIME AND PART-TIME UNARMED AND ARMED SECURITY OFFICERS, SECURITY SPECIALISTS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY HEALTH ALLIANCE @ See Attachment
Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

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 <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). **NO**
☐ 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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): TBD
11c. Election Time(s): N/A
11d. Election Location(s): N/A

12a. Full Name of Petitioner (including local name and number)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12b. Address (street and number, city, state, and ZIP code)
25510 Kelly Road, Roseville, MI 48066


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12d. Tel No. 586-772-7250 X111	12e. Cell No. 586-872-5634	12f. Fax No. 586-772-9644	12g. E-Mail Address organize@spfpa.org
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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 Gordon Gregory, General Counsel		13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226	
13c. Tel No. 313-964-5600	13d. Cell No.	13e. Fax No. 313-964-2125	13f. E-Mail Address Gordon@UnionLaw.net

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) Dwayne Phillips	Signature 	Title Organizing Director	Date 9/9/2020
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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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2b. Address(es) of Establishment(s) involved (Street and Number, City, State, ZIP Code)

1. 396 Broadway, Kingston, NY 12401
2. 105 Mary's Ave, Kingston, NY 12401

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 02-RC-266212	Date Filed 09/16/2020
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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 Building Services, Inc. and Planned Lifestyle Services, Inc., part of and related to Planned Companies	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 250 E Houston, New York, NY 10002
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3a. Employer Representative – Name and Title Robert Francis, President & CEO	3b. Address (If same as 2b – state same) 150 Smith Road, Parsippany, NJ 07050
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3c. Tel. No. 973-739-0080	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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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
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5b. Description of Unit Involved Included: All building service workers Excluded: statutory guards and supervisors	6a. No. of Employees in Unit: 8 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"/>
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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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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 organization s 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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): as soon as possible	11c. Election Time(s):	11d. Election Location(s):
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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
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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)
SEIU

12d. Tel No. 212 388-3800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Katchen Locke, Attorney	13b. Address (street and number, city, state, and ZIP code) 25 West 18th Street, New York, NY 10011
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13c. Tel No. 212 539 2941	13d. Cell No.	13e. Fax No.	13f. E-Mail Address klocke@seiu32bj.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Katchen Locke	Signature 	Title Attorney	Date 9-16-20
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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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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

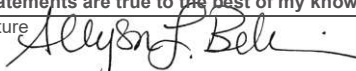
DO NOT WRITE IN THIS SPACE

Case No. 02-RC-266419

Date Filed
09/21/2020

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: Film at Lincoln Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 70 Lincoln Center Plaza, 4th Floor New York, New York 10023	
3a. Employer Representative - Name and Title: Lesli Klainberg		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (212) 875-5208	3d. Cell No. (917) 226-0332	3e. Fax No.	3f. E-Mail Address lklainberg@filmlinc.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) cultural institution		4b. Principal Product or Service film exhibitions	
5a. City and State where unit is located: New York, New York		5b. Description of Unit Involved: Included: All full-time and regular part-time employees of the Employer Excluded: Guards, supervisors, and managerial employees under the Act	
6a. Number of Employees in Unit: 60		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) _____ n/a 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) 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 and election in this matter, state your position with respect to any such election: 11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): September 28, 2020		11c. Election Time(s):	
11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number): Technical, Office & Professional Union, Local 2110 UAW, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 256 West 38th Street, Suite 704 New York, New Yrk 10018	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Auto Workers			
12d. Tel. No. (212) 287-0220	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Allyson L. Belovin, Attorney Levy, Ratner, P.C.		13b. Address (street and number, city, State and ZIP code): 80 Eighth Avenue, 8th Floor New York, New York 10011	
13c. Tel. No. (212) 627-8100	13d. Cell No. (626) 326-9096	13e. Fax No.	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 L. Belovin		Signature 	Title Attorney
		Date 09/21/20	

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-266771

Date Filed

09/29/2020

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:		2b. Address(es) of Establishment(s) involved (<i>Street and number, City, State, ZIP code</i>):	
3a. Employer Representative - Name and Title:		3b. Address (<i>if same as 2b - state same</i>):	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (<i>Factory, mine, wholesaler, etc.</i>)		4b. Principal Product or Service	5a. City and State where unit is located:
5b. Description of Unit Involved: Included: Excluded:			6a. Number of Employees in Unit: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input 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 (<i>If none, so state</i>)		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 (<i>Month, Day, Year</i>)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (<i>Month, Day, Year</i>) _____			
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. (<i>If none, so state</i>)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		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: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (<i>including local name and number</i>):		12b. Address (<i>street and number, city, State and ZIP code</i>):	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>):			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title:		13b. Address (<i>street and number, city, State and ZIP code</i>):	
13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (<i>Print</i>)	Signature	Title	Date

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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