UNITED STATES G	GOVERNMENT		DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR RE RC PET	LATIONS BOARD	Case No.	02-RC-265512	Date I		
INSTRUCTIONS: Unless e-Filed using	a the Agency's website.	www.nlrb.gov. submit	an original of this	s Petition to a	n NLRB office in the Region	
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form						
(Form NLRB-505); and (3) Description						
with the NLRB and should <u>not</u> be ser				nonnig or nit	orest should only be med	
1. PURPOSE OF THIS PETITION: RC-CERT	IFICATION OF REPRESENTA	TIVE - A substantial numbe	r of employees wish t	to be represented	d for purposes of collective	
bargaining by Petitioner and Petitioner desi	res to be certified as represent	ative of the employees. The	Petitioner alleges t	hat the following	g circumstances exist and	
requests that the National Labor Relation						
^{2a.} Name of Employer One Van Dam Condominium		Address(es) of Establishmei 6-186 Avenue of the				
3a. Employer Representative – Name and Ti		3b. Address (If same a		W TOTK, INT	10015	
Steven Hirsch (Property Manager, I	First Service Residentia	al) 622 3rd Avenue				
3c. Tel. No. 3 212-634-8900	3d. Cell No.	^{3e. Fax No.} 212-634-3946		3f. E-Mail Add	^{ress} sch@fsresidential.com	
4a. Type of Establishment (Factory, mine, who	alagalar ata) 4h Dringinglar	product or service			and State where unit is located:	
Residential Building	Building S				ork, NY, 10013	
5b. Description of Unit Involved	Dulluling O	0110003			6a. No. of Employees in Unit:	
Included: All Building Service	Markora				6	
All Bulluling Service	WUIKEIS				6b. Do a substantial number (30%	
Excluded: Ctotutors average or	al aun anvia availina		a d a vata		or more) of the employees in the	
Excluded: Statutory guards an	ia supervisors, inc	luaing superinter	ndenis		unit wish to be represented by the Petitioner? Yes VI No	
Check One: 7a. Request for reco	gnition as Bargaining Represe	atative was made on (Date)	2	nd Employer dec		
	(Date) (If no reply recei		a		inted recognition of or about	
7b. Petitioner is curr	ently recognized as Bargaining	, ,	certification under th	e Act.		
8a. Name of Recognized or Certified Bargai	, , ,	•				
8c. Tel No. 8	8d Cell No.	8e. Fax No.		8f. E-Mail Add	ress	
8g. Affiliation, if any		8h. Date of Recognition of	or Certification		Date of Current or Most Recent y <i>(Month, Day, Year)</i>	
9. Is there now a strike or picketing at the Emp	lovor's ostablishmont(s) involv	d ² No lf se appre	vimately how many o		rticipating2	
(Name of labor organization)						
10. Organizations or individuals other than Pel known to have a representative interest in any				presentatives and	d other organizations and individuals	
10a. Name	10b. Address		10c. Tel. No.		10d. Cell No.	
			10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an any such election.		our position with respect to			Mail Mixed Manual/Mail	
11b. Election Date(s): Nearest Thursday	11c. Election Time(s): 6:30am-7:15am, 2:30)nm-3:15nm	11d. Election Loca Amenities Room			
12a. Full Name of Petitioner (including loca		Jpm-3.15pm		()	city, state, and ZIP code)	
SEIU LOCAL 32BJ		er is an offlicte ar constitue	25 West 18th Str			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>) SEIU						
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (212)388-3800 12f. Fax No. 12g. E-Mail Address					ldress	
13. Representative of the Petitioner who wi	Il accept service of all papers	s for purposes of the repre	sentation proceedir	ng.		
^{13a. Name and Title} Katchen Lo	cke, Attorney	13b. Address (street ar 25 West 18th Street New Y		, and ZIP code)		
13c. Tel No. (212)539-2941	13d. Cell No.	13e. Fax No.		13f. E-Mail Ad		
I declare that I have read the above petition	and that the statements are	true to the best of my know	wledge and belief.	1		
Name (Print) Sign	atur 🗖 –	Title		Dat		
Katchen Locke		Attorney		6	UE/PI	
WILLFUL FALSE STATEMENT	S ON THIS PETITION CAN B	E PUNISHED BY FINE AND	IMPRISONMENT (U	J.S. CODE, TITL	E 18, SECTION 1001)	

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD			Caso No	Case No. Date Filed			
RC PETITION			02	2-RC-265514		09/01/2020	
INSTRUCTIONS: Unless e-Filed us	ing the Agend	v's website, ww	w.nlrb.gov. submit a	n original of this	Petition to a	on NLRB office in the Region	
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate							
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed							
				RB 4812). The sh	owing of int	terest should only be filed	
with the NLRB and should <u>not</u> be a	served on the	employer or any	other party.				
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Rela	esires to be certif	ied as representative	e of the employees. The	Petitioner alleges the	at the followin	g circumstances exist and	
2a. Name of Employer	tions board proc	2b. Add	ress(es) of Establishment	t(s) involved (Street a	nd number. city	/. State. ZIP code)	
Rising Ground		463	B Hawthorne Avenue		, , , , , , , , , , , , , , , , , , ,		
3a. Employer Representative – Name and	d Title		Yonkers 10705- 3b. Address (If same as	2b – state same)			
Elise S. Zealand			463 Hawthorne Av NY Yonkers 10705				
3c. Tel. No.	3d. Cell No.		3e. Fax No.	<u> </u>	3f. E-Mail Add	Iress	
(914) 375-8667					EZealand@risir		
4a. Type of Establishment (Factory, mine,	wholesaler etc.)	4b. Principal produ			-	and State where unit is located:	
Services	wildlesaler, etc.)		/developmental disability i	residential services	Ja. City	Bronx, NY	
5b. Description of Unit Involved					•	6a. No. of Employees in Unit:	
Included: See Attached Page 2 for addition	nal details					10 6b. Do a substantial number (30%	
						or more) of the employees in the	
Excluded: See Attached Page 2 for addition	nal details					unit wish to be represented by the	
						Petitioner? Yes [🗸] No [🗌]	
Check One: 7a. Request for re	ecognition as Barg	gaining Representativ	ve was made on (Date) _	and	d Employer deo	clined recognition on or about	
	· · · · · · · · · · · · · · · · · · ·	(If no reply received,	·				
			presentative and desires of	certification under the	Act.		
8a. Name of Recognized or Certified Bar	gaining Agent (li	f none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	Iress	
8g. Affiliation, if any		8	3h. Date of Recognition or	Certification		Date of Current or Most Recent (<i>Month, Day, Year</i>)	
					oontraot, ir an	y (month, Day, Foar)	
9. Is there now a strike or picketing at the E	mplover's establis	shment(s) involved?	No If so, approx	imately how many em	plovees are pa	articipating?	
(Name of labor organization)							
10. Organizations or individuals other than					esentatives an	d other organizations and individuals	
known to have a representative interest in a	any employees in	the unit described in	i ilem ob above. (il none,	so state)			
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
	100.710			100. Tel. NO.			
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conduct any such election.	s an election in th	is matter, state your	position with respect to	11a. Election Type:	Manual _	Mail Mixed Manual/Mail	
11b. Election Date(s): September 15, 2020		lection Time(s):		11d. Election Locati	ion(s):		
		ver time the board se	ees fit	mail ballot			
12a. Full Name of Petitioner (including lo Kevin Merced Warehouse Production Sales and Allied Service En	nployees Union Loca	I 811 AFL-CIO		534 3rd Avenue suite NY Brooklyn 11215-	et and number, e 1267	city, state, and ZIP code)	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>) 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 A kevinmerced8	ddress 11@gmail.com	
13. Representative of the Petitioner who	will accept servi	ice of all papers for	purposes of the repres	entation proceeding			
13a. Name and Title			13b. Address (street and				
Warren Mangan Esq. General counsel O'conner & Mangan P.C.			271 North Avenue Suite	206			
O'conner & Mangan P.C. NY New Rochelle 10801- 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address							
(914) 576-7630					ocmlawyers@		
I declare that I have read the above petit	ion and that the	statements are true	to the best of my know	ledge and belief.			
Name (Print)	gnature		Title		Date		
	evin Merced		President		09/1/2020	11:28:14	
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE PL	JNISHED BY FINE AND	IMPRISONMENT (U.			

DO NOT WRITE IN THIS S	SPACE
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Attachment

02-RC-265514

Case

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.

LINITED STATES	S GOVERNMENT	-			WRITE IN THI	SSPACE	
NATIONAL LABOR	RELATIONS BOA		Case No.				
INSTRUCTIONS: Unless e-Filed us		w'a wahaita waa	unlith gov outmit o	n original of this	Potition to a	n NI DD office in the Degion	
	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) Descript				RB 4812). The sr	nowing of int	erest snould only be filed	
with the NLRB and should not be s 1. PURPOSE OF THIS PETITION: RC-CE	served on the	employer or any o	otner party.	of omployees wish to	ha rannaanta	d for purposes of collective	
bargaining by Petitioner and Petitioner d requests that the National Labor Relat	esires to be certifi	ied as representative of	of the employees. The I	Petitioner alleges th	at the followin	g circumstances exist and	
2a. Name of Employer		2b. Addre	ess(es) of Establishment				
Rising Ground		463 I NY Y	Hawthorne Avenue				
3a. Employer Representative – Name and	d Title		3b. Address (If same as				
Elise S. Zealand			463 Hawthorne Av NY Yonkers 10705	enue			
3c. Tel. No.	3d. Cell No.	:	3e. Fax No.		3f. E-Mail Add		
(914) 375-8667					EZealand@risin		
4a. Type of Establishment (Factory, mine, w	vholesaler, etc.)	4b. Principal produc			5a. City	and State where unit is located:	
Services		Intellectual/d	levelopmental disability r	esidential services		Bronx, NY	
5b. Description of Unit Involved						6a. No. of Employees in Unit: 6	
Included: See Attached Page 2 for addition	nal details					6b. Do a substantial number (30%	
Evoluted:						or more) of the employees in the	
Excluded: See Attached Page 2 for addition	nal details					unit wish to be represented by the Petitioner? Yes [/] No []	
Check One: 7a. Request for re	ecognition as Bar	naining Representative	e was made on (Date)	an	d Employer dec	lined recognition on or about	
		(If no reply received, s					
7b. Petitioner is c	·		resentative and desires of	certification under the	Act.		
8a. Name of Recognized or Certified Bar	gaining Agent (I	f none, so state).	8b. Address				
8c. Tel No.	8d Cell No.	8	8e. Fax No.		8f. E-Mail Add	ress	
8g. Affiliation, if any		8h	n. Date of Recognition or	Certification		Date of Current or Most Recent y <i>(Month, Day, Year)</i>	
9. Is there now a strike or picketing at the E	mplover's establis	shment(s) involved?	No If so, approxi	imately how many en	nplovees are pa	inticipating?	
(Name of labor organization)		-					
10. Organizations or individuals other than							
known to have a representative interest in a					resentatives and		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
				IUE. Fax NO.		TOT. E-Mail Address	
11. Election Details: If the NLRB conducts any such election.	s an election in thi	is matter, state your p	osition with respect to	11a. Election Type:	: 📃 Manual 🛛	Mail Mixed Manual/Mail	
11b. Election Date(s): September 15th, 2020		lection Time(s):		11d. Election Locat	tion(s):		
12a. Full Name of Petitioner (including lo	mail ba			mail ballot	at and number	city, state, and ZIP code)	
Kevin Merced Merced Warehouse Production Sales and Allied Service Em	ployees Union Loca	I 811 AFL-CIO		534 3rd avenue suite NY Brooklyn 11215-	e 1267	city, state, and zir code)	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent <i>(if none, so state)</i> 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 Ao kevinmerced8	ddress 11@gmail.com	
13. Representative of the Petitioner who	will accept servi	ice of all papers for p	purposes of the repres	entation proceeding].		
13a. Name and Title			13b. Address (street and		and ZIP code)		
Warren Mangan General Counsel 271 North Avenue Suite 206 O'conner and Mangan P.C. NY New Rochelle 10801-							
13c. Tel No.	13d. Cell No.	·	13e. Fax No.		13f. E-Mail Ad ocmlawyers@		
(914) 576-7630 I declare that I have read the above petiti	on and that the	statements are true	to the best of my know	ledge and bolief	201110119013@		
			-	ieuge and bellet.	Det		
	gnature evin Merced		Title President		Date 09/1/2020	12-08-00	
WILLFUL FALSE STATEME				IMPRISONMENT (U.			

DO NOT WRITE IN THIS SPACE

Case 02-RC-265520

Employees Included

Attachment

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				DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR		ARD	Case No.)2-RC-265523	Date F	Filed 09/01/2020	
RC PE							
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, <u>wv</u>	<u>vw.nlrb.gov</u> , submit	an original of this	Petition to a	n NLRB office in the Region	
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate							
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form							
(Form NLRB-505); and (3) Descript	(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed						
with the NLRB and should <u>not</u> be s	served on the	employer or an	y other party.				
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	REPRESENTATI	VE - A substantial numbe	r of employees wish to	be represented	l for purposes of collective	
bargaining by Petitioner and Petitioner d requests that the National Labor Rela							
2a. Name of Employer			dress(es) of Establishmer				
Rising Ground			3 Hawthorne Avenue Y Yonkers 10705-				
3a. Employer Representative – Name and	d Title		3b. Address (If same a				
Elise S Zealand			463 Hawthorne A NY Yonkers 1070	venue)5-			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ress	
(914) 375-8667					EZealand@rising		
4a. Type of Establishment (Factory, mine, w	wholesaler, etc.)	4b. Principal proc			5a. City a	and State where unit is located:	
Services		Intellectua	al/developmental disability	residential services		Bronx, NY	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for additio	nal details				-	6b. Do a substantial number (30%	
						or more) of the employees in the	
Excluded: See Attached Page 2 for additio	nal details					unit wish to be represented by the	
			tive was made as (Deta)			Petitioner? Yes [] No []	
Check One: 7a. Request for re		(If no reply received		and	u Employer deci	ined recognition on or about	
7b Petitioner is c			epresentative and desires	certification under the	Act		
8a. Name of Recognized or Certified Bar			8b. Address		7.00.		
				I			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	655	
8g. Affiliation, if any			8h. Date of Recognition of	or Certification		Date of Current or Most Recent ((Month, Day, Year)	
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? If so, appro	ximately how many em	nployees are par	rticipating?	
(Name of labor organization)		, has pick	eted the Employer since	(Month, Day, Year)			
10. Organizations or individuals other than							
known to have a representative interest in a	any employees in	the unit described i	in item 5b above. (If none	e, so state)			
10a. Name	10b. Ad	drees		10c. Tel. No.		10d. Cell No.	
	105.710	aless		100. 101. 100.			
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts	s an election in thi	is matter. state vou	r position with respect to	11a Election Type:	Manual	/ Mail / Mixed Manual/Mail	
any such election.		lection Time(s):					
11b. Election Date(s): September 15th, 2020	Mail Ba	()		11d. Election Locat Mail Ballot	ion(s).		
12a. Full Name of Petitioner (<i>including lo</i> Kevin Merced Warehouse Production sales and allied service emp	ocal name and nu	u mber) 11 AFL-CIO		12b. Address (stree 534 3rd avenue suite NY Brooklyn 11215-	et and number, o e 1267	sity, state, and ZIP code)	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent <i>(if none, so state)</i> International Union of allied Novelty and production workers AFL-CIO							
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad kevinmerced81		
(929) 271-3584 13. Representative of the Petitioner who	will accont sorvi	ico of all papers fo	r purposes of the repro	sontation procooding			
13a. Name and Title	will accept servi	ice of all papers to	13b. Address (street an				
Warren Mangan General counsel			271 North Avenue suite	e 206			
O'conner and Mangan P.C. 13c. Tel No.	13d. Cell No.		NY New Rochelle 1080 13e. Fax No.	<u>)1</u>	13f. E-Mail Add	dress	
(914) 576-7630					ocmlawyers@a		
I declare that I have read the above petit	ion and that the	statements are tru	ie to the best of my know	wledge and belief.			
	gnature		Title		Date		
iteviii merceu	evin Merced		President		09/1/2020		
WILLFUL FALSE STATEME	INTS ON THIS PE	ETITION CAN BE P	PUNISHED BY FINE AND	IMPRISONMENT (U.	S. CODE, TITLE	E 18, SECTION 1001)	

)

Employees Included

Attachment

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				DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR F		ARD	Case No.	2-RC-26567	2 Date F	^{filed} 09/04/2020	
INSTRUCTIONS: Unless e-Filed us		v'e woheito ww					
in which the employer concerned is							
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 s	erved on the	employer or any	y 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 Relat		eed under its prop	per authority pursuant to	o Section 9 of the Na	tional Labor Re	lations Act.	
2a. Name of Employer			dress(es) of Establishmen 3 Hawthorne Avenue	t(s) involved (Street a	and number, city,	State, ZIP code)	
Rising Ground 3a. Employer Representative – Name and	NY Yonkers 10705-						
Elise S. Zealand	The		463 Hawthorne Av NY Yonkers 1070				
3c. Tel. No.	3d. Cell No.		3e. Fax No.	<u> </u>	3f. E-Mail Addr	ess	
(914) 375-8667					EZealand@rising		
4a. Type of Establishment (Factory, mine, w	/holesaler, etc.)	4b. Principal proc			5a. City a	and State where unit is located:	
Services 5b. Description of Unit Involved		Intellectual	I/Developmental disability	residential services		Yonkers, NY 6a. No. of Employees in Unit:	
Included: See Attached Page 2 for addition	al details					10	
See Allached Fage 2 for addition					F	6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for addition	al details					or more) of the employees in the unit wish to be represented by the	
						Petitioner? Yes [
Check One: 7a. Request for re			-	an	d Employer decli	ined recognition on or about	
The Detitioner is a	· · ·	(If no reply received	<i>d, so state).</i>	cortification under the	Act		
8a. Name of Recognized or Certified Barg			8b. Address	certification under the	ACI.		
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess	
8g. Affiliation, if any			8h. Date of Recognition o	r Certification		pate of Current or Most Recent (<i>Month, Day, Year</i>)	
9. Is there now a strike or picketing at the Er	nployer's establis	shment(s) involved?	No If so, approx	kimately how many en	nployees are par	ticipating?	
(Name of labor organization)		, has pick	eted the Employer since (Month, Day, Year)		:	
10. Organizations or individuals other than F					resentatives and	other organizations and individuals	
known to have a representative interest in a	ny employees in	the unit described in	n item 5b above. (If none	, so state)			
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts any such election.	an election in thi	is matter, state your	r position with respect to	11a. Election Type	: 🔽 Manual 🗌	Mail Mixed Manual/Mail	
11b. Election Date(s): September 15th 2020	11c. El mail ba	lection Time(s):		11d. Election Locat mail ballot	tion(s):		
12a. Full Name of Petitioner (<i>including lo</i> Kevin Merced Warehouse Production Sales and Allied Service Em	cal name and nu	umber)				ity, state, and ZIP code)	
Warehouse Production Sales and Alled Service Employees Union Local 811 APL-CIO INY Brooklyn 11215							
12d. Tel No. (929) 271-3584	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad kevinmerced81	dress 1@gmail.com	
13. Representative of the Petitioner who	will accept servi	ice of all papers fo	r purposes of the repres	sentation proceeding	g.		
13a. Name and Title Warran Mangan General Counsel O'conner and Mangan P.C.			13b. Address (street and 271 North Avenue Suite	e 206	and ZIP code)		
13c. Tel No.	13d. Cell No.		NY New Rochelle 1080 13e. Fax No.	<u></u>	13f. E-Mail Add		
(914) 576-7630	on and that the	atatamanta ara tur	in to the best of my lim	uladaa and baliaf	ocmlawyers@a	IOI.COM	
I declare that I have read the above petiti		statements are tru	-	vieuge and bellet.	Deta		
	nature vin Merced		Title President		Date 09/1/2020 2	21:34:43	
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U.			

	DO NOT WRITE IN THIS SPACE		
Attachment	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				DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR RELATIONS BOARD			Case No.	Case No. 02-RC-265692 Date Filed 09/04/2020			
RC PE					D (11)		
INSTRUCTIONS: Unless e-Filed us							
in which the employer concerned i							
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							
				RB 4612). The sh	owing of inte	erest snoula only be filed	
with the NLRB and should not be s	RTIFICATION OF	EREPRESENTATIV	Ollier party.	of employees wish to	he represented	for nurnoses of collective	
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 Relat 2a. Name of Employer	ions Board proc						
Rising Ground	162 Houthorno Avonuo						
3a. Employer Representative – Name and	I Title	I NY	Yonkers 10705- 3b. Address (If same as	s 2b – state same)			
Elise S. Zealand			463 Hawthorne Av NY Yonkers 1070	venue			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ess	
(914) 375-8667					EZealand@rising		
4a. Type of Establishment (Factory, mine, v	vholesaler, etc.)	4b. Principal prod			5a. City a	and State where unit is located:	
Services 5b. Description of Unit Involved		Intellectual	/Developmental disability	residential services		Yonkers, NY 6a. No. of Employees in Unit:	
						10	
Included: See Attached Page 2 for addition	nai detalis				F	6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for addition	al dataila					or more) of the employees in the unit wish to be represented by the	
See Attached Page 2 for addition	lai detalis					Petitioner? Yes [] No []	
Check One: 7a. Request for re	cognition as Barg	aining Representati	ve was made on (Date)	and	d Employer decl	ined recognition on or about	
	/	(If no reply received,	· · · ·				
			presentative and desires	certification under the	Act.		
oa. Name of Recognized of Certified Bar	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 Addr	ess	
8g. Affiliation, if any		8	3h. Date of Recognition o	r Certification	8i Expiration D	ate of Current or Most Recent	
						(Month, Day, Year)	
	· · · · · · · · · · · · · · · · · · ·		No				
9. Is there now a strike or picketing at the E							
(Name of labor organization)							
10. Organizations or individuals other than I known to have a representative interest in a					esentatives and	other organizations and individuals	
	ing employeee in			,			
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts any such election.	an election in thi	is matter, state your	position with respect to	11a. Election Type:	Manual _	Mail Mixed Manual/Mail	
11b. Election Date(s): September 15th 2020		ection Time(s):		11d. Election Locati	ion(s):		
12a. Full Name of Petitioner (including lo	mail ba			mail ballot	t and number of	ity, state, and ZIP code)	
Kevin Merced Warehouse Production Sales and Allied Service Em	ployees Union Loca	I 811 AFL-CIO		534 3rd Avenue Suit NY Brooklyn 11215-	e 1267		
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent <i>(if none, so state)</i> 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 Ad kevinmerced81		
13. Representative of the Petitioner who	 will accept servi	ce of all papers for	r purposes of the repres	sentation proceeding			
13a. Name and Title			13b. Address (street and	d number, city, state, a			
Warran Mangan General Counsel O'conner and Mangan P.C.			271 North Avenue Suite NY New Rochelle 1080	e 206 1-			
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add ocmlawyers@a		
(914) 576-7630 I declare that I have read the above petiti	on and that the	statements are true	to the best of my know	vledge and boliof	oomawyers@a		
			Title	nouge and benet.	Date		
	gnature evin Merced		President		09/1/2020 2	21:34:43	
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U.			

	DO NOT WRITE IN THIS SPACE		
Attachment	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		DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR I RC PE	Case No. 02-	Case No. 02-RC-265712 Date Filed 09/04/2020					
INSTRUCTIONS: Unless e-Filed us							
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) Descript				RB 4812). The sho	owing of inte	erest should only be filed	
with the NLRB and should <u>not</u> be s	erved 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	ions board proc		ress(es) of Establishment				
Rising Ground			Hawthorne Avenue Yonkers 10705-				
3a. Employer Representative – Name and	l Title		3b. Address (If same as				
Elise S. Zealand			463 Hawthorne Av NY Yonkers 10705	/enue 5-			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr		
(914) 375-8667					EZealand@rising		
4a. Type of Establishment (Factory, mine, w	vholesaler, etc.)	4b. Principal produ			5a. City a	and State where unit is located:	
Services 5b. Description of Unit Involved		Intellectual/	developmental disability r	residential services		Yonkers, NY 6a. No. of Employees in Unit:	
						8	
Included: See Attached Page 2 for addition	nal details				-	6b. Do a substantial number (30%	
						or more) of the employees in the unit wish to be represented by the	
Excluded: See Attached Page 2 for addition	nal details					Petitioner? Yes [
Check One: 7a. Request for re	cognition as Barg	aining Representativ	ve was made on (Date)	and	Employer decl	ined recognition on or about	
		(If no reply received,					
	urrently recognize	ed as Bargaining Rep	presentative and desires of	certification under the	Act.		
8a. Name of Recognized or Certified Bar	gaining Agent (I	f none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ress	
8g. Affiliation, if any		8	Bh. Date of Recognition or	Certification	8i. Expiration D	Date of Current or Most Recent	
			0		Contract, if any	y (Month, Day, Year)	
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved?	No If so, approx	imately how many emp	ployees are par	rticipating?	
(Name of labor organization)							
10. Organizations or individuals other than F							
known to have a representative interest in a							
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts any such election.			position with respect to			Mail Mixed Manual/Mail	
11b. Election Date(s): September 15th 2020	11c. E mail ba	lection Time(s):		11d. Election Location mail ballot	on(s):		
12a. Full Name of Petitioner (including lo Kevin Merced Warehouse Production Sales and Allied Service Em	cal name and n	umber)			and number, of 1267	city, state, and ZIP code)	
12c. Full name of national or international la International Union of Allied Novelty and Pro	bor organization	of which Petitioner is	s an affiliate or constituent	I NY Brooklyn 11215 t (if none, so state)			
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	dress	
(929) 271-3584					kevinmerced81	Ti@gmail.com	
13. Representative of the Petitioner who 13a. Name and Title	will accept serv	ice of all papers for			nd ZID and a)		
Warren Mangan General Counsel			13b. Address (street and 271 North Avenue Suite	206 city, state, a	uu ∠ır• coae)		
Warren Mangan General Counsel 271 North Avenue Suite 206 O'conner and Mangan P.C. NY New Rochelle 10801- 13c. Tel No. 13d. Cell No. 13c. Tel No. 13f. E-Mail Address							
(914) 576-7630	100. 001110.		100. I UA 110.		ocmlawyers@a		
I declare that I have read the above petiti	on and that the	statements are true	to the best of my know	ledge and belief.			
Name (Print) Sig	gnature		Title		Date		
Reviit Merceu	vin Merced		President		09/1/2020 2		
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE PL	JNISHED BY FINE AND	IMPRISONMENT (U.S	. CODE, TITLE	E 18. SECTION 1001)	

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.

Attachment

(4-13)			_						
			-	0		WRITE IN THI			
NATIONAL LABOR F RC PE		ARD		Case No. 02	2-RC-26596	2 Date	Filed 09/10/2020		
INSTRUCTIONS: Unless e-Filed usi	ng the Agend	y's website, <u>wv</u>	ww.nlrb.g	ov, submit a	n original of this	Petition to a	an NLRB office in the Region		
in which the employer concerned is	located. Th	e petition must	be accor	mpanied by b	ooth a showing o	f interest (se	ee 6b below) and a certificate		
of service showing service on the e	employer and	all other parties	s named	in the petitio	on of: (1) the petit	tion; (2) State	ement of Position form		
(Form NLRB-505); and (3) Descripti	on of Repres	entation Case F	Procedure	es (Form NLF	RB 4812). The sh	nowing of int	terest should only be filed		
with the NLRB and should not be s	erved on the	employer or an	y other p	arty.		-	-		
1. PURPOSE OF THIS PETITION: RC-CEP									
bargaining by Petitioner and Petitioner de requests that the National Labor Relat									
2a. Name of Employer		2b. Ad	ldress(es) c	of Establishment	t(s) involved (Street a				
Lenox Hill Neighborhood House		331 E			ork, NY 10021				
3a. Employer Representative – Name and Warren Scharf	litte		Same	ress (if same as	2b – state same)				
3c. Tel. No.	3d. Cell No.		3e. Fax N	No.		3f. E-Mail Add	Iress		
(212) 218-0484						wscharf@le			
4a. Type of Establishment (Factory, mine, w Settlement House	holesaler, etc.)	4b. Principal pro					and State where unit is located: ork, NY		
5b. Description of Unit Involved		Integrated Hu	inian Sei	VICES		INEW I	6a. No. of Employees in Unit:		
Included: All full-time and regular par	t-time professio	onal employees e	emploved	by the Employ	ver in the following		8		
classifications: Attorney, Pa					,		6b. Do a substantial number (30%		
Excluded: Executive Director, Deputy Director	Legal Department	Director, Supervising	Attorney, Ac	dvocate, Manager,	employees represented	by 1199SEIU	or more) of the employees in the unit wish to be represented by the		
or DC1707, interns, confidential em	ployees and superv	visors as defined unde	er the Act.				Petitioner? Yes 🗸 No		
Check One: 7a. Request for rea	cognition as Barg	gaining Representa	itive was ma	ade on (Date) 🕻) <u>9/10/20</u> an	d Employer deo	clined recognition on or about		
		(If no reply received							
7b. Petitioner is cu 8a. Name of Recognized or Certified Barg			epresentativ	ve and desires of 8b. Address	certification under the	Act.			
ba. Name of Recognized of Gertined Darganning Agent (In none, so state).									
8c. Tel No.	8d Cell No.		8e. Fax 1	No.		8f. E-Mail Add	Iress		
8g. Affiliation, if any				f Recognition or	Certification		Date of Current or Most Recent		
						Contract, ir an	iy (Month, Day, Year)		
9. Is there now a strike or picketing at the Er	nployer's establis	shment(s) involved	?	If so, approxi	imately how many en	nployees are pa	articipating?		
(Name of labor organization)		, has pick	keted the Er	mployer since (A	Month, Day, Year)				
10. Organizations or individuals other than F						resentatives an	d other organizations and individuals		
known to have a representative interest in a	ny employees in	the unit described i	in item 5b a	above. (If none,	so state)				
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.		
					10e. Fax No.	10f. E-Mail Address			
 Election Details: If the NLRB conducts any such election. 	an election in th	is matter, state you	r position w	vith respect to	espect to 11a. Election Type: Manual 🖌 Mail _ Mixed Manual				
11b. Election Date(s):	11c. E	lection Time(s):			11d. Election Locat	tion(s):			
10/01/20					By Mail				
12a. Full Name of Petitioner (<i>including lo</i> UAW Local 2325 - Association of Legal Ai					50 Broadway, Suite		<i>city, state, and ZIP code)</i> ′ 10004-3817		
12c. Full name of national or international la UAW	oor organization	of which Petitioner	is an affilia	te or constituent	t (if none, so state)				
12d. Tel No. (212) 343-0708	12e. Cell No.		12f. Fax	No.		12g. E-Mail A	ddress		
13. Representative of the Petitioner who	vill accept serv	ice of all papers fo	or purpose	s of the repres	entation proceeding	j.			
^{13a. Name and Title} Allyson Belo	vin, Attor	ney		(<i>I number, city, state,</i> enue, 8th Floor, New Yor	/			
13c. Tel No.	13d. Cell No.		13e. Fax	No.	,	13f. E-Mail Ac			
(212) 627-8100 I declare that I have read the above petition	(646) 326-9096		(212) 627 ue to the be		ledge and belief.	abelovin@lev	yrainer.com		
	nature () ()	PDA	Title		J	Date			
Allyson Belovin	Alyon	J. Bel	Attorney			09/09/202			
WILLFUL FALSE STATEMEI		TITION CAN BE D			IMPRISONMENT (II		E 18 SECTION 1001)		

FORM NLRB-502 (RC) UNITED STATES OF AMERICA			ĺ	DO NOT WRITE IN THIS SPACE						
(2-18)		OR RELATIONS I	BOARD		Case No. 02-	RC-2660	18 Da	ate Filed 09/11/20		
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 48	The petition must 5 named in the pe	be accompanied tition of: (1) the	i by both a sh petition: (2) S	nowing of interest (s Statement of Positio	ee 6b below) and n form (Form NLI	l a certifical RB-505): an	e of service show d (3) Description (ing service on of Representation		
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Labo	tioner desires to be	certified as repre	sentative of the	he employees. The P	etitioner alleges	that the foll	owing circumstan	ces exist and		
2a. Name of Employer: Suburban Propane	121	25 1	Kensico D	Establishment(s) invo)rive , New York 10		umber, City	, State, ZIP code).			
3a. Employer Representative - Nat Craig Grant, Acting Mana			ddress (if sam	ne as 2b - state same,						
3c. Tel. No. (914) 666-5174	3d. Cell No. (203) 988-3	 776	3e. Fax No	<u>.</u> 2.	3f, E-Mail A cgrant@		npropane.com	1		
4a. Type of Establishment (Factory, Wholesaler	mine, wholesaler,	etc.)	4b. Princip Fuel an	al Product or Service d gas			d State where unit Kisco, New			
5b. Description of Unit Involved: Included:				<u>a</u>		6a. Numbe	r of Employees in l	Jnit:		
All full-time and part-tim							rox. 6			
Excluded: Managers, superv and all other emp	loyees.	1 /	. 0		in the Act,	of the e	ubstantial number (imployees in the un ented by the Petition			
Check One: X 7a. Request for re- on or about (Date) 7b. Petitioner is cu		(If no reply	received, so	state).		d Employer (leclined recognition	1		
8a. Name of Recognized or Certifi	ed Bargaining Ag	ent (If none, so si	tate) 8b. Ac		Sin briden the Act.		·· · · ·			
None										
8c. Tel. No.	8d. Cell No.		8e. Fax No	D.	8f. E-Mail A	ddress				
8g. Affiliation, if any:			8h. Date of R	ecognition or Certifica	ation 81. Expiratio Recent Con	n Date of Ci tract, if any	irrent or Most (Month, Day, Year)			
9. Is there now a strike or picketing a	at the Employer's e	stablishment(s) in	volved? No	lf so, appro	ximately how man	y employee	s are participating?			
(Name of Labor Organization)							er since (Month, Da			
10. Organizations or individuals othe individuals known to have a repro None	r than Petitioner a esentative interest	nd those named in in any employees	n items 8 and in the unit de	9, which have claime scribed in item 5b ab	d recognition as re ove. (If none, so s	presentativi tate)	es and other organi	zations and		
10а. Name	105,	Address			10c. Tel. No).	10d. Cell No.			
					10e, Fax No	D ,	10f. E-Mail Address			
11. Election Details: If the NLRB co	inducts and election	n in this matter, s	tate your posit	tion with respect to an	iy such election;	11a. Election		Aixed Manual/Mail		
11b. Election Date(s): October 1, 2020		Election Time(s): 0 a.m 8:00	a.m.	-		11d. Election Location(s): Mount Kisco yard				
12a. Full Name of Petitioner (includ International Brotherhood	ding local name and 1 of Teamster	^{d number):} 's Local 456		12b. Address (stree 160 S. Central	Avenue		ZIP code):			
				Elmsford, Nev						
12c. Full pame of national or internat International Brotherhood	l of Teamster	ation of which Pe								
12d. Tel. No. (914) 592-9500	12e. Cell No.		12f. Fax N			'T@tean	sterslocal456	i.com		
13. Representative of the Petitiona 13a. Name and Title:				boses of the represe less (street and number						
Bryan T. Arnault, Esq., Blitt	man & King L	LP	443 Nor	th Franklin Stree e, New York 132	et, Suite 300					
13c. Tel. No. (315) 422-7111	13d. Cell No. (315) 378-3		1 ° ′	71-2623			yers.com			
I declare that I have read the abov	e petition and tha		are true to th	te best of my knowl						
Name (Print) Bryan T. Arnault		Signature	1. 6	A	Of Counsel			Date 09/11/20		
					1					

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.

	S GOVERNMENT			DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR	Case No. 02	02-RC-266083							
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	v's website ww	ww.nlrb.gov_submit.a	n original of this F	Petition to a	on NI RB office in the Region			
in which the employer concerned									
of service showing service on the									
(Form NLRB-505); and (3) Descript	tion of Repres	entation Case P	Procedures (Form NLI	RB 4812). The sho	owing of int	terest should only be filed			
with the NLRB and should not be s	served on the	emplover or an	v other party.		-	-			
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d	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.								
	tions Board proc	eed under its pro	per authority pursuant to dress(es) of Establishment	Section 9 of the Nati	onal Labor R				
2a. Name of Employer			13 Manhattan College Pkv		a number, city	, State, ZIP code)			
Aramark and Manhattan College as a joint E	1 2		Y Bronx 10471-						
3a. Employer Representative – Name and	d Title		3b. Address (If same as						
Barbara Fabe			4513 Manhattan C NY Bronx 10471-	ollege Pkwy					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	Iress			
(914) 750-3747	(718) 862-7922	2	(718) 862-7350		barbara.fabe@r	manhattan.edu			
4a. Type of Establishment (Factory, mine, v	vholesaler, etc.)	4b. Principal proc	duct or service	I	5a. City	and State where unit is located:			
Services	, , ,		laintenance at an institutio	n of higher learning		Bronx, NY			
5b. Description of Unit Involved						6a. No. of Employees in Unit:			
						7			
Included: See Attached Page 2 for additio	nal details					6b. Do a substantial number (30%			
						or more) of the employees in the			
Excluded: See Attached Page 2 for additio	nal details					unit wish to be represented by the			
						Petitioner? Yes [🗸] No [🗌]			
Check One: 7a. Request for re	ecognition as Barg	aining Representat	tive was made on (Date)	and	Employer dec	clined recognition on or about			
	(Date)	(If no reply received	d. so state).			Ū.			
7b Petitioner is c	· · ·	. , ,	epresentative and desires of	certification under the A	Act				
8a. Name of Recognized or Certified Bar			8b. Address						
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	Iress			
00. TEINO.	ou cen no.		00.1 87 100.			1633			
8g. Affiliation, if any			I 8h. Date of Recognition or	Certification	Ri Expiration	Date of Current or Most Recent			
og. Annation, if any						y (Month, Day, Year)			
9. Is there now a strike or picketing at the E	mplover's establis	shment(s) involved	? No If so, approx	imately how many emr	lovees are pa	articipating?			
(Name of labor organization)									
10. Organizations or individuals other than					sentatives an	d other organizations and individuals			
known to have a representative interest in a	any employees in	the unit described i	n item 5b above. (If none,	so state)					
40. No. 1	101 41	1							
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB conducts	an election in th	e matter ateta veri	r position with rospect to						
any such election.	s an election in th	is matter, state your	position with respect to	11a. Election Type:	<u>I√ </u> Manual <u> </u>	Mail Mixed Manual/Mail			
	11c. E	ection Time(s):		11d. Election Location	on(s):				
11b. Election Date(s): Thursday October 1st		ım -11:45 am			. ,	ocated on Manhattan College			
12a. Full Name of Petitioner (including lo Dylan James Wiley Office Professional Employee International Union Lo	ocal name and n	ımber)		12b. Address (street 265 W 14th St # 610 NY New York 10011-	and number,	city, state, and ZIP code)			
12c. Full name of national or international la	abor organization	of which Petitioner	is an affiliate or constituent						
Office Professional Employee International L 12d. Tel No.	Jnion 12e. Cell No.		12f. Fax No.		12g. E-Mail A	ddrees			
(914) 318-0031	(914) 318-0031				dwiley@opeiu	-tristate.org			
13. Representative of the Petitioner who	. ,	ce of all papers fo	r purposes of the repres	entation proceeding.					
13a. Name and Title	·		13b. Address (street and		nd ZIP code)				
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	Idress			
I declare that I have read the above petit	on and that the	statements are tru	e to the best of my know	ledge and belief					
					D./				
	gnature		Title Rusiness Representative		Date				
Dylan barries whey	/lan James Wiley		Business Representative		09/3/2020				
WILLFUL FALSE STATEME	N IS ON THIS PE	THION CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U.S	. CODE. TITL	E 18. SECTION 1001)			

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

Employees Included

Attachment

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		DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR RELATIONS BOAI RC PETITION	RD	Case No.	-RC-266096		ate Filed 09/15/2020		
INSTRUCTIONS: Unless e-Filed using the Agency in which the employer concerned is located. The of service showing service on the employer and a (Form NLRB-505); and (3) Description of Represe	petition must be all other parties i intation Case Pro	e accompanied by b named in the petitio ocedures (Form NLF	ooth a showing of int on of: (1) the petition	terest (se ; (2) State	ee 6b below) and a certificate ement of Position form		
with the NLRB and should not be served on the e 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF bargaining by Petitioner and Petitioner desires to be certifie requests that the National Labor Relations Board proce	REPRESENTATIVE d as representative	- A substantial number of the employees. The I	Petitioner alleges that th	e followin	g circumstances exist and		
2a. Name of Employer Health Alliance	2b. Addre		(s) involved (Street and n				
3a. Employer Representative – Name and Title Heidi Rosborough / Human Resources Mana		3b. Address (If same as	2b – state same) ngston, NY 12401		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
3c. Tel. No. 3d. Cell No. 845-802-7411		3e. Fax No. 45-802-7414	3f.	E-Mail Add	lress brough@hahv.org		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital	4b. Principal produces Security	ct or service		5a. City	and State where unit is located: on, NY		
5b. Description of Unit Involved Included: ALL FULL-TIME AND PART-TIME U	NARMED AND	ARMED SECURIT	Y OFFICERS, SEC	JRITY	6a. No. of Employees in Unit: 28		
SPECIALISTS PERFORMING GUARD DUTIES LABOR RELATIONS ACT, EMPLOYED BY HE	S AS DEFINED I ALTH ALLIANC	IN SECTION 9(b)(3 E @ See Attachme) OF THE NATION	ΔL	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the		
Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFES Check One: 7a. Request for recognition as Bargain(Date) (//	ning Representative w	vas made on (Date)	and En	nployer dec	Petitioner? Yes No		
8a. Name of Recognized or Certified Bargaining Agent (If NONE		8b. Address		Carlo	Contraction of the second		
8c. Tel No. 8d Cell No.	a started	8e. Fax No.	8f.	E-Mail Add	lress		
8g. Affiliation, if any	81	n. Date of Recognition or			Date of Current or Most Recent y (<i>Month, Day, Year</i>)		
 Is there now a strike or picketing at the Employer's establish (Name of labor organization) 		If so, approxi ed the Employer since (A		vees are pa	articipating?		
10. Organizations or individuals other than Petitioner and thos known to have a representative interest in any employees in the second	e named in items 8 a	and 9, which have claime	ed recognition as represe	ntatives an	d other organizations and individuals		
10a. Name 10b. Add	ress		10c. Tel. No.		10d. Cell No.		
dealers and the second			10e. Fax No.		10f. E-Mail Address		
 Election Details: If the NLRB conducts an election in this any such election. 	matter, state your p	osition with respect to	11a. Election Type:	Mail Mixed Manual/Mail			
11b. Election Date(s): 11c. Ele TBD N/A	ection Time(s):	1000	11d. Election Location(s): N/A				
12a. Full Name of Petitioner (including local name and num International Union, Security, Police and Fire Professionals	s of America (SPFP		25510 Kelly Road, Ros		city, state, and ZIP code) 48066		
12c. Full name of national or international labor organization of International Union, Security, Police and Fire Professionals	of America (SPFPA	A)					
12d. Tel No. 12e. Cell No. 586-772-7250 X111 586-872-5634	5	12f. Fax No. 86-772-9644	orga	g. E-Mail A anize@spl			
13. Representative of the Petitioner who will accept service 13a. Name and Title Gordon Gregory, General	Coursel		I number, city, state, and	ZIP code)			
13c. Tel No. 13d. Cell No. 313-964-5600		13e. Fax No. 13-964-2125	131	. E-Mail Ad don@Unid	ddress onLaw.net		
I declare that I have read the above petition and that the s	~		ledge and belief.				
Name (Print) Signature Dwayne Phillips WILLELIL EALSE STATEMENTS ON THIS PE	the pla	Title Drganizing Director		Date 9/9/2020			

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

LINITED STATES COVEDNMENT			DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR F	UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION					594CE Filed 09/16/2020		
INSTRUCTIONS: Unless e-Filed us	ing the Agency's website. w	ww.nlrb.gov.	submit a	n original of this	Petition to a	n NLRB office in the Region		
in which the employer concerned i								
of service showing service on the								
(Form NLRB-505); and (3) Descript								
with the NLRB and should <u>not</u> be s					noning of int	oreat enterna entry se mea		
PURPOSE OF THIS PETITION: RC-CEI bargaining by Petitioner and Petitioner de requests that the National Labor Relat	RTIFICATION OF REPRESENTAT esires to be certified as representat	IVE - A substantia	al number ees. The l	Petitioner alleges th	nat the following	circumstances exist and		
2a. Name of Employer Planned Building Services, Inc. and Planned Lifestyle Services, Inc., p	2b. A	ddress(es) of Esta	ablishment	t(s) involved (Street a				
3a. Employer Representative – Name and Robert Francis, President & CEO	I Title	· · · · ·	·	s 2b – state same) arsippany, NJ 0	7050			
3c. Tel. No. 973-739-0080	3d. Cell No.	3e. Fax No.		11 27	3f. E-Mail Addr	ress		
4a. Type of Establishment (<i>Factory, mine, w</i> Residential Building	// /holesaler, etc.) 4b. Principal pro Building serv				5a. City a	and State where unit is located:		
5b. Description of Unit Involved	Duliulity serv	1063				6a. No. of Employees in Unit:		
						8		
Included: All building service workers 8 Excluded: 6b. Do a substantial number or more) of the employees statutory guards and supervisors unit wish to be represented Petitioner? Yes								
Check One: 7a. Request for re	cognition as Bargaining Represent	ative was made o	n (Date)	ar	nd Employer decl			
	(Date) (If no reply receive	ed, so state).				0		
	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 Addr	ess		
8g. Affiliation, if any	8g. Affiliation, if any 8h. Da					Date of Current or Most Recent ((Month, Day, Year)		
9. Is there now a strike or picketing at the Er	mplover's establishment(s) involver		so annroy	imately how many e	mnlovees are nai	rticinating?		
(Name of labor organization)								
10. Organizations or individuals other than F known to have a representative interest in a					resentatives and	l other organization's and individuals		
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conducts	an election in this matter, state you	ur position with re	espect to	11a. Election Type	Manual	│ ✓ Mail		
any such election. 11b. Election Date(s):	11c. Election Time(s):			11d. Election Loca				
as soon as possible	The Election Time(s):			FIG. Election Loca	lion(s):	/n(s):		
12a. Full Name of Petitioner (<i>including lo</i> SEIU Local 32BJ	cal name and number)			12b. Address <i>(stre</i> 25 West 18th Stre		city, state, and ZIP code) Y 10011		
12c. Full name of national or international la SEIU	bor organization of which Petitione	r is an affiliate or o	constituent	t (if none, so state)				
12d. Tel No. 212 388-3800	12e. Cell No.	12f. Fax No.			12g. E-Mail Ad	dress		
13. Representative of the Petitioner who	will accept service of all papers f	for purposes of t	the repres	entation proceeding	g.			
^{13a. Name and Title} Katchen Loc	cke, Attorney	13b. Address 25 West 18th Str		<i>d number, city, state,</i> prk, NY 10011	and ZIP code)			
13c. Tel No. 212 539 2941	13d. Cell No.	13e. Fax No.			13f. E-Mail Add klocke@seiu32			
I declare that I have read the above petiti	on and that the statements are tr	ue to the best of	f my know	ledge and belief.				
Name (Print)	gnature	Title			Date			
Katchen Locke	Kun Lole	Attorney			9-16-20			
	NTS ON THIS PETITION CAN BE	PUNISHED BY F	INE AND	IMPRISONMENT (U	.S. CODE. TITLE	E 18. SECTION 1001)		

FORM NLRB-502 (RC) UNITED STATES OF A					[DO NOT WRITE IN THIS SPACE					
FORM NLRB-502 (RC) (2-18)		LABOR RELATI	ONS BO			Case N	10. 02- R	C-2664	19 Date Filed 09/21/2020		
INSTRUCTIONS: Unless e-Filed u employer concerned is located. The the employer and all other parties Case Procedures (Form NLRB 48*	he petition named in t	must be accomp he petition of: (1	anied by 1) the pet	both a sh tition; (2) S	owing of interest (se Statement of Position	ee 6b be n form (elow) and a (Form NLR	a certificate B-505); and	of service sho d (3) Descriptio	wing service on n of Representation	
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires	s to be certified as	s represe	ntative of t	he employees. The P	Petitione	r alleges t	hat the foll	owing circumst	ances exist and	
Film at Lincoln Center 70 L New				. Address(es) of Establishment(s) involved <i>(Street and number, City, State, ZIP code):</i> O Lincoln Center Plaza, 4th Floor ew York, New York 10023							
3a. Employer Representative - Nan Lesli Klainberg	ne and Title:		3b. Addi same	ress <i>(if san</i>	ne as 2b - state same	e):					
3c. Tel. No. (212) 875-5208	3d. Cell No (917) 22			3e. Fax N	0.		f. E-Mail Ac klainber	dress g@film	linc.org		
4a. Type of Establishment <i>(Factory, r</i> cultural institution	mine, whole:	saler, etc.)			al Product or Service	e			d State where un ork, New		
5b. Description of Unit Involved: Included: All full-time and regular p	oart-time	employees	of the 1	Employ	ver			6a. Numbe	r of Employees i	in Unit:	
Excluded: Guards, supervisors, and 1	nanageri	ial employee	es unde	er the A	ct			of the e	ubstantial numbe mployees in the ented by the Peti		
Check One: 7a. Request for rec on or about (Date)		(lf n	o reply re	ceived, so	state).	n/a			leclined recognit		
7b. Petitioner is cu 8a. Name of Recognized or Certifie None	rrently recog ed Bargaini	nized as Bargaini ng Agent (If none	ing Repre e, so state		and desires certification ddress:	on unde	r the Act.				
8c. Tel. No.	8d. Cell No	I.		8e. Fax N	0.	8f. E-Mail Address					
8g. Affiliation, if any:	I		8h	. Date of R	Recognition or Certifica				irrent or Most (<i>Month, Day, Ye</i>	ar)	
9. Is there now a strike or picketing at (Name of Labor Organization)	t the Employ	er's establishmer	nt(s) invol	ved? <u>No</u>	If so, appro		· ·	, , ,	s are participating er since <i>(Month</i> ,		
10. Organizations or individuals other individuals known to have a representation of the second seco						ed recogi	nition as re	presentative		· · · ·	
10a. Name		10b. Address				1	0c. Tel. No		10d. Cell No.		
						1	0e. Fax No		10f. E-Mail Add	ress	
11. Election Details: If the NLRB co	nducts and o	election in this ma	atter, state	e your posi	tion with respect to ar	ny such	election: 1	11a. Election] Mixed Manual/Mail	
11b. Election Date(s): September 28, 2020		11c. Election Tin	ne(s):			1	1d. Electior	n Location(s):		
12a. Full Name of Petitioner (incluo Technical, Office & Profe UAW, AFL-CIO	essional U	Union, Loca			12b. Address (stree 256 West 38th New York, Ne	h Stre ew Yı	et, Suite rk 10018	e 704	IP code):		
12c. Full name of national or internat United Auto Workers	ional labor o	rganization of wh	ich Petitio	oner is an a	affiliate or constituent	(if none	, so state):				
12d. Tel. No. (212) 287-0220	12e. Cell N			12f. Fax N			2g. E-Mail /				
13. Representative of the Petitione 13a. Name and Title: Allyson L. Belovin, Attorney Levy, Ratner, P.C.	y			13b. Addr 80 Eigh	poses of the represe ess (<i>street and numb</i> th Avenue, 8th F ork, New York 1	er, city, Floor					
13c. Tel. No. (212) 627-8100	× /	26-9096		13e. Fax I		a			itner.com		
I declare that I have read the above Name (Print) Allyson L.Belovin	e petition ar	Signature		ysnJ	He best of my knowl	Title	orney			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 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.

								RITE IN THIS SI	DACE	
FORM NLRB-502 (RC) (2-18)	NATIONAL LABO	ATES OF AMERIO DR RELATIONS E PETITION		D	Case	^{No.} 02-F	RC-26677		Date Filed	9/2020
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	he petition must named in the pe	be accompanied tition of: (1) the	by bo betitic	oth a showing of interest (son; (2) Statement of Position	see 6b on form	below) and n (Form NLI	l a certificato RB-505); and	e of service sho d (3) Descriptior	wing serv n of Repre	vice on esentation
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to be	certified as repre	esenta	tive of the employees. The P	Petition	ner alleges	that the follo	owing circumsta	ances exi	
2a. Name of Employer:		2b. A	ddres	s(es) of Establishment(s) invo	olved (Street and r	number, City,	State, ZIP code,):	
3a. Employer Representative - Nan	ne and Title:	3b. A	ddres	s (if same as 2b - state same	e):					
3c. Tel. No.	3d. Cell No.		3e. Fax No.				ddress			
4a. Type of Establishment (Factory, r	mine, wholesaler, o	etc.)	4b	. Principal Product or Service	e		5a. City an	d State where un	nit is locate	ed:
5b. Description of Unit Involved: Included:							6a. Numbe	r of Employees i	n Unit:	
Excluded:							of the e	ibstantial numbe mployees in the nted by the Petit	unit wish t	to be
Check One: 7a. Request for rec on or about (Date) 7b. Petitioner is cur		(If no reply	recei	as made on (Date) ved, so state). ntative and desires certification	ion und		d Employer d	eclined recogniti	ion	
8a. Name of Recognized or Certifie	ed Bargaining Ag	ent (If none, so s	tate)	8b. Address:						
8c. Tel. No.	8d. Cell No.	Cell No. 8e. Fax No.					ddress			
8g. Affiliation, if any:			8h. D	ate of Recognition or Certific	ification 8i. Expiration Date of Current or Most Recent Contract, if any (<i>Month, Day, Year</i>)					
9. Is there now a strike or picketing a	t the Employer's e	stablishment(s) ir	volve	d? If so, appro		,	, , ,	are participating		
(Name of Labor Organization) 10. Organizations or individuals other individuals known to have a repre					ed reco	gnition as re	epresentative	er since <i>(Month, I</i> s and other orga		
10a. Name	10b. /	Address		10c. Tel. N			D.	10d. Cell No.		
					-	10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB con			tate y	our position with respect to a	ny suc		11a. Election	I Mail] Mixed N	/anual/Mail
11b. Election Date(s):	11c. I	Election Time(s):				11d. Electic	on Location(s):		
12a. Full Name of Petitioner (includ	ling local name an	d number):		12b. Address (stree	et and r	number, city	v, State and Z	IP code):		
12c. Full name of national or internati	ional labor organiz	ation of which Pe	titione	er is an affiliate or constituent	t (if non	ne, so state)				
12d. Tel. No.	12e. Cell No.		12	f. Fax No.		12g. E-Mail	Address			
13. Representative of the Petitione 13a. Name and Title:	r who will accept	service of all pa		for purposes of the represe b. Address (street and numb			-			
13c. Tel. No.	13d. Cell No.		13	e. Fax No.		13f. E-Mail	-Mail Address			
I declare that I have read the above Name (<i>Print</i>)	e petition and tha	t the statements Signature	are t	rue to the best of my knowl	Title				C	Date

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