

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>29-RC-228436</b>	Date Filed <b>10/2/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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.			
<b>2a. Name of Employer</b> Tsunis Hotel, LLC		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 3131 Nesconset Hwy NY South Setauket 11720-2005	
<b>3a. Employer Representative - Name and Title</b>		<b>3b. Address</b> (If same as 2b - state same)	
<b>3c. Tel. No.</b> (631) 741-8000	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Hotels & Motels		<b>4b. Principal product or service</b> Hospitality	
<b>5a. City and State where unit is located:</b> Centereach, NY		<b>5b. Description of Unit Involved</b>	
<b>Included:</b> See Attached Page 2 for additional details		<b>6a. No. of Employees in Unit:</b> 12	
<b>Excluded:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Check One:</b> <input checked="" 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.			
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
<b>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.</b> (If none, so state)			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Thursday, October 25	<b>11c. Election Time(s):</b> 10:00am - 2:00pm	<b>11d. Election Location(s):</b> Employee break room at the hotel	
<b>12a. Full Name of Petitioner (including local name and number)</b> Mayra Valladares Local 1102 RWDSU, United Food and Commercial Workers Union		<b>12b. Address (street and number, city, state, and ZIP code)</b> 311 Crossways Park Dr NY Woodbury 11797-2041	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> Retail, Wholesale, Department Store Union, United Food and Commercial Workers			
<b>12d. Tel No.</b> (516) 683-1102	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (516) 832-9205	<b>12g. E-Mail Address</b> mayra@local1102.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Matthew Rocco Counsel Rothman Rocco LaRuffa		<b>13b. Address (street and number, city, state, and ZIP code)</b> 3 West Main Street Ste 200 NY Elmsford 10523-2414	
<b>13c. Tel No.</b> (914) 478-2801	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (914) 478-2913	<b>13f. E-Mail Address</b> mrocco@rothmanrocco.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Matthew Rocco	<b>Signature</b> Matthew P. Rocco	<b>Title</b> Counsel	<b>Date</b> 10/1/2018 15:50:17

**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 <i>29-RC-228436</i>	Date Filed <i>10/2/18</i>

**Employees Included**

All full-time and regular part-time housekeepers and laundry employees employed at the Employer's 3131 Nesconset Highway, Centerreach, NY facility

**Employees Excluded**

All sales persons, drivers, front desk employees, maintenance employees, breakfast bar hosts, porters, room inspectors, office clerical employees, guards and supervisors as defined by the Act

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-228861

Date Filed

10/10/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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: Vireo Health LLC.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 89-55 Queens Blvd. Elmhurst, NY 11373
3a. Employer Representative - Name and Title: Ari Hoffnung - CEO	3b. Address (if same as 2b - state same): same as above

3c. Tel. No. 844-484-7366	3d. Cell No.	3e. Fax No.	3f. E-Mail Address support.ny@vireohealth.zendesk.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Medical Marijuana Dispensary	4b. Principal Product or Service Medical Marijuana products	5a. City and State where unit is located: Elmhurst, New York
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5b. Description of Unit Involved: Included: Including all full time and regular part time medical marijuana delivery drivers. Excluded: Clerical, supervisors and all other employees employed at the Elmhurst location.	6a. Number of Employees in Unit: 12 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
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 09/28/2018 and Employer declined recognition on or about (Date) no reply (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) N/A	8b. Address: N/A
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8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
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8g. Affiliation, if any: NA	8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☒ N/A If so, approximately how many employees are participating? N/A  
(Name of Labor Organization) N/A, has picketed the Employer since (Month, Day, Year) N/A

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)  
N/A

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

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type:  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 10/12/2018	11c. Election Time(s): 7:30a.m to 9a.m	11d. Election Location(s): employee break room of facility
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12a. Full Name of Petitioner (including local name and number): WPS & ASEU Local 811 AFL-CIO	12b. Address (street and number, city, State and ZIP code): 534 3rd Avenue Brooklyn NY 11215
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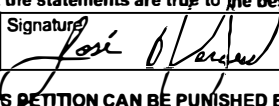
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
International Union of Allied Novelty and Production Workers AFL-CIO

12d. Tel. No. (718)333-5476	12e. Cell No.	12f. Fax No. (718)333-5482	12g. E-Mail Address workerjusticelocal811@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: Jose Merced - President	13b. Address (street and number, city, State and ZIP code): 534 3rd Avenue Brooklyn NY 11215
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13c. Tel. No. (718)333-5476	13d. Cell No.	13e. Fax No. (718)333-5482	13f. E-Mail Address workerjusticelocal811@gmail.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) Jose Merced	Signature 	Title President	Date 10/02/18
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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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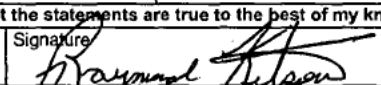
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. <b>29-RC-229083</b>	Date Filed <b>10/12/2018</b>
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer:</b> Elite Image Electrical Group		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 23-09 31 Street Astoria, NY 11105	
<b>3a. Employer Representative - Name and Title:</b> Anthony Donato, President		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 718-777-2131	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Electrical Contractor		<b>4b. Principal Product or Service</b> Electrical	<b>5a. City and State where unit is located:</b> Queens, NY
<b>5b. Description of Unit Involved:</b> Included: All electricians, helpers, foremen, and lead mechanics, Excluded: All office and clerical employees, project managers, managers, and supervisors			<b>6a. Number of Employees in Unit:</b> 19
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> As soon as possible	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>	
<b>12a. Full Name of Petitioner (including local name and number):</b> IBEW Local 3		<b>12b. Address (street and number, city, State and ZIP code):</b> 158-11 Jewel Avenue, Flushing NY 11365	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Electrical Workers			
<b>12d. Tel. No.</b> 718-591-4000	<b>12e. Cell No.</b> 917-376-3474	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Raymond Kitson		<b>13b. Address (street and number, city, State and ZIP code):</b> same as above	
<b>13c. Tel. No.</b> same as above	<b>13d. Cell No.</b> same as above	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> rkitson@local3ibew.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Raymond Kitson	<b>Signature</b> 	<b>Title</b> Director of Organizing	<b>Date</b> 10/11/18

**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. 29-RC-229185 Date Filed 10/15/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Zucker Hillside Hospital - Northwell Health	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 75-59 263rd Street, Glen Oaks, NY 11004
<b>3a. Employer Representative - Name and Title:</b> Philip F. Repash, Associate General Counsel	<b>3b. Address (if same as 2b state same):</b> 2000 Marcus Avenue, New Hyde Park, NY 11042

<b>3c. Tel. No.</b> 516-321-6648	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 516-321-6360	<b>3f. E-Mail Address</b> prepash@northwell.edu
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Acute Care Hospital		<b>4b. Principal Product or Service</b> Healthcare	<b>5a. City and State where unit is located:</b> Glen Oaks, NY
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See Attached <b>Excluded:</b> See Attached			<b>6a. Number of Employees in Unit:</b> 40
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <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.

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

**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)**

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

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> 10/23/2018	<b>11c. Election Time(s):</b> 12:30pm-2:30pm; and 4:30pm-6:30pm	<b>11d. Election Location(s):</b> BHP Conference Room
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<b>12a. Full Name of Petitioner (including local name and number):</b> 1199SEIU United Healthcare Workers East	<b>12b. Address (street and number, city, State and ZIP code):</b> 310 West 43rd Street, New York, NY 10036
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Service Employees International Union

<b>12d. Tel. No.</b> 212-582-1890	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title:**  
Micah Wissinger, Attorney

<b>13b. Address (street and number, city, State and ZIP code):</b> Levy Ratner, P.C., 80 8th Avenue, 8th Floor, New York, NY 10011	
<b>13c. Tel. No.</b> 212-627-8100	<b>13d. Cell No.</b>
<b>13e. Fax No.</b> 212-627-8182	<b>13f. E-Mail Address</b> mwissinger@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.

<b>Name (Print)</b> Micah Wissinger	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 10/12/18
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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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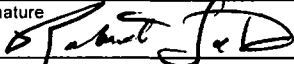
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
29-RC-229961Date Filed  
10/26/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Duro Dyne Corp & Duro Dyne Machine		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 81 Spence Street, Bay Shore New York, 11706	
<b>3a. Employer Representative - Name and Title:</b> Josh Diamand - HR		<b>3b. Address (if same as 2b - state same):</b> 81 Spence Street, Bay Shore New York, 11706	
<b>3c. Tel. No.</b> 631-249-9000 ext. 160	<b>3d. Cell No.</b> n/a	<b>3e. Fax No.</b> 631-249-8346	<b>3f. E-Mail Address</b> jdiamand@durodyne.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> factory/production/machine		<b>4b. Principal Product or Service</b> "sheet metal necessities"	<b>5a. City and State where unit is located:</b> Bay Shore New York
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full time employees currently employed in the 2a above named Bay Shore facility <b>Excluded:</b> Temp employees, Managers, Supervisors, Admin/Clerical, Prof. & Sales Employees			<b>6a. Number of Employees in Unit:</b> 90 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 12/2017 <b>and Employer declined recognition</b> <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <b>If so, approximately how many employees are participating?</b> (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
<b>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)</b> none			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b> <b>10d. Cell No.</b> <b>10e. Fax No.</b> <b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election: Manual and available to both shifts employees reg. work four 10hr days Mon.- Thur.			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 11/15/2018		<b>11c. Election Time(s):</b> 7am to 7pm	<b>11d. Election Location(s):</b> Duro Dyne Facility Break Room
<b>12a. Full Name of Petitioner (including local name and number):</b> Robert Soto, Local Union 137		<b>12b. Address (street and number, city, State and ZIP code):</b> 50-02 5th Street, Suite# A, Long Island City New York, 11101	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Sheet Metal, Air, Rail & Transportation International Association			
<b>12d. Tel. No.</b> 718-937-4514	<b>12e. Cell No.</b> 347-738-0484	<b>12f. Fax No.</b> 718-937-4113	<b>12g. E-Mail Address</b> robert@local137.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Robert Soto, Organizer		<b>13b. Address (street and number, city, State and ZIP code):</b> 50-02 5th Street, Suite# A, Long Island City New York, 11101	
<b>13c. Tel. No.</b> 718-937-4514	<b>13d. Cell No.</b> 347-738-0484	<b>13e. Fax No.</b> 718-937-4113	<b>13f. E-Mail Address</b> robert@local137.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Robert Soto		<b>Signature</b> 	<b>Title</b> Organizer <b>Date</b> 10/29/18

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. <b>29-RC-229970</b>	Date Filed <b>10-26-18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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.			
<b>2a. Name of Employer</b> Northwell Health - Staten Island University Hospital		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 475 Seaview Ave NY Staten Island 10305-3498	
<b>3a. Employer Representative - Name and Title</b> Dave Goodwin		<b>3b. Address</b> (If same as 2b - state same)	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.)		<b>4b. Principal product or service</b>	<b>5a. City and State where unit is located:</b> Staten Island, NY
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details			<b>6a. No. of Employees in Unit:</b> 100 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Check One:</b> <input type="checkbox"/> <b>7a.</b> 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"/> <b>7b.</b> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
<b>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.</b> (If none, so state)			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Wednesdays	<b>11c. Election Time(s):</b> 6am to 8am and 1pm to 4pm	<b>11d. Election Location(s):</b> 475 Seaview Avenue (Staten Island University - North Campus) and 375	
<b>12a. Full Name of Petitioner (Including local name and number)</b> Michael Pidoto LOCAL ONE SECURITY OFFICERS UNION		<b>12b. Address (street and number, city, state, and ZIP code)</b> P.O. Box 1284 NY New York 10276-	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) none			
<b>12d. Tel No.</b> (212) 995-3297	<b>12e. Cell No.</b> (347) 658-8539	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> mp14@nyu.edu
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Bao-Kim Lê Hoffmann & Associates		<b>13b. Address (street and number, city, state, and ZIP code)</b> 450 Seventh Avenue Suite 1400 NY New York 10123-	
<b>13c. Tel No.</b> (212) 679-0400	<b>13d. Cell No.</b> (608) 556-5213	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> admin@hoffmannlegal.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Bao-Kim Lê	<b>Signature</b> Bao-Kim Lê	<b>Title</b>	<b>Date</b> 10/25/2018 17:08:10

**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

Employees Included  
All Full Time Part Time Casual and Per Diems

Employees Excluded  
Supervisors and non Security officers

DO NOT WRITE IN THIS SPACE	
Case	Date Filed



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

DO NOT WRITE IN THIS SPACE

Case No.

29-RD-228665

Date Filed

10/5/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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 7 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: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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**

NYU Brooklyn

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

150 55th street, Brooklyn, NY, 11220

**3a. Employer Representative - Name and Title**

Lorin Wiener, Director Labor Relations

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

5800 2nd ave, Brooklyn, NY, 11220

**3c. Tel. No.**

718-630-6879

**3d. Fax No.**

718-630-7281

**3e. Cell No.****3f. E-Mail Address**

lorin.wiener@nyulangone.org

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

Hospital

**4b. Principal product or service**

Healthcare

**5a. Description of Unit Involved****Included:**

Physician assistants, full time, regular part time and per diem

**Excluded:**

All other employees of the employer, physician assistants employed by professional corporations

**5b. City and State where unit is located:**

Brooklyn, NY

**6. No. of Employees in Unit** 94**7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?** ☒ Yes ☐ No**8a. Name of Recognized or Certified Bargaining Agent**

1199 SEIU

**8b. Affiliation, if any****8c. Address**

330 West 42nd street

NY NY 10036

**8d. Tel. No.**

212-582-1890

**8e. Cell No.****8f. Fax No.****8g. E-Mail Address****9. Date of Recognition or Certification**

September 9th 2003

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

September 30th 2018

**11a. Is there now a strike or picketing at the Employer's establishment(s) involved?** ☐ Yes ☒ No**11b. If so, approximately how many employees are participating?****11c. The Employer has been picketed by or on behalf of (Insert Name)** 1199 SEIU

a labor organization, of

(Insert Address) 56th street, between 1st and 2nd avenue

since (Month, Day, Year) 09/27/18

**12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)** None**12a. Name****12b. Address****12c. Tel. No.****12d. Fax No.****12e. Cell No.****12f. E-Mail Address****13. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. Decertify**13a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail**13b. Election Date(s)**

October 17th 2018

**13c. Election Time(s)**

6am-8am &amp; 6pm-8pm

**13d. Election Location(s)**

NYU Brooklyn

**14. Full Name of Petitioner:**

(b) (6), (b) (7)(C)

**14a. Address (Street and number, city, state, ZIP code)**

(b) (6), (b) (7)(C)

**14b. Tel. No.**

(b) (6), (b) (7)(C)

**14c. Fax No.****14d. Cell No.****14e. E-Mail Address**

(b) (6), (b) (7)(C)

**14f. Affiliation, if any****15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.****15a. Name****15b. Title****15c. Address (Street and number, city, state, ZIP code)****15d. Tel. No.****15e. Fax No.****15f. Cell No.****15g. 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 (Print)**

(b) (6), (b) (7)(C)

**Signature**

(b) (6), (b) (7)(C)

**Title**

(b) (6), (b) (7)(C)

**Date Filed**

10.30.18

WILLFUL FALSE STATEMENTS OR

PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

ACT STATEMENT

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