UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	IN THIS SPACE
29°-RC-228436	Date Filed

RC PETITION 24-KC-228436 10 218

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate

of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code 3131 Nesconset Hwy NY South Setauket 11720-2005 3b. Address (If same as 2b – state same) 3a. Employer Representative - Name and Title 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 3c. Tel. No. (631) 741-8000 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Centereach, NY Hotels & Motels 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: See Attached Page 2 for additional 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 additional details Petitioner? Yes [ ] No [ ] 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8d Cell No 8f F-Mail Address 8c. Tel No. 8e, Fax No 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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) 10c. Tel. No. 10d. Cell No. 10a, Name 10b. Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mail Mixed Manual/Mail any such election 11d Election Location(s): 11b. Election Date(s) Thursday, October 25 11c. Election Time(s): 10:00am - 2:00pm Employee break room at the hotel 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 311 Crossways Park Dr NY Woodbury 11797-2041 Mayra Valladares Local 1102 RWDSU, United Food and Commercial Workers Union 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Retail, Wholesale, Department Store Union, United Food and Commercial Workers 12g. E-Mail Address mayra@local1102.org 12e. Cell No. 12f. Fax No. 12d. Tel No. (516) 683-1102 (516) 832-9205 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Matthew Rocco Counsel Rothman Rocco LaRuffa 3 West Main Street Ste 200 NY Elmsford 10523-2414 13f. E-Mail Address mrocco@rothmanrocco.com 13d. Cell No. 13c. Tel No. (914) 478-2801 (914) 478-2913 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Name (Print) Signature Matthew P. Rocco Counsel 10/1/2018 15:50:17 Matthew Rocco

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

### PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE							
Case	Date Filed						
29-RC-228436	10/2/18						

### **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

FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

_	DO NOT WRITE IN THI	S SPACE
Case No.	29-RC-228861	Date Filed 10/10/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, | www.nlrb.gov/ |, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Vireo Health LLC. 89-55 Queens Blvd. Elmhurst, NY 11373 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Ari Hoffnung - CEO same as above 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 844-484-7366 support.nv@vireohealth.zendesk.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Medical Marijuana Dispensary Medical Marijuana products Elmhurst, New York 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: Including all full time and regular part time medical marijuana delivery drivers. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No Clerical, supervisors and all other employees employed at the Elmhurst location. Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). on or about (Date) no reply ☐ 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: N/A N/A 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address N/A N/A N/A 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A N/A (Name of Labor Organization) , 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 10b. Address 10c. Tel. No. 10d. Cell No. N/A N/A N/A N/A 10e, Fax No. 10f. E-Mail Address N/A 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: 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 10/12/2018 7:30a.m to 9a.m employee break room of facility 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): WPS & ASEU Local 811 AFL-CIO 534 3rd Avenue Brooklyn NY 11215 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Allied Novelty and Production Workers AFL-CIO 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (718)333-5476 workerjusticelocal811@gmail.com (718)333-5482 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Jose Merced - President 534 3rd Avenue Brooklyn NY 11215 13c. Tel. No. 13d. Cell No. 13f. E-Mail Address 13e. Fax No (718)333-5476 (718)333-3482 workerjusticelocal811@gmail.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Signature 2 esí. Jose Merced President 10/02/18

WILLFUL FALSE STATEMENTS ON THIS DETITION 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.

FORM NLRB-502 (RC) (2-18)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN THIS S	PACE
Case No.	29-RC-229083	Date Filed 10/12/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service or

the employer and all other parties Case Procedures (Form NLRB 48							d (3) Description of Representation the employer or any other party.		
<ol> <li>PURPOSE OF THIS PETITION: In bargaining by Petitioner and Petiti requests that the National Labo</li> </ol>	ioner desires to be cer	tified as repre	sentative of the	he employees. The Pe	titioner alleges	that the foll	owing circumstances exist and		
2a. Name of Employer:		2b. A	Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):						
Elite Image Electrical Gro	oup	23-0	23-09 31 Street Astoria, NY 11105						
3a. Employer Representative - Nam	ne and Title:	3b. A	ddress (if sam	ne as 2b - state same):					
Anthony Donato, Presiden	nt	sam	ie	,					
3c, Tel. No. 718-777-2131	3d. Cell No.		3e. Fax No	о.					
4a. Type of Establishment (Factory, I	mine, wholesaler, etc.)			al Product or Service		5a. City an	d State where unit is located:		
Electrical Contractor			Electric	cal		Queens,			
5b. Description of Unit Involved: Included: All electricians, helpers, f	foremen, and lea	d mechar	nics,			19	er of Employees in Unit:		
All office and clerical em						of the e	ubstantial number (30% or more) employees in the unit wish to be ented by the Petitioner? ☒ Yes ☐ No		
Check One: 7a Request for reconn or about (Date)		(If no reply	received, so	state).		d Employer o	declined recognition		
D 7b. Petitioner is cur	rrently recognized as E	Sargaining Re	presentative a	and desires certification	under the Act.				
8a, Name of Recognized or Certifie	ed Bargaining Agent	(If none, so st	ate) 8b. Ad						
8c. Tel. No.	8d. Cell No.		8e. Fax No	0.	8f. E-Mail A				
8g, Affiliation, if any:				ecognition or Certificat	ognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing a	t the Employer's estab	lishment(s) in	volved?	If so, approx	imately how mar	ny employee	s are participating?		
(Name of Labor Organization)					, has picketed	the Employ	er since (Month, Day, Year)		
<ol> <li>Organizations or individuals other individuals known to have a repre</li> </ol>							es and other organizations and		
10a. Name	10b. Addr	ess			10c. Tel. No	D.	10d. Cell No.		
					10e. Fax No	0.	10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and election in	this matter, st	ate your position with respect to any such elect			<u> </u>			
145.51	144-51-3	Van T' - (a)			laad Elektric	Manual Mail Mixed Manual/Mail			
11b. Election Date(s): As soon as possible	11C, Elect	tion Time(s):			11d. Electic	Election Location(s):			
12a. Full Name of Petitioner (includ		12b. Address (street and number, city, State and ZIP code):							
IBEW Local 3	ing local harrie and ha	moery.		158-11 Jewel A			-		
12c. Full name of national or international Brotherhood			titioner is an a	affiliate or constituent (i	if none, so state)	:			
12d. Tel. No.	12e. Cell No.	0111015	12f, Fax N	lo.	12g, E-Mail	Address			
718-591-4000 917-376-3474				naces of the represen	tation proceed	ina			
13. Representative of the Petitioner who will accept service of all paper 13a. Name and Title:				ess (street and number	-	_	· ·		
Raymond Kitson			same as		,,				
13c. Tel. No.	13d. Cell No.		13e. Fax N	No.	13f. E-Mail	Address	· · · · · · · · · · · · · · · · · · ·		
same as above	same as above					@local3il	bew.org		
I declare that I have read the above			are true to ti	ne best of my knowle					
Name (Print)	Sig	gnature	. 4		Title	· · · · · · · · · · · · · · · · · · ·	Date		
Raymond Kitson		17 Jays	und /	Medel	Director of	Organiz	ring 10/11/18		

FORM NLRB-502 (RC)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

	DO NOT WRITE IN TH	IS SPACE
Case No.	29-RC-229185	Date Filed 10/15/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the

employer concerned is located. The employer and all other parties Case Procedures (Form NLRB 48	named in the p	etition of: (1) the	petition;	(2) S	Statement of Position	form	n (Form NL	RB-505); an	d (3) Descrip	tion of Re	epresentation
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Petit     requests that the National Labor	tioner desires to b	e certified as repre	esentative	e of th	ne employees. The Pe	etition	ner alleges	that the foll	owing circun	nstances	
2a. Name of Employer: Zucker Hillside Hospital	Health 75-			Establishment(s) invol Street, Glen Oal				, State, ZIP co	ode):		
3a. Employer Representative - Nar Philip F. Repash, Associa			3b. Address (if same as 2b state same): 2000 Marcus Avenue, New Hyde Park, NY 11042								
3c. Tel. No. 516-321-6648	3d. Cell No.		3e. Fa 516		l-6360		3f. E-Mail A prepash	@northw			
4a. Type of Establishment (Factory, Acute Care Hospital					al Product or Service are			Glen C	d State where aks, NY	unit is lo	cated:
5b. Description of Unit Involved: Included: See Attached								6a. Numbe	er of Employee	es in Unit:	
Excluded: See Attached							of the e	ubstantial num employees in tented by the P	he unit wis	sh to be	
Check One: 7a. Request for reconnection on or about (Date) 7b. Petitioner is cu		(If no reply	y received	l, so s	state).	n und		d Employer	declined recog	inition	
8a. Name of Recognized or Certific None	, ,				dress:	ii uiio	ier the Act,				
8c. Tel. No.	8d. Cell No.		8e. Fax No.			8f. E-Mail Address					
8g. Affiliation, if any:							ion Date of Current or Most ontract, if any (Month, Day, Year)				
Is there now a strike or picketing a     (Name of Labor Organization)	t the Employer's	establishment(s) in	volved?	No	If so, approx				s are participa er since (Mont	_	a arl
10. Organizations or individuals othe individuals known to have a repre						reco	gnition as re	epresentative			
10a. Name	10b.	Address					10c. Tel. No.		10d. Cell No.		
			1			10e. Fax No. 10f. E-Mail Ad			ddress		
11. Election Details: If the NLRB co	nducts and election	on in this matter, s	tate your	positi	ion with respect to any	y such	h election:	11a. Election  Manua		Mixed	d Manual/Mail
11b. Election Date(s): 10/23/2018	Election Time(s): 30pm-2:30pr	e(s): 30pm; and 4:30pm-6:30pm									
12a. Full Name of Petitioner (includ 1199SEIU United Healtho					12b. Address (street 310 West 43rd	Str	number, city eet, Nev	York, N	(IP code): NY 10036		
12c. Full name of national or internat Service Employees Intern			titioneris	an a	ffiliate or constituent (i	if non	e, so state).				
12d. Tel. No. 2 12-582-1890				ax No	).		12g. E-Mail	Address			
13. Representative of the Petitione 13a. Name and Title: Micah Wissinger, Attorney	r who will accep	service of all pa	13b. A	ddre	oses of the represenss (street and number tner, P.C., 80 8th	r, city,	, State and	ZIP code):	ew York, N	NY 1001	1
13c, Tel. No. 212-627-8100	13d, Cell No.		13e, F 212-		o. 7-8182		13f. E-Mail Address mwissinger@levyratner.com				
I declare that I have read the above	petition and the	Ta.	are true	to th	e best of my knowle						10
Name (Print) Micah Wissinger		Signature	-			Att	orney				Date 10/12/18

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.

FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS	SPACE
29-RC-229961	Date Filed 10/26/18

	k		1						10, 20, 10	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accomp the petition of: (1	anied by ) the peti	both a st tion; (2) S	nowing of interest (se Statement of Position	ee 6b below) an form (Form NL	d a certifica: .RB-505); an	le of service d (3) Descrip	showing service on tion of Representation	
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratory	ioner desire	s to be certified as	s represer under its	ntative of the proper au	he employees. The Pe uthority pursuant to \$	titioner alleges Section 9 of the	that the foll National La	owing circur bor Relation	nstances exist and s Act.	
2a. Name of Employer: Duro Dyne Corp & Duro	Dyne M	achine			Establishment(s) involved reet, Bay Shore			, State, ZIP c	ode):	
3a. Employer Representative - Nan Josh Diamand - HR	ne and Title:				ne as 2b - state same). reet, Bay Shore		11706			
3c. Tel. No. 631-249-9000 ext. 160	3d. Cell No n/a	<u>.                                    </u>		3e. Fax No 631-24	9-8346	3f. E-Mail / jdiamar		dyne.com		
4a. Type of Establishment (Factory, factory/production/machin		saler, etc.)	4b. Principal Product or Service "sheet metal necessities"					d State where	e unit is located: / York	
5b. Description of Unit Involved: Included: All full time employees cu	urrently	employed in	the 2a	above	named Bay Sho	ore facility	6a. Numbe	er of Employe	es in Unit:	
Excluded: Temp employees, Manage							of the e	employees in tented by the F	nber (30% or more) the unit wish to be Petitioner? X Yes No	
Check One:	12/2 rently recog	2017 (If no inized as Bargaini	reply rec	eived, so sentative a	state). and desires certification		u Employer	declined reco	jnition	
8a. Name of Recognized or Certific None	ed Bargaini	ng Agent (If none	, so state)	8b. Ac	ldress:					
8c. Tel. No.	8d. Cell No	).	8	8e. Fax No.			8f. E-Mail Address			
8g. Affiliation, if any:			8h.	Date of R	ecognition or Certifical		i. Expiration Date of Current or Most lecent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing a	t the Employ	yer's establishmer	nt(s) involv	ved? No	If so, approx	imately how ma				
(Name of Labor Organization)  10. Organizations or individuals other	then Detitio	and those no	mod in ito	ms 0 and	0 which have elaimed				th, Day, Year)	
individuals known to have a repre								es and other c	rganizations and	
10a. Name		10b. Address					10c. Tel. No.			
				10e. Fax N			lo, 10f. E-Mail Address			
11. Election Details: If the NLRB co Manual and available to b									Mixed Manual/Mail	
11b. Election Date(s): 11/15/2018		11c. Election Tim 7am to 7pm					d. Election Location(s): uro Dyne <b>⊭</b> Facility Break Room			
12a. Full Name of Petitioner (includ Robert Soto, Local Union		me and number):			12b. Address (street 50-02 5th Street				New York, 11101	
12c. Full name of national or internati Sheet Metal, Air, Rail & 7										
12d. Tel. No. 718-937-4514	12e. Cell N 347-738	3-0484		12f. Fax N 718-93	7-4113		local137	.com		
13. Representative of the Petitione 13a. Name and Title: Robert Soto, Organizier	r who will a	ccept service of	11	13b. Addre	poses of the represer ess (street and number th Street, Suite# A	r, city, State and	ZIP code):	w York, 1	1101	
13c. Tel. No. 718-937-4514	13d. Cell N 347-738	3-0484		13e. Fax N 718-93	7-4113		Address local137	.com		
I declare that I have read the above Name (Print)	petition ai	nd that the stater Signature	nents are	true to th	ne pest of my knowle	Title			Date	
Robert Soto		6	Taba.	ا کار	4	Organizer			10/25/18	

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN	THIS SPACE
Case No. 20-RC-2299717	Date Filed

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

(FORM NLKB-303); and (3) Desci							RB 4812). The sho	owing of in	iterest snould only be filed		
with the NLRB and should not to 1. PURPOSE OF THIS PETITION: RC	CERTIFICA	on the e	mpioyer (	or any	/ Otner party.	l number	of amployees wish to	he represent	ad for purposes of collective		
bargaining by Petitioner and Petition	er desires to	be certifie	ed as repres	entativ	e of the employe	es The F	Petitioner alleges tha	t the followi	ng circumstances exist and		
requests that the National Labor R	elations Bo	ard proce									
2a. Name of Employer					dress(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 75 Seaview Ave						
Northwell Health - Staten Island Universi				<u>N</u> Y	Staten Island 1						
3a. Employer Representative – Name	and little				3b. Address (I	f same as	2b – state same)				
Dave Goodwin								05 5 44 11 4 4			
3c. Tel. No.	3d Ce	II NO.			3e. Fax No.			3f. E-Mail Ad	dress		
4. Tree of Fatablish mant (Fatas min		4- \	4h Daissis				L	5- 04	and State where within to acted		
4a. Type of Establishment (Factory, mir	ie, wholesale	ir, etc.)	46. Princip	ai proc	duct or service			Sa. City	y and State where unit is located:		
5b. Description of Unit Involved		L			<del></del>		<del></del>		Staten Island, NY 6a. No. of Employees in Unit:		
l									100		
Included: See Attached Page 2 for ad	ditional details								6b. Do a substantial number (30%		
———									or more) of the employees in the		
Excluded: See Attached Page 2 for ad	ditional details								unit wish to be represented by the		
					· · · · · · · · · · · · · · · · · · ·	- (D -1-)		<b></b> 1 4-	Petitioner? Yes [ ] No [ ]		
Check One: 7a. Request f	=	_				n (Date) _	and	Employer de	eclined recognition on or about		
7h Datitioner			if no reply re			d danian a	certification under the	۸ ۵4	i		
8a. Name of Recognized or Certified						ddress	ceruncation under the	1CI.			
	g		,		55.71						
8c. Tel No.	8d Cel	No.			8e. Fax No. 8f.			8f. E-Mail Ad	Bf. E-Mail Address		
8g. Affiliation, if any					8h. Date of Reco	panition or	Certification	8i. Expiration	Date of Current or Most Recent		
og. Annauon, n any						Contract, if any (Month, Day, Year)					
9. Is there now a strike or picketing at the	e Employer's	s establis	hment(s) inv	/olved?	No Ifs	o. approxi	imately how many emi	olovees are c	participating?		
(Name of labor organization)											
<ol> <li>Organizations or individuals other the known to have a representative interest</li> </ol>								esentatives a	nd other organizations and individuals		
	,	,				(					
10a. Name		10b. Add	Iress				10c. Tel. No.		10d. Cell No.		
	ľ						<u></u>				
							10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB cond	lucts an elect	tion in this	matter, sta	te you	r position with respect to 11a. Election Type: / Manual Mail Mixed				Mail Mixed Manual/Mail		
any such election.											
11b. Election Date(s): Wednesdays			ection Time( Bam and 1p		pm 11d. Election Location(s): 475 Seaview Avenue (Staten Island University - North Cam				nd University - North Campus) and 375		
12a, Full Name of Petitioner (Includin	a local nam		<u>.</u>	m to 4p	)III				c, city, state, and ZIP code)		
Michael Pidoto LOCAL ONE SECURITY OFFICERS UNION	y iocai nam	e and nu	inber,				P.O. Box 1284 NY New York 10276-	and namber	, city, state, and zir code)		
12c. Full name of national or internation	al labor orga	nization o	of which Pet	itioner	is an affiliate or c	constituent	t (if none, so state)				
none	· ·						•				
12d. Tel No.	12e. C				12f. Fax No.	•		12g. E-Mail	Address		
(212) 995-3297		58-8539						mp14@nyu.	edu		
13. Representative of the Petitioner v	vho will acce	ept servic	ce of all pa	pers to					1		
13a. Name and Title Bao-Kim Lê					450 Seventh A		d number, city, state, a uite 1400	na ziP coae,	•		
Hoffmann & Associates	1404.0	all Nia			NY New York	10123-	<sub>7</sub>	13f. E-Mail A	Addross		
13c. Tel No. (212) 679-0400	13d. C (608) 5	ell No. 56-5213			13e. Fax No.		į.		nanniegal.com		
I declare that I have read the above p			tatements	are tru	e to the best of	my know	/ledge and belief.				
Name (Print)	Signature				Title			Date			
Bao-Kim Lê	Bao-Kim Lé	<b>.</b>			7100			l l	18 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

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

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					

FORM NLRB-502 (RD) (2-18)

# 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				

work nich novi

(b) (6), (b) (7)(C) (b) (6), (b) (7)		)(C)		(b) (6), (b) (7)(C)			b. 30,3
declare that I have read the above petition as	nd that the stateme Signature	nts are true to the	best of my kn	owledge an	nd belief.		Date Filed
				15f. Cell N	0.	15g. E-Mail Addres	s
15c. Address (Street and number, city, state, ZIP code)					15d. Tel. No. 15e. Fax No.		
15a. Name	ocehr service oi al	. papera for purpos	or the repr	15b. Title	proceeding.		
14f. Affiliation, if arry  15. Representative of the Petitioner who will a	scent service of all	I namers for numer	es of the ren	neantation	nmceeding		
5 5					14e, E-Mail Address (b) (6), (b) (7)(C)		
14a Address (Street and number, city, state, ZIF (b) (6), (b) (7)(C)			(b) (6), (b) (7)(C)		14a E-Mail Address		
(b) (6), (b) (7)(C)	code)			14b, Tel, N		14c. Fax No.	
October 17th 2018	Jani Gain GC	-Lh		0	· · · · · · · · · · · · · · · · · · ·		
13b. Election Date(§)	ne(s) 6pm-8pm	13d. Election Location(s) NYU Brooklyn					
Election Details: If the NLRB conducts an ematter, state your position with respect to any		13a. Election Type: X Manual		Mail Mixed Manual/Mail			
				12e. Cell N	No.	12f. E-Mail Address	s
12a. Name 12b. Ad				12c. Tel. N		12d, Fax No.	
<ol> <li>Organizations or individuals other those name and individuals known to have a representati</li> </ol>	ed in items 8 and 11 ve interest in any em	c, which have claimen ployees in the unit of	ed recognition described in ite	as represen m 5 above.	tatives and other org (If none, so state)	anizations None	
(Insert Address) 56th street, between						e (Month, Day, Yea	r) 09/27/18
11c. The Employer has been picketed by or on b				1			a labor organization, of
11a. Is there now a strike or picketing at the Emp	loyer's establishmen	•		11b, If so,	approximately how in	nany employees are	participating?
9. Date of Recognition or Certification September 9th 2003		10. Expiration Date September 30t		Most Recen	t Contract, if any (Mo	onth, Day, Year)	
141 141 10000			8f. Fax No.		8g. E-Mail Address		
330 West 42nd street NY NY 10036			212-582-1	890			
8c. Address			8d. Tel. No.	900	8e. Cell No.		
8a. Name of Recognized or Certified Bargaining 1199 SEIU	Agent				8b. Affiliation, if any		
reco	ognized bargaining r			n the unit no	longer wish to be re	epresented by the ce	rtified or currently
All other employees of the employer,							at Badaa
Excluded:	uhaniaisu sasta	lamba amendares d	h 6!	1			
Included: Physician assistants, full time, regular	er diem				is located: Brooklyn, NY		
5a. Description of Unit Involved						,	State where unit
4a. Type of Establishment (Factory, mine, whole Hospital		4b. Principal product or service Healthcare					
718-630-6879 718-630-7	JJ. JGII NO.		lorin.wi				
Lorin Wiener, Director Labor Relatio 3c. Tel. No. 3d. Fax No.	5800 2nd ave,	5800 2nd ave, Brooklyn, NY, 11220  3e. Cell No.   3f. E-Mail Address					
NYU Brooklyn 3a. Employer Representative - Name and Title	150 55th street, Brooklyn, NY, 11220  3b. Address (If same as 2b - state same)						
2a. Name of Employer	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)						
PURPOSE OF THIS PETITION: RD-DECEI recognized bargaining representative is no lo Labor Relations Board proceed under its;	nger their representa	ative. The Petitione	r alleges that	the followir	ng circumstances e		
employer concerned is located. The petitio the employer and all other parties named in Case Procedures (Form NLRB 4812). The s	n must be accomp the petition of:(1)	anied by both a sh the petition; (2) Sta	owing of inter etement of Po	est (see 7 l sition form	below) and a certific (Form NLRB-505); a	ate of service sho and (3) Description	wing service on of Representation
					Petition to an NLKE helow) and a certific		

WILLFUL FALSE STATEMENTS O

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

ACY ACT STATEMENT

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