

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
29-RC-227876

Date Filed
9/24/2018

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

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

2a. Name of Employer Kosher First, LLC d/b/a Tuv Taam Corp.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 502 Flushing Ave NY Brooklyn 11205-1616	
3a. Employer Representative - Name and Title Sam Nutovics		3b. Address (if same as 2b - state same) 502 Flushing Ave NY Brooklyn 11205-1616	
3c. Tel. No. (718) 855-2207	3d. Cell No.	3e. Fax No. (718) 802-1872	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food Processing		4b. Principal product or service prepared foods	
		5a. City and State where unit is located: Brooklyn, NY	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 54
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 Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

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

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11b. Election Date(s): 09/28/2018	11c. Election Time(s): 12:00 PM	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11d. Election Location(s): cafeteria, 502 Flushing Ave., Brooklyn, NY 11205		12b. Address (street and number, city, state, and ZIP code) 1505 Kellum Pl NY Mineola 11501-4811

12a. Full Name of Petitioner (including local name and number)
Eddie Diaz
Local 338, RWDSU/UFCW

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food & Commercial Workers			
12d. Tel No. (516) 294-1338	12e. Cell No.	12f. Fax No. (516) 281-0257	12g. E-Mail Address ediaz@local338.org

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

13a. Name and Title Serge Ambrose attorney Cary Kane LLP		13b. Address (street and number, city, state, and ZIP code) 1350 Broadway Rm 1400 NY New York 10018-0925	
13c. Tel No. (212) 871-0536	13d. Cell No. (646) 860-5010	13e. Fax No. (646) 599-9576	13f. E-Mail Address sambrose@carykane.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) Serge Ambrose	Signature Serge Ambrose	Title attorney	Date 09/21/2018 15:54:11
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 29-RC-227876	Date Filed 9/24/2018

Employees Included

machine operators, packing dept., food prep., dishwashers, maintenance, cooks, frozen food

Employees Excluded

drivers, drivers helpers, office clericals, guards, supervisors/managers

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-227922

Date Filed

9/25/2018

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

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

2a. Name of Employer: Di-Jo Construction Corp.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 37-18 Railroad ave Long island City	
3a. Employer Representative - Name and Title: Diane Bartone-Sarro		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 718-482-0780	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Construction Yard		4b. Principal Product or Service	
5b. Description of Unit Involved: Included: yard workers who prepare trucks with materials necessary to perform construction work outside the yard. Excluded: Mechanics, Supervisors, guards, truck drivers, laborers outside yard		5a. City and State where unit is located: Long island city, New York	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ 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.		6a. Number of Employees in Unit: 7	
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): October 10 2018		11c. Election Time(s): 11:30 am - 12:30 pm	
11d. Election Location(s):		12a. Full Name of Petitioner (including local name and number): Construction Council 175 UWA 99	
12b. Address (street and number, city, State and ZIP code): mineola ave Astyn heights NY 11571		12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Utility workers union - America	
12d. Tel. No. 516 487-3110	12e. Cell No.	12f. Fax No. 516 487 3144	12g. E-Mail Address UnitedPlant@laxunion175.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Eric Chaikin		13b. Address (street and number, city, State and ZIP code): 375 Park Ave Suite, 2607 New York NY 10152	
13c. Tel. No. 212-688-0888	13d. Cell No. 516-816-4526	13e. Fax No. 212 594 5064	13f. E-Mail Address ChaikinLaw@aol.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Eric Chaikin		Signature [Signature]	
Title Legal Counsel		Date 9/24/18	

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
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RD-226897

Date Filed

9/7/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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 Senate Apartments/First Servie Residential of NY		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	
3a. Employer Representative - Name and Title Stephen LaBarbara, Executive		3b. Address (If same as 2b state same) 9437 Shore Road, Brooklyn, NY 11209	
3c. Tel. No. 718-943-9427	3d. Fax No. 212-634-3946	3e. Cell No.	3f. E-Mail Address stephen.labarbara@fsresidential.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential Building		4b. Principal product or service Property Management	
5a. Description of Unit Involved Included: All Full-Time and Regular Part-Time superintendents and porters Excluded: Office clerical employees, guards, and supervisors			5b. City and State where unit is located: Brooklyn, NY
6. No. of Employees in Unit 2	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Local 2 Building Service Employees & Factory Workers, USWU, IUJAT		8b. Affiliation, if any	
8c. Address 82-01 Rockaway Blvd., Suite 130 Ozone Park, NY 11416		8d. Tel. No. (718) 296-7017	8e. Cell No.
		8f. Fax No. (718) 296-4877	8g. E-Mail Address lstuartlocal2@aol.com
9. Date of Recognition or Certification		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 04/01/2014	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other 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)			
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.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) Thursday, September 13, 2018	13c. Election Time(s) 12PM to 2 PM	13d. Election Location(s) 367 Avenue S., Brooklyn, NY 11223 (locker room)	
14. Full Name of Petitioner (b) (6), (b) (7)(C), an individual			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	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 (b) (6), (b) (7)(C)		15b. Title An individual	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)
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 An individual	Date Filed 9/7/18

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
RM PETITION

DO NOT WRITE IN THIS SPACE

Case No. 29-RM-226707

Date Filed 9/5/18

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 petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner:
Washington Memorial Park

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
855 Canal Road, Mount Sinai, NY 11766

3a. Employer/Petitioner Representative - Name and Title:
Michael S. Pepperman, Esq.

3b. Address (if same as 2b - state same):
Obermayer Rebmann Maxwell & Hippel LLP
Centre Square West, Suite 3400, 1500 Market St., Philadelphia, PA 19102

3c. Tel. No.
215-665-3032

3d. Cell No.
215-694-4592

3e. Fax No.
215-665-3165

3f. E-Mail Address
msp@obermayer.com

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

4b. Principal Product or Service
Burial/Internment

5a. Description of Unit Involved:
Included:

5b. City and State where unit is located:
Mount Sinai, NY

Excluded:

6. Number of Employees in Unit:
12

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

- ☐ 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____
☐ 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

8a. Name of Recognized or Certified Bargaining Agent - Name
United Service Workers Union, Local 74

8b. Affiliation, if any:

8c. Address:
36-36 33rd Street, Long Island City, NY 11106

8d. Tel. No.
718-729-7400

8e. Cell No.

8f. Fax No.

8g. E-Mail Address
mherron@uswulocal74.org

9. Date of Recognition or Certification

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 3/31/2018

11. 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) _____

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name and affiliation if any
Washington Memorial Park

12b. Address
855 Canal Road, Mount Sinai, NY 11766

12c. Tel. No.

12d. Cell No.

12e. Fax 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:

13a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s):
September 17, 18, 20 or 21

13c. Election Time(s):
9:00 a.m.

13d. Election Location(s):
The Break Room, 855 Canal Road, Mt. Sinai

14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title:
Michael S. Pepperman, Esq.

14b. Address (street and number, city, State and ZIP code):
Obermayer Rebmann Maxwell & Hippel LLP
Centre Square West, Suite 3400, 1500 Market Street, Philadelphia, PA 19102

14c. Tel. No.
215-665-3032

14d. Cell No.
215-694-4592

14e. Fax No.
216-665-3165

14f. E-Mail Address
msp@obermayer.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)
Michael S. Pepperman, Esq.

Signature

Title
Partner

Date
8/30/2018

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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