

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 3-RC-247525	Date Filed 9/3/19

**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:** University of Rochester  
**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** 601 Elmwood Ave. Rochester NY 14642

**3a. Employer Representative - Name and Title:** James Chodak /Director Department of Transportation & Parking  
**3b. Address (if same as 2b - state same):** same

**3c. Tel. No.**      **3d. Cell No.**      **3e. Fax No.**      **3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Parking lot/ Garage Attendants  
**4b. Principal Product or Service** customer service  
**5a. City and State where unit is located:** Rochester NY

**5b. Description of Unit Involved:**  
**Included:** All Full-time and Part-time parking attendants all others defined by the act  
**Excluded:**

**6a. Number of Employees in Unit:** 57  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?**  Yes  No

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 8/30 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)**      **8b. Address:**

**8c. Tel. No.**      **8d. Cell No.**      **8e. Fax No.**      **8f. E-Mail Address**

**8g. Affiliation, if any:**      **8h. Date of Recognition or Certification**      **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

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

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

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

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

**11b. Election Date(s):**      **11c. Election Time(s):**      **11d. Election Location(s):**

**12a. Full Name of Petitioner (including local name and number):**      **12b. Address (street and number, city, State and ZIP code):**

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International brother hood of teamsters local 118

**12d. Tel. No.** 585-256-1350      **12e. Cell No.** 585-281-1638      **12f. Fax No.** 585-256-1429      **12g. E-Mail Address** jsargent@teamsterslocal118.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title:** Jeffrey Sargent /Business Agent  
**13b. Address (street and number, city, State and ZIP code):** 130 Metro Park Rochester NY 14623

**13c. Tel. No.** 585-256-1350      **13d. Cell No.** 585-281-1638      **13e. Fax No.** 585-256-1429      **13f. E-Mail Address** Jsargent@teamsterslocal118.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)** Jeffrey Sargent      **Signature**      **Title** Business Agent      **Date** 8/30/2019

**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.

DO NOT WRITE IN THIS SPACE

Case No.  
03-RC-247603

Date Filed  
9/4/2019

**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:  
Derrick Gerling Electric Enterprise, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
5906 Derrick Lane, Burt, NY 14028

3a. Employer Representative - Name and Title:  
Derrick Gerling, Owner

3b. Address (if same as 2b - state same):  
Same

3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address

(716) 471-9812 gerlingelectric@yahoo.com

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

4b. Principal Product or Service:  
Electrical Contractor

5a. City and State where unit is located:  
Burt, New York

5b. Description of Unit Involved:  
Included:  
All full-time and regular part-time electricians  
Excluded:  
Office clerical employees, guards, professional employees and supervisors

6a. Number of Employees in Unit:  
4

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?  Yes  No

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 8/30/19 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? Yes  If so, approximately how many employees are participating? 4  
(Name of Labor Organization) has picketed the Employer since (Month, Day, Year)

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

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

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

11b. Election Date(s): September 24, 2019 11c. Election Time(s): 6:30 - 7:00 a.m. 11d. Election Location(s): The Employer's facility

12a. Full Name of Petitioner (including local name and number): IBEW Local 237 12b. Address (street and number, city, State and ZIP code): 8803 Niagara Falls Blvd., Niagara Falls, NY 14304

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

12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address

(716) 297-3650 (716) 480-1623 (716) 297-8471 ibew237aba@gmail.com

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):

13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  
Name (Print) Signature Title Date  
Nicolaus Coyle Organizer 9/3/19

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 OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 3-RC-247647	Date Filed 9/5/19

**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:** Telco Construction, Inc.  
**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** 500 Buffalo Road, East Aurora, NY 14052

**3a. Employer Representative - Name and Title:** James Milks  
**3b. Address (if same as 2b - state same):**

**3c. Tel. No. (716) 805-1520**    **3d. Cell No.**    **3e. Fax No. (716) 805-1522**    **3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** construction    **4b. Principal Product or Service** contractor    **5a. City and State where unit is located:** East Aurora, NY

**5b. Description of Unit Involved:**  
**Included:** All full-time and regular part-time laborers employed by the Employer  
**Excluded:** office clerical employees, guards, professional employees, supervisors  
**6a. Number of Employees in Unit:** 3  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?**  Yes  No

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

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)** Laborers Local Union No. 210    **8b. Address:** 25 Tyrol Drive, Cheektowaga, NY 14227

**8c. Tel. No. (716) 908-1062**    **8d. Cell No.**    **8e. Fax No.**    **8f. E-Mail Address** jfuzak@nyslof.org

**8g. Affiliation, if any:** Laborers International Union of North America    **8h. Date of Recognition or Certification** unknown    **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** 6/30/19

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No  If so, approximately how many employees are participating? \_\_\_\_\_ (Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

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

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

**11b. Election Date(s):** Ballots mailed 9/18/19    **11c. Election Time(s):**    **11d. Election Location(s):**

**12a. Full Name of Petitioner (including local name and number):** Laborers Local Union No. 210    **12b. Address (street and number, city, State and ZIP code):** same as above

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

**12d. Tel. No.**    **12e. Cell No.**    **12f. Fax No.**    **12g. E-Mail Address**

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title:** Jonathan A. Fuzak, Organizer    **13b. Address (street and number, city, State and ZIP code):** same as above

**13c. Tel. No.**    **13d. Cell No.**    **13e. Fax No.**    **13f. E-Mail Address**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)** Jonathan A. Fuzak    **Signature**     **Title** Organizer    **Date** 9/4/19

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

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

DO NOT WRITE IN THIS SPACE	
Case No. 3-RC-247767	Date Filed 9/6/19

**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 petitioner; (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> Saint-Gobain	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 168 Creekside Drive, Amherst NY 14228
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<b>3a. Employer Representative - Name and Title:</b> Sonya Edelman, Plant Manager	<b>3b. Address (if same as 2b - state same):</b> Same
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<b>3c. Tel. No.</b> 716-691-2000	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 716-691-2090	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Manufacturer	<b>4b. Principal Product or Service</b> Ceramic and Nitrite Products	<b>5a. City and State where unit is located:</b> Amherst, NY
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> All regular full-time and part-time Production, Maintenance and Shipping employees. <b>Excluded:</b> All Confidential employees, Supervisors and Guards and defined by the Act.	<b>6a. Number of Employees in Unit:</b> 27	<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
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>	<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>
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<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>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No  If so, approximately how many employees are participating? \_\_\_\_\_ (Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

<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 an election in this matter, state your position with respect to any such election:  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b>	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>
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<b>12a. Full Name of Petitioner (including local name and number):</b> United Food and Commercial Workers Union, Local One	<b>12b. Address (street and number, city, State and ZIP code):</b> 5911 Airport Road, Oriskany NY 13424
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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):**  
United Food and Commercial Workers International Union

<b>12d. Tel. No.</b> 315-797-9600	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 315-793-1182	<b>12g. E-Mail Address</b> leoalcuri@yahoo.com
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<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> Leo Alcuri, Director of Organizing	<b>13b. Address (street and number, city, State and ZIP code):</b> 5911 Airport Road, Oriskany NY 13424

<b>13c. Tel. No.</b> 315-797-9600	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 315-793-1182	<b>13f. E-Mail Address</b> leoalcuri@yahoo.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.

<b>Name (Print)</b> Leo Alcuri	<b>Signature</b> 	<b>Title</b> Director of Organizing	<b>Date</b> 9/5/19
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT**

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

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>03-RC-248964</b>	Date Filed <b>9/27/2019</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.

**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> Birnie Bus Service Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 2245 Dwyer Ave, Utica, NY 13501
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<b>3a. Employer Representative - Name and Title:</b> Suzanne Shean, Utica Terminal Manager	<b>3b. Address (if same as 2b - state same):</b> Same
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<b>3c. Tel. No.</b> (315) 797-4933	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (315) 339-5957	<b>3f. E-Mail Address</b> sueshean@bimiebus.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Busing Services	<b>4b. Principal Product or Service</b> Transportation	<b>5a. City and State where unit is located:</b> Utica, New York
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time drivers, monitors, cleaners, routers, mechanics, trainers/instructors, safety coordinators, and dispatchers employed at the Utica Terminal under the contract for the Utica City School District	<b>6a. Number of Employees in Unit:</b> 243
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<b>Excluded:</b> Guards, Supervisors, Managers, and Professionals, as defined by the Act.	<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
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 09/27/19 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None	<b>8b. Address:</b> None
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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>
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<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>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** NO If so, approximately how many employees are participating? \_\_\_\_\_ (Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

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

<b>11b. Election Date(s):</b> Friday, October 18, 2019	<b>11c. Election Time(s):</b> 9:00 AM - 12:00PM & 3:00PM - 6:00PM	<b>11d. Election Location(s):</b> Utica Terminal Employee Training Room
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<b>12a. Full Name of Petitioner (including local name and number):</b> Civil Service Employees Association, Inc, Local 1000, AFSCME, AFL-CIO	<b>12b. Address (street and number, city, State and ZIP code):</b> 143 Washington Ave, Albany, NY 12210
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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):**  
American Federation of State, County and Municipal Employees

<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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<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> Aaron E. Kaplan, Senior Associate Counsel	<b>13b. Address (street and number, city, State and ZIP code):</b> 143 Washington Ave, Albany, NY 12210
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<b>13c. Tel. No.</b> 518-257-1443	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 518-449-1525	<b>13f. E-Mail Address</b> Aaron.kaplan@cseainc.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Aaron E. Kaplan	<b>Signature</b> 	<b>Title</b> Senior Associate Counsel	<b>Date</b> 09/27/19
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

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