

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

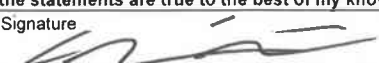
DO NOT WRITE IN THIS SPACE

Case No.
29-RC-242886

Date Filed
6/7/19

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: New York Blood Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 45-01 Vernon Blvd, Long Island City, Queens, NY 11101	
3a. Employer Representative - Name and Title: Maureen Currin Director- Employee & Labor Relations/HR		3b. Address (if same as 2b - state same): 310 East 67th Street, New York, NY 10064	
3c. Tel. No. 212-570-3096	3d. Cell No.	3e. Fax No. 212-570-3466	3f. E-Mail Address mcurrin@nybc.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health Care Clinic		4b. Principal Product or Service Health care	5a. City and State where unit is located: Long Island City, NY
5b. Description of Unit Involved: Included: See attachment Excluded: See attachment		6a. Number of Employees in Unit: 11	
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.		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	
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? 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 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): 6/27/19	11c. Election Time(s): 7am-9am OR 11am-1pm	11d. Election Location(s): Marsh room, first floor	
12a. Full Name of Petitioner (including local name and number): 1199SEIU United Healthcare Workers East		12b. Address (street and number, city, State and ZIP code): 330 West 42nd Street, New York, NY 10036	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):			
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: Micah Wissinger, Esq., Levy Ratner, P.C.		13b. Address (street and number, city, State and ZIP code): 80 8th Avenue, 8th Floor, New York, NY 10011	
13c. Tel. No. 212-627-8100	13d. Cell No. 347-852-5558	13e. Fax No. 212-627-8182	13f. E-Mail Address 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.			
Name (Print) Micah Wissinger	Signature 	Title Counsel to Petitioner	Date 6/5/19

**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.

Attachment 5b

Employees Included

All full-time and regular part-time Client Service Representatives as residuals to the existing unit.

Employees Excluded

All other employees of the Employer, including guards and supervisors as defined in Section 2(11) of the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	29-RC-243068
Date Filed	6/11/19

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
Cushman and Wakefield

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1111 Stewart Avenue, Bethpage, NY 11714 & affiliated properties in LI & Brooklyn

3a. Employer Representative - Name and Title
Lawrence Smith - Supervisor

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

3c. Tel. No.
617-448-8406

3d. Cell No.
617-448-8406

3e. Fax No.

3f. E-Mail Address
lawrence.smith@cushwake.com

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

4b. Principal product or service
Engineering and Building Maintenance

5a. City and State where unit is located:
Long Island & Brooklyn New York

5b. Description of Unit Involved
Included: All full time and regular part time Building Engineers, Stationary Engineers, Mobile Engineers and Maintenance Engineers
Excluded: All office clerical employees, professional employees, guards and supervisors under the Act

6a. No. of Employees in Unit:
10

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) 06/10/2019 and Employer declined recognition on or about 06/11/2019 (Date) (If no reply received, so state). 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).
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

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? 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

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):
June 24th 2019

11c. Election Time(s):
8am to 9am

11d. Election Location(s):
Break room at 111 Crossways, Woodbury, New York

12a. Full Name of Petitioner (including local name and number)
Local 30 International Union of Operating Engineers

12b. Address (street and number, city, state, and ZIP code)
16-16 Whitestone Expressway, Whitestone, New York 11357

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

12d. Tel No.
917-680-7978

12e. Cell No.
917-680-7978

12f. Fax No.
718-805-2172

12g. E-Mail Address
andrespuerta@iuoelocal30.org

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

13a. Name and Title
Andres Puerta, Director of Special Projects

13b. Address (street and number, city, state, and ZIP code)
Local 30, IUOE, 16-16 Whitestone Expressway, Whitestone, New York 11357

13c. Tel No.
917-680-7978

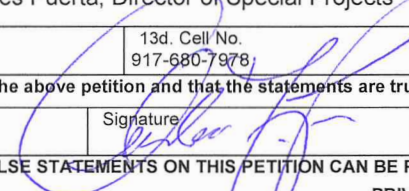
13d. Cell No.
917-680-7978

13e. Fax No.
718-805-2172

13f. E-Mail Address
andrespuerta@iuoelocal30.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)
Andres Puerta

Signature


Title
Director of Special Projects

Date
June 11, 2019

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.

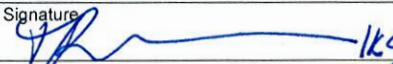
29-RC-243229

Date Filed

6/13/19

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: Waste Connections of New York, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 110 50th Street Brooklyn, NY 11232	
3a. Employer Representative - Name and Title: Charlie Mahoney		3b. Address (if same as 2b - state same): 2630 Park Avenue Bronx, NY 10451	
3c. Tel. No. 718-492-4336	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste transfer station		4b. Principal Product or Service Waste Management Services	5a. City and State where unit is located: Brooklyn, NY
5b. Description of Unit Involved: Included: All full-time and part-time machine operators and traffic controllers Excluded: Clerical and professional employees, guards, supervisors			6a. Number of Employees in Unit: 5 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
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.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) LIFE Local 890		8b. Address: 325 73rd Street Brooklyn, NY 11209	
8c. Tel. No. 718-238-2399	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any: League of International Federated Employees		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 8/14/2019
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			
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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Day of week: Friday	11c. Election Time(s): 3PM-5PM	11d. Election Location(s): 110 50th Street, Brooklyn, NY 11232	
12a. Full Name of Petitioner (including local name and number): Waste Material, Recycling, and General Industrial Laborers' Local 108		12b. Address (street and number, city, State and ZIP code): 121 E 24 Street New York, NY 10010	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Laborers' International Union of North America, AFL-CIO			
12d. Tel. No. (212) 925-9634	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: Tamir Rosenblum, Esq., General Counsel Mason Tenders District Council of Greater New York		13b. Address (street and number, city, State and ZIP code): 520 8th Avenue, Suite 650 New York, NY 10018	
13c. Tel. No. (212) 452-9451	13d. Cell No.	13e. Fax No.	13f. E-Mail Address trosenblum@masontenders.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) Tamir Rosenblum	Signature 	Title General Counsel	Date 6/11/2019

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 29-RC-243255	Date Filed 6/13/19

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 Red Apple Property Management LLC		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 180 Myrtle Avenue, Brooklyn, NY 11201	
3a. Employer Representative - Name and Title Gregg Kravchuk, Property Manager		3b. Address (If same as 2b - state same) 800 3rd Avenue Floor 5, New York NY 10022	
3c. Tel. No. (212) 484-9142	3d. Cell No.	3e. Fax No. (212) 262-4979	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential building		4b. Principal product or service Building services	5a. City and State where unit is located: Brooklyn, NY 11201

5b. Description of Unit Involved Included: All building service workers Excluded: Statutory guards and supervisors, including superintendents		6a. No. of Employees in Unit: 9	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"/>
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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.
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8a. Name of Recognized or Certified Bargaining Agent (if none, so state). United Workers of America, Local 621		8b. Address 367 Long Beach Road 147 Island Park, NY 11558	
8c. Tel. No. (888) 666-1974	8d. Cell No.	8e. Fax No. (516) 706-0879	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification 9/9/16	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9/8/19

9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>NO</u> 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

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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): Nearest Thursday	11c. Election Time(s): 7:00 am-8:00 am, 2:00 pm- 3:00 pm	11d. Election Location(s): Employee locker room in the basement
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12a. Full Name of Petitioner (Including local name and number) SEIU LOCAL 32BJ	12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street New York, N.Y. 10011
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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) SEIU LOCAL 32BJ	
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12d. Tel. No. 212 388-3800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
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13a. Name and Title Michael Soto, Organizer	13b. Address (street and number, city, state, and ZIP code) 25 W. 18th Street, New York, NY, 10011		
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13c. Tel. No.	13d. Cell No. 646-340-6996	13e. Fax No.	13f. E-Mail Address msoto@seiu32bj.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.

Name (Print) Michael Soto	Signature 	Title Organizer	Date 6/11/19
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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

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

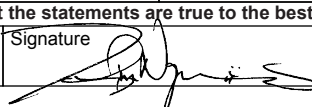
29-RC-243272

Date Filed

6/14/19

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.

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2a. Name of Employer: Security USA		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 336 W. 37th Street, Suite 450, New York, NY 10018	
3a. Employer Representative - Name and Title: Ron Wiley, Account Manager		3b. Address (if same as 2b - state same): SAME	
3c. Tel. No. 212-594-4475	3d. Cell No. 917-443-8843	3e. Fax No. 212-594-5616	3f. E-Mail Address RONALD@SECURITYUSAINC.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential Building		4b. Principal Product or Service Security	5a. City and State where unit is located: Brooklyn, NY
5b. Description of Unit Involved: Included: See attachment Excluded: See attachment			6a. Number of Employees in Unit: 20
			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
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>5/22/2019</u> 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.			
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	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? <u>No</u> <input checked="" type="checkbox"/> 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 and election in this matter, state your position with respect to any such election: TBD			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): TBD		11c. Election Time(s):	11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): Federal Contract Guards of America		12b. Address (street and number, city, State and ZIP code): 445 Park Ave, New York, NY 10022	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): NONE			
12d. Tel. No. 212-541-3753	12e. Cell No.	12f. Fax No. 917-322-2105	12g. E-Mail Address memberservices@fcgoa.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Kim Nguyen, Legal Counsel		13b. Address (street and number, city, State and ZIP code): 445 Park Ave, New York, NY 10022	
13c. Tel. No. 212-541-3753	13d. Cell No. 917-747-8338	13e. Fax No. 917-322-2105	13f. E-Mail Address KNGUYEN@FCGOA.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) KIM NGUYEN		Signature 	Title LEGAL COUNSEL
			Date 6/12/2019

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.

RC Petition – Security USA, Inc.

5b. Description of Unit Involved:

Included:

All full-time and regular part-time security officers performing guard duties under the Employer's contract with the client working at site 2915 W. 5th Street, Brooklyn, NY, known as Trump Village.

Excluded:

All other employees, including administrative, clerical, and non-guards, as defined by the National Labor Relations Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-243802

Date Filed

6/25/19

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: Waste Connections of New York, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 110 50th Street Brooklyn, NY 11232
3a. Employer Representative - Name and Title: Charlie Mahoney	3b. Address (if same as 2b - state same): 2630 Park Avenue Bronx, NY 10451

3c. Tel. No. 718-492-4336	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste transfer station	4b. Principal Product or Service Waste Management Services	5a. City and State where unit is located: Brooklyn, NY
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5b. Description of Unit Involved: Included: All full-time and part-time scale operators Excluded: Clerical and professional employees, guards, 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? <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.

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

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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Day of week: Friday	11c. Election Time(s): 7AM-8AM	11d. Election Location(s): 110 50th Street, Brooklyn, NY 11232
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12a. Full Name of Petitioner (including local name and number): Waste Material, Recycling, and General Industrial Laborers' Local 108	12b. Address (street and number, city, State and ZIP code): 121 E 24 Street New York, NY 10010
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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):
Laborers' International Union of North America, AFL-CIO

12d. Tel. No. (212) 925-9634	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13a. Name and Title: Tamir Rosenblum, Esq., General Counsel Mason Tenders District Council of Greater New York	13b. Address (street and number, city, State and ZIP code): 520 8th Avenue, Suite 650 New York, NY 10018
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13c. Tel. No. (212) 452-9451	13d. Cell No.	13e. Fax No.	13f. E-Mail Address trozenblum@masontenders.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.

Name (Print) Tamir Rosenblum	Signature 	Title General Counsel	Date 6/24/2019
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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.

29-RC-243898

Date Filed

6/26/19

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:
ADAPT Community Network

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
80 Maiden Lane, New York, New York 10038

3a. Employer Representative - Name and Title:
Isabella Dombrowski, Director of Employee and Labor Relations

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

3c. Tel. No.
212-683-6700 ext. 1372

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
idombrowski@adaptcommunitynetwork.org

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

4b. Principal Product or Service
Educational Services

5a. City and State where unit is located:
63-25 Dry Harbor Rd, Middle Village, NY 11379

5b. Description of Unit Involved:

Included: All Teachers, Teacher Assistants (including Substitute Teacher Assistants), Teacher Aides (including One-to-One Aides), Custodians, Administrative Assistants, School Psychologists, Nurses, Music Therapists, Speech Therapists (including Bilingual Speech Therapists), Physical Therapists, and Occupational Therapists

6a. Number of Employees in Unit:
40

Excluded: Employees whose duties are found to be Managerial, Supervisory, or Confidential as defined by the Act

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)

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 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):
July 16, 2019, July 17, 2019 or July 18, 2019

11c. Election Time(s):
2:00pm-3:30pm

11d. Election Location(s):
classroom 9 in the basement of Employer's facility located at 63-25 Dry Harbor Rd, Middle Village, NY 11379

12a. Full Name of Petitioner (including local name and number):
United Federation of Teachers, Local 2, AFT, AFL-CIO

12b. Address (street and number, city, State and ZIP code):
52 Broadway, 14th Floor, New York, New York 10004

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
American Federation of Teachers, AFL-CIO

12d. Tel. No.
212-777-7500

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:
Elizabeth H. Jackson, Esq., Of Counsel, Office of Robert T. Reilly

13b. Address (street and number, city, State and ZIP code):
Office of Robert T. Reilly, 52 Broadway, 9th Floor, New York, New York 10004

13c. Tel. No.
212-228-3382 ext. 167

13d. Cell No.

13e. Fax No.
212-955-2347

13f. E-Mail Address
ejackson@nysutmail.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)
Elizabeth H. Jackson

Signature



Title
Attorney

Date

6/24/2019

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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-242520

Date Filed

6/3/19

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: Security USA	2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 336 W. 37th St, Suite 450, New York, NY 10018
3a. Employer Representative - Name and Title: Ron Wiley, Account Manager	3b. Address (if same as 2b - state same): SAME

3c. Tel. No. 212-594-4475	3d. Cell No. 917-443-8843	3e. Fax No. 212-594-5616	3f. E-Mail Address RONALD@SECURITYUSAINC.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Building		4b. Principal Product or Service Security	5a. City and State where unit is located: Brooklyn, NY
5b. Description of Unit Involved: Included: see attachment Excluded: see attachment		6a. Number of Employees in Unit: 20 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	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 5/22/2019 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) None	8b. Address:
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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? 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: TBD 11a. Election Type:
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): TBD	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): Federal Contract Guards of America	12b. Address (street and number, city, State and ZIP code): 445 Park Ave, New York, NY 10022
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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):

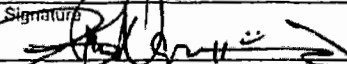
None

12d. Tel. No. 212-541-3753	12e. Cell No.	12f. Fax No. 917-322-2105	12g. E-Mail Address memberservices@fcgoa.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: Kim Nguyen, Legal Counsel	13b. Address (street and number, city, State and ZIP code): 445 Park Ave, New York, NY 10022

13c. Tel. No. 212-541-3753	13d. Cell No. 917-747-8338	13e. Fax No. 917-322-2105	13f. E-Mail Address knguyen@fcgoa.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) KIM NGUYEN	Signature 	Title LEGAL COUNSEL	Date 5/31/2019
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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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RC Petition – Security USA, Inc.

5b. Description of Unit Involved:

Included:

All full-time and regular part-time security officers performing guard duties under the Employer's contract with the client for the site located at 2915 W. 5th Street, Brooklyn, NY, known as Trump Village, Site 3.

Excluded:

All other employees, including administrative, clerical, and non-guards, as defined by the National Labor Relations Act.

2016 OCT 11 3:58 PM

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 29-RD-244054	Date Filed 6/28/19

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: 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 JASA (Jewish Association Serving the Aging)	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 247 W 37th Street NY New York 10018
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3a. Employer Representative - Name and Title Linda Freitag HR Director	3b. Address (If same as 2b - state same)
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3c. Tel. No. 212-273-5215	3d. Cell No.	3e. Fax No.	3f. E-Mail Address LFreitag@jasa.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Legal	4b. Principal product or service Legal Services	5a. City and State where unit is located: Rego Park, NY
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 14
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6b. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
--

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 DC 1707, Local 215 Thomas Murray (In-House Counsel)	8b. Address 420 W. 45th Street, New York, NY 10036
--	--

8c. Tel. No. 212-219-0022	8d. Cell No.	8e. Fax No.	8f. E-Mail Address tmurray@dc1707.net
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): ASAP	11c. Election Time(s): ASAP	11d. Election Location(s): Rego Park, Queens or anywhere in NYC
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12a. Full Name of Petitioner (b) (6), (b) (7)(C) JASA (Jewish Association Serving the Aging)	12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
--	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C)
COMMUNITY AND SOCIAL AGENCY EMPLOYEES UNION, DISTRICT COUNCIL 1707, A.F.S.C.M.E., A.F.L.-C.I.O., Local 215

12d. Tel. No. (b) (6), (b) (7)(C)	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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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	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and (b) (6), (b) (7)(C) due to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Date 06/17/2019 22:53:52
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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.

DO NOT WRITE IN THIS SPACE

Attachment

Case

Date Filed

Employees Included
Attorneys and Paralegals

Employees Excluded
All other professionals and non-professionals