

Case No.

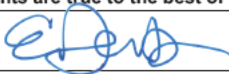
21-RC-253016

Date Filed

12-6-2019

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: Riverside Community Hospital		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4445 Magnolia Ave. Riverside, CA 92501	
3a. Employer Representative - Name and Title Joseph Peccoralo		3b. Address (if same as 2b - state same): Same	
3c. Tel No 951-788-3776	3d. Cell No	3e. Fax No	3f. E-Mail Address Joseph.Peccoalo@HCAhealthcare.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Medical Center		4b. Principal Product or Service Medical Care	
5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A		5a. City and State where unit is located Riverside, California	
		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 <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 12/06/19 and Employer declined recognition on or about (Date) No Reply (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) Service Employees International Union, 121RN		8b. Address 1040 Lincoln Avenue Pasadena, CA 91113	
8c. Tel No	8d. Cell No 626-318-9137	8e. Fax No	8f. E-Mail Address csaplarz@seiu121rn.org
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 None		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): December 17, 2019		11c. Election Time(s): 12:30 pm - 1:30 pm	
		11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): Service Employees International Union, 121RN		12b. Address (street and number, city, State and ZIP code) 1040 Lincoln Avenue Pasadena, CA 91113	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union, 121RN			
12d. Tel No	12e. Cell No 626-318-9137	12f. Fax No	12g. E-Mail Address csaplarz@seiu121rn.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Erica Deutsch, Partner at Bush Gottlieb		13b. Address (street and number, city, State and ZIP code): 801 N. Brand. Blvd. Suite 950, Glendale CA 91203	
13c. Tel No 818-973-3220	13d. Cell No 818-669-6009	13e. Fax No 818-973-3201	13f. E-Mail Address edeutsch@bushgottlieb.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) Erica Deutsch		Signature 	Title Counsel
		Date 12/06/19	

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 A

5b. Description of Unit Involved

Included: Wound care nurses seek to join the existing unit of RNs currently represented by SEIU 121RN and seek an Armour-Global election.

Excluded: All other employees, managers, guards, and supervisors as defined in the NLRA.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-253057	Date Filed 12-9-2019

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
Zenetex

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
MCAS Miramar, Hanger 7, Bldg. 9770, San Diego, CA 92124/MCAS Camp Pendleton, Hanger 6, Oceanside, CA 92058

3a. Employer Representative - Name and Title
Lydia Corum, Director of Human Resources

3b. Address (If same as 2b - state same)
1550 Hotel Circle North, Suite 180, San Diego, CA 92108

3c. Tel. No.
(916) 607-3011

3d. Cell No.

3e. Fax No.
(703) 935-8360

3f. E-Mail Address

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

4b. Principal product or service
Military support services

5a. City and State where unit is located:
Lydia.Corum@zenetex.com

5b. Description of Unit Involved
Included: All full-time and regular part-time Aircraft Mechanics I, Aircraft Mechanics II, Aircraft Mechanics III, Material Expediter, Supply Technicians employed by the Employer at MCAS Miramar Hanger 7 and MCAS Camp Pendleton Hanger 6

Excluded: Guards, Office Clerical and Supervisor as defined by the Act

6a. No. of Employees in Unit:
39

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) 12/9/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **by this Petition**

☐ 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):
December 27, 2019

11c. Election Time(s):
9:30-10:30 am Miramar, 12 noon-1 pm Pendleton

11d. Election Location(s):
Conference Room or Break Room at Hanger 7 Miramar/Hanger 6 Pendleton

12a. Full Name of Petitioner (including local name and number)
Military support services

12b. Address (street and number, city, state, and ZIP code)
5150 Kearny Mesa Road San Diego, CA 92111

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, District Lodge 725, AFL-CIO

12d. Tel. No.
(858) 292-5150

12e. Cell No.

12f. Fax No.
(858) 292-5488

12g. E-Mail Address
jmauldin@iam725.org

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

13a. Name and Title
David W. M. Fujimoto, Attorney

13b. Address (street and number, city, state, and ZIP code)
Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel. No.
(510) 337-1001

13d. Cell No.

13e. Fax No.
(510) 337-1023

13f. E-Mail Address
nlrbnotices@unioncounsel.net

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)
David W. M. Fujimoto

Signature

Title
Attorney

Date
December 9, 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 will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-253880	Date Filed 12-27-2019

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 Methodist Hospital of Southern California		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) See Attached	
3a. Employer Representative - Name and Title Dan Ausman, CEO		3b. Address (If same as 2b - state same) 300 W. Huntington Drive, Arcadia, CA 91007	
3c. Tel. No. (626) 574-3600	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dan.ausman@methodisthospital.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute Care Hospital		4b. Principal product or service Healthcare	
5a. City and State where unit is located: Arcadia, CA		5b. Description of Unit Involved Included: See Attached Excluded: See Attached	
6a. No. of Employees in Unit: 210		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"/>	

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). 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? None 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): January 13, 2020	11c. Election Time(s): 6am - 9am; 1pm - 3pm; 6pm - 9pm	11d. Election Location(s): Lewis Hall
12a. Full Name of Petitioner (including local name and number) Caregiver and Healthcare Employees Union		12b. Address (street and number, city, state, and ZIP code) 155 Grand Ave., Oakland, CA 94612	

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)
American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)

12d. Tel No. 510-273-2200	12e. Cell No.	12f. Fax No. 510-663-4822	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.

13a. Name and Title Eric Wiesner, Legal Counsel		13b. Address (street and number, city, state, and ZIP code) 155 Grand Ave., Oakland, CA 94612	
13c. Tel No. (510) 273-2286	13d. Cell No. (510) 604-3098	13e. Fax No. 510-663-4822	13f. E-Mail Address ewiesner@calnurses.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) Eric Wiesner	Signature 	Title Legal Counsel	Date December 27, 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 will cause the NLRB to decline to invoke its processes.

Attachment A

**RC Petition
Methodist Hospital of Southern California**

**by Caregiver and Healthcare Employees Union (CHEU)
December 27, 2019**

2b. Address(es) of Establishment(s) involved

Main Hospital – 300 W. Huntington Drive, Arcadia, CA 91007
GYN Oncology – 300 W. Huntington Drive, Arcadia, CA 91007
Colorectal Surgery - 301 W. Huntington Drive, Arcadia, CA 91007

5. Unit Involved

Included:

All full-time, regular part-time, and per diem technical employees, including Emergency Room Technicians (EMTs), Laboratory Pathologists, Radiology Technologists, CT Scan Radiology Technologists, Vascular Radiology Technologists, Ultrasound Technicians, Nuclear Medicine Technologists, Licensed Vocational Nurses (LVNs), Certified Surgical Technicians (CSTs), MRI Technicians, Laboratory Technicians, Respiratory Care Therapists, employed by the Employer at its 300 W. Huntington Drive, Arcadia, California and 301 W. Huntington Drive, Arcadia, California facilities.

Excluded:

All other employees, managerial employees, confidential employees, guards, and supervisors within the meaning of the Act.

Eligibility date is pay period ending December 21, 2019.

Per diem/floater/casual Employees are eligible if they have regularly averaged four hours or more per week in the 13 weeks before the December 21, 2019 eligibility date.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-253882** Date Filed **12-27-2019**

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
Methodist Hospital of Southern California

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
See Attached

3a. Employer Representative - Name and Title
Dan Ausman, CEO

3b. Address (If same as 2b - state same)
300 W. Huntington Drive, Arcadia, CA 91007

3c. Tel. No. (626) 574-3600 **3d. Cell No.**

3e. Fax No.

3f. E-Mail Address
dan.ausman@methodisthospital.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Acute Care Hospital

4b. Principal product or service
Healthcare

5a. City and State where unit is located:
Arcadia, CA

5b. Description of Unit Involved

Included: See Attached

Excluded: See Attached

6a. No. of Employees in Unit:
400

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).
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? None 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):
January 13, 2020

11c. Election Time(s):
6am - 9am; 1pm - 3pm; 6pm - 9pm

11d. Election Location(s):
Lewis Hall

12a. Full Name of Petitioner (including local name and number)
Caregiver and Healthcare Employees Union

12b. Address (street and number, city, state, and ZIP code)
155 Grand Ave., Oakland, CA 94612

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

12d. Tel No. 510-273-2200 **12e. Cell No.** **12f. Fax No.** 510-663-4822 **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 Eric Wiesner, Legal Counsel

13b. Address (street and number, city, state, and ZIP code)
155 Grand Ave., Oakland, CA 94612

13c. Tel No. (510) 273-2286 **13d. Cell No.** (510) 604-3098 **13e. Fax No.** 510-663-4822 **13f. E-Mail Address**
ewiesner@calnurses.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) Eric Wiesner **Signature**  **Title** Legal Counsel **Date** December 27, 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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Attachment A

**RC Petition
Methodist Hospital of Southern California**

by Caregiver and Healthcare Employees Union (CHEU)
December 27, 2019

2b. Address(es) of Establishment(s) involved

Main Hospital – 300 W. Huntington Drive, Arcadia, CA 91007
GYN Oncology 300 W. Huntington Drive, Arcadia, CA 91007
Colorectal Surgery - 301 W. Huntington Drive, Arcadia, CA 91007

5. Unit Involved

Included:

All full-time, regular part-time, and per diem service and maintenance employees, including Unit Secretaries/Monitor Technicians, Patient Access Representatives, Certified Nursing Assistants (CNAs), Secretaries, SRV Technicians (OR), Phlebotomists, ECHO/EKG/TMT Technicians, Central Supply/Distribution Technicians, Transporters, Patient Sitter Aides, Sterile Processing Technicians (SPD), Patient Financial Advocates, and Teachers, employed by the Employer at its 300 W. Huntington Drive, Arcadia, California and 301 W. Huntington Drive, Arcadia, California facilities.

Excluded:

All other employees, managerial employees, confidential employees, guards, and supervisors within the meaning of the Act.

Eligibility date is pay period ending December 21, 2019.

Per diem/floater/casual Employees are eligible if they have regularly averaged four hours or more per week in the 13 weeks before the December 21, 2019 eligibility date.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No

21-RC-253940

Date Filed

12-30-2019

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: San Diego Gas and Electric		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 8326 Century Park Ct. CP 6D San Diego, Ca 92123	
3a. Employer Representative - Name and Title: Jim Boland- Director of Labor and Human Relations		3b. Address (if same as 2b - state same): 8306 Century Park Ct. 41-B San Diego, Ca 92123	
3c. Tel. No. 858-650-6146	3d. Cell No. 619-890-1020	3e. Fax No.	3f. E-Mail Address jboland@sdge.com
4a. Type of Establishment (Factory mine wholesaler etc.) Electrical and Gas Distribution		4b. Principal Product or Service Electricity and Natural Gas	
5a. City and State where unit is located: San Diego, Ca		5b. Description of Unit Involved: Included: See Attachment 1 Excluded: See Attachment 1	
6a. Number 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? <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>12/30/19</u> and Employer declined recognition on or about (Date) <u>no reply</u> (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> 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) <u>none</u>			
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) January 17, 2020		11c. Election Time(s) 9:00 a.m. - 11:00 a.m.	
11d. Election Location(s) 8326 Century Park Ct. San Diego, Ca 92123			
12a. Full Name of Petitioner (including local name and number): IBEW Local 465 International Brotherhood of Electrical Workers, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 7444 Trade St. San Diego, Ca 92123	
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, AFL-CIO			
12d. Tel. No. 858-531-7444	12e. Cell No. 858-531-2935	12f. Fax No. 858-536-7197	12g. E-Mail Address anabel@ibew465.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Richard D. Prochazka, Counsel		13b. Address (street and number city State and ZIP code): 2525 Camino Del Rio S. Ste. 209, San Diego, Ca 92108	
13c. Tel. No. 619-296-7676	13d. Cell No. 619-887-6564	13e. Fax No. 858-296-3021	13f. E-Mail Address lawpro@lawpro.us
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) Anabel Arauz		Signature Anabel Arauz	Title Organizer/Business Representative
			Date 12/30/19

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 1

5b. Description of Unit Involved:

Included: All Full time and part time and bi-lingual Account Management Specialists (AMS) and Account Research Representatives (ARR), and Senior Account Management Specialists (Sr. AMS)

Excluded: All other employees, Representatives/Electrical Service Specialists, Office Clerical Employees, professional employees, managerial Employees, Guards and Supervisors as defined in the Act, as amended