

DO NOT WRITE IN THIS SPACE	
Case No. <b>21-RC-253016</b>	Date Filed <b>12-6-2019</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> Riverside Community Hospital	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4445 Magnolia Ave. Riverside, CA 92501
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<b>3a. Employer Representative - Name and Title</b> Joseph Peccoralo	<b>3b. Address (if same as 2b - state same):</b> Same
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<b>3c. Tel No</b> 951-788-3776	<b>3d. Cell No</b>	<b>3e. Fax No</b>	<b>3f. E-Mail Address</b> Joseph.Peccoalo@HCAhealthcare.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc )</b> Medical Center	<b>4b. Principal Product or Service</b> Medical Care	<b>5a. City and State where unit is located</b> Riverside, California
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> See Attachment A <b>Excluded:</b> See Attachment A	<b>6a. Number of Employees in Unit</b> 3	<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) 12/06/19 and Employer declined recognition on or about (Date) No Reply ( f 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> Service Employees International Union, 121RN	<b>8b. Address</b> 1040 Lincoln Avenue Pasadena, CA 91113
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<b>8c. Tel No</b>	<b>8d. Cell No</b> 626-318-9137	<b>8e. Fax No</b>	<b>8f. E-Mail Address</b> csaplarz@seiu121rn.org
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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 s there now a strike or picketing at the Employer's establishment(s) involved? No f 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> None	<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 and election in this matter, state your position with respect to any such election:  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> December 17, 2019	<b>11c. Election Time(s):</b> 12:30 pm - 1:30 pm	<b>11d. Election Location(s):</b>
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<b>12a. Full Name of Petitioner (including local name and number):</b> Service Employees International Union, 121RN	<b>12b. Address (street and number, city, State and ZIP code)</b> 1040 Lincoln Avenue Pasadena, CA 91113
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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):**  
Service Employees International Union, 121RN

<b>12d. Tel No</b>	<b>12e. Cell No</b> 626-318-9137	<b>12f. Fax No</b>	<b>12g. E-Mail Address</b> csaplarz@seiu121rn.org
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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> Erica Deutsch, Partner at Bush Gottlieb	<b>13b. Address (street and number, city, State and ZIP code):</b> 801 N. Brand. Blvd. Suite 950, Glendale CA 91203
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<b>13c. Tel No</b> 818-973-3220	<b>13d. Cell No</b> 818-669-6009	<b>13e. Fax No</b> 818-973-3201	<b>13f. E-Mail Address</b> edeutsch@bushgottlieb.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) Erica Deutsch	Signature 	Title Counsel	Date 12/06/19
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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. he principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation he routine uses for the information are fully set forth in the Federal Register 71 Fed Reg 74942 43 (Dec 13 2006) he 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. <b>21-RC-253057</b>	Date Filed <b>12-9-2019</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.**

**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. <b>21-RC-253880</b>	Date Filed <b>12-27-2019</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.**

**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  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 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. <b>21-RC-253882</b>	Date Filed <b>12-27-2019</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.**

**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.

Case No <b>21-RC-253940</b>	Date Filed <b>12-30-2019</b>
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**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> San Diego Gas and Electric	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 8326 Century Park Ct. CP 6D San Diego, Ca 92123
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<b>3a. Employer Representative - Name and Title:</b> Jim Boland- Director of Labor and Human Relations	<b>3b. Address (if same as 2b - state same):</b> 8306 Century Park Ct. 41-B San Diego, Ca 92123
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<b>3c. Tel. No.</b> 858-650-6146	<b>3d. Cell No.</b> 619-890-1020	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jboland@sdge.com
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<b>4a. Type of Establishment (Factory mine wholesaler etc)</b> Electrical and Gas Distribution	<b>4b. Principal Product or Service</b> Electricity and Natural Gas	<b>5a. City and State where unit is located:</b> San Diego, Ca
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> See Attachment 1 <b>Excluded:</b> See Attachment 1	<b>6a. Number of Employees in Unit:</b> 9	<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) 12/30/19 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>
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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 \_\_\_\_\_  
**11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s)</b> January 17, 2020	<b>11c. Election Time(s)</b> 9:00 a.m. - 11:00 a.m.	<b>11d. Election Location(s)</b> 8326 Century Park Ct. San Diego, Ca 92123
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<b>12a. Full Name of Petitioner (including local name and number):</b> IBEW Local 465 International Brotherhood of Electrical Workers, AFL-CIO	<b>12b. Address (street and number, city, State and ZIP code):</b> 7444 Trade St. San Diego, Ca 92123
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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):**  
International Brotherhood of Electrical Workers, AFL-CIO

<b>12d. Tel. No.</b> 858-531-7444	<b>12e. Cell No.</b> 858-531-2935	<b>12f. Fax No.</b> 858-536-7197	<b>12g. E-Mail Address</b> anabel@ibew465.org
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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> Richard D. Prochazka, Counsel	<b>13b. Address (street and number city State and ZIP code):</b> 2525 Camino Del Rio S. Ste. 209, San Diego, Ca 92108
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<b>13c. Tel. No.</b> 619-296-7676	<b>13d. Cell No.</b> 619-887-6564	<b>13e. Fax No.</b> 858-296-3021	<b>13f. E-Mail Address</b> lawpro@lawpro.us
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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> Anabel Arauz	<b>Signature</b> Anabel Arauz	<b>Title</b> Organizer/Business Representative	<b>Date</b> 12/30/19
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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.

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**