

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-255961	Date Filed 2-7-2020

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 HCA Riverside Community Hospital	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4445 Magnolia Avenue, Riverside, CA 92501
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3a. Employer Representative - Name and Title Joseph Peccorale, Dir. Employee & Labor Relations. HCA Human Resources Grp.	3b. Address (If same as 2b - state same) Same
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3c. Tel. No. 951.788.3116	3d. Cell No. 951.202.3749	3e. Fax No.	3f. E-Mail Address joseph.peccorale@hcahealthcare.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Medical Facility	4b. Principal product or service Health Care	5a. City and State where unit is located: Riverside, CA
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5b. Description of Unit Involved Included: All Supply chain techs, Radiation Therapists, Radiation Coordinators, Nuclear Medicine Technologists and Nuclear Medicine Technologist Leads. Excluded: All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.	6a. No. of Employees in Unit: 26 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: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) by this petition 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
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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.

11b. Election Date(s): February, 26, 2020	11c. Election Time(s): 6am-8am, 11am-2pm	11d. Election Location(s): Conference Room in G Tower on 4th, 5th or 6th floor
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12a. Full Name of Petitioner (including local name and number) Service Employees International Union, United Healthcare Workers-West	12b. Address (street and number, city, state, and ZIP code) 5480 Ferguson Drive, Los Angeles, CA 90022
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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


12d. Tel No. (323) 734-8399	12e. Cell No.	12f. Fax No. (323) 721-3538	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 William T Hanley	13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
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13c. Tel No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address whanley@unioncounsel.net, nlrboffices@unioncounsel.net
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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) William T. Hanley	Signature 	Title Attorney	Date February 7, 2020
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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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-255963	Date Filed 2-07-2020

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 HCA Riverside Community Hospital	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4445 Magnolia Avenue, Riverside, CA 92501
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3a. Employer Representative -- Name and Title Joseph Peccoraro, Dir. Employee & Labor Relations, HCA Human Resources Grp.	3b. Address (if same as 2b -- state same) Same
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3c. Tel. No. 951.788.3116	3d. Cell No. 951.202.3749	3e. Fax No.	3f. E-Mail Address joseph.peccoraro@hcahealthcare.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Medical Facility	4b. Principal product or service Health Care	5a. City and State where unit is located: Riverside, CA
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5b. Description of Unit Involved Included: All Medical Social Workers. Excluded: All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.	6a. No. of Employees in Unit 12 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: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) by this petition 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
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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.

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): February, 26, 2020	11c. Election Time(s): 6am-8am, 11am-2pm	11d. Election Location(s): Conference Room in G Tower on 4th, 5th or 6th floor
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12a. Full Name of Petitioner (including local name and number) Service Employees International Union, United Healthcare Workers-West	12b. Address (street and number, city, state, and ZIP code) 5480 Ferguson Drive, Los Angeles, CA 90022
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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

12d. Tel. No. (323) 734-8399	12e. Cell No.	12f. Fax No. (323) 721-3538	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 William T Hanley	13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
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13c. Tel. No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address whanley@unioncounsel.net; nlrbnotices@unioncounsel.net
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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) William T. Hanley	Signature 	Title Attorney	Date February 7, 2020
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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.


21-RC-256355

Date Filed

2-14-2020

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: Coronado Island Marriott Resort & Spa		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2000 2nd St. Coronado, CA 92118	
3a. Employer Representative - Name and Title: Jonathan Litvack		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 619-435-3000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Jonathan.litvack@marriott.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel		4b. Principal Product or Service Accommodation	
5b. Description of Unit Involved: Included: All full time, part time & on-call banquet captains, banquet servers, banquet-bartenders, lead banquet houseman & banquet houseman Excluded: All other Employees, including supervisors, guards, clerical employees and sales empl.		5a. City and State where unit is located: San Diego, CA	
6a. Number of Employees in Unit: 31		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>By this petition</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)		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)			
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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): February 28, 2020		11c. Election Time(s): 7:00 am - 11:00 am ; 1:30 pm - 5:00 pm	
11d. Election Location(s): Meeting Room TBD			
12a. Full Name of Petitioner (including local name and number): UNITE HERE Local 30		12b. Address (street and number, city, State and ZIP code): 2436 Market St. San Diego, CA 92102	
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: Eric B. Myers		13b. Address (street and number, city, State and ZIP code): 595 Market Street, Suite 800 San Francisco, CA 94105	
13c. Tel. No. 415-597-7200	13d. Cell No.	13e. Fax No.	13f. E-Mail Address cbm@msh.law
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 B MYERS		Signature 	Title Attorney
		Date 2/14/2020	

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.

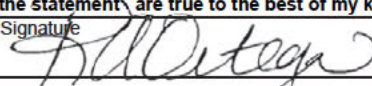
21-RC-256733

Date Filed

2-21-2020

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: Martin Brower		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 21489 Baker Parkway, City of Industry CA 91789	
3a. Employer Representative - Name and Title: Wayne Luter, General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 909-610-6603	3d. Cell No.	3e. Fax No.	3f. E-Mail Address ELuter@martin-brower.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Warehouse		4b. Principal Product or Service Food distribution	5a. City and State where unit is located: City of Industry
5b. Description of Unit Involved: Included: Shipping, receiving, and transportation clerks employed by the Employer at its facility located in City of Industry. Excluded: All other employees including managerial, professional, security guards, and supervisors as defined in the Act.			6a. Number of Employees in Unit: 22
			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) 2/12/2020 and Employer declined recognition on or about (Date) 2/17/2020 (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) 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 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): ASAP		11c. Election Time(s):	11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): Teamsters Local 63		12b. Address (street and number, city, State and ZIP code): 927 Village Oaks Drive, Covina, CA 91724	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 626-859-4005	12e. Cell No.	12f. Fax No.	12g. E-Mail Address mperez@local63.net; (b) (6), (b) (7)(C)
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Raquel Ortega, Attorney		13b. Address (street and number, city, State and ZIP code): 3625 Ruffin Road, Suite 300, San Diego, CA 92123	
13c. Tel. No. 619-297-6900	13d. Cell No.	13e. Fax No.	13f. E-Mail Address rao@sdlaborlaw.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) Raquel Ortega		Signature 	Title Attorney
			Date 2/19/2020

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.


21-RC-256763

Date Filed

2-21-2020

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: Katmai Government Services		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Camp Pendleton, CA 92055	
3a. Employer Representative Name and Title: Debbie Dunn, Director of HR		3b. Address (if same as 2b - state same): 12001 Science Drive, Suite 160, Orlando, FL 32826	
3c. Tel. No. 407.281.6093 x229 407.613.2009 (Direct)	3d. Cell No. 407.480.1492	3e. Fax No. 407.480.5683	3f. E Mail Address ddunn@katmaicorp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Military Contractor		4b. Principal Product or Service Military Support	5a. City and State where unit is located: Camp Pendleton, CA
5b. Description of Unit Involved: Included: All full-time and regular part-time Laborers; Electronic Technician Maintenance I, II, and III; Data Entry Clerks; General Maintenance Workers; Computer Operator I and II; Heavy Equipment Operators; and System Support Specialists. Excluded: All guards and supervisors as defined by the Act.			6a. Number of Employees in Unit: 37 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>By petition</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> 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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): n/a Mail ballot		11c. Election Time(s): n/a Mail ballot	11d. Election Location(s): n/a Mail ballot
12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace Workers, District Lodge 725		12b. Address (street and number, city, State and ZIP code): 5150 Kearney Mesa Blvd, 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, AFL-CIO			
12d. Tel. No. (619) 906-0394	12e. Cell No.	12f. Fax No.	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 2/21/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT 11/071174

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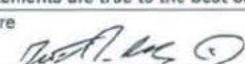
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-256928**Date Filed
2-25-2020

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: Southern California Edison		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 8631 Rush Street 3rd Floor, Rosemead, CA 91770	
3a. Employer Representative - Name and Title: Steven Crowell		3b. Address (if same as 2b - state same): same	
3c. Tel. No.	3d. Cell No. 949-390-4423	3e. Fax No.	3f. E-Mail Address steven.crowell@sce.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Electric Utility		4b. Principal Product or Service Electricity	
5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A		5a. City and State where unit is located: Rosemead, California	
		6a. Number of Employees in Unit 850	
		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>2/25/20</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)		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="radio"/> 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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 3/16 - 4/6/20		11c. Election Time(s):	
		11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): Engineers and Scientists of California Local 20, IFPTE, AFL-CIO/CLC		12b. Address (street and number, city, State and ZIP code): 810 Clay St, Oakland, CA, 94607	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Federation of Professional and Technical Engineers, AFL-CIO & CLC			
12d. Tel. No. 510-238-8320	12e. Cell No. 510-384-7088	12f. Fax No. 510-238-8324	12g. E-Mail Address jwright@ifpte20.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jonathan Cohen and Hannah Weinstein, Attorneys		13b. Address (street and number, city, State and ZIP code): 510 South Marengo Avenue Pasadena, California 91101-3115	
13c. Tel. No. (626) 796-7555	13d. Cell No.	13e. Fax No. (626) 577-0124	13f. E-Mail Address jcohen@rsglabor.com or hweinstein@rsglabor.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) Jonathan T. Wright		Signature 	Title Organizing Director
			Date 2/25/20

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

To RC petition filed on 2/26/2020 by ESC Local 20, IFPTE (ESC):

5b. Description of Unit Involved:

Included:

All Tech Spec, Assoc Specs (Field Planning Technicians) in Transmission and Distribution.

Design/Drafting, Assoc Specs (Designer 1s) and Design/Drafting, Specialists (Designer 2s) in Transmission and Distribution, except for in Engineering.

Planning, Assoc Spec trainees (Planner 1 trainees), Planning, Assoc Specs (Planner 1s), Planning, Sr Spec (Planner 2s), and Planning, Advisors (Planner 3s) in Transmission and Distribution, except for in Substation Construction and Maintenance.

Excluded:

All Planners in Substation Construction and Maintenance; all Planners in Generation and Edison Carrier Solutions; all Designers in Engineering; and all other employees, including confidential employees, guards, managers, and supervisors as defined by the Act.