

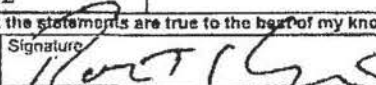
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-257335** Date Filed **3-3-2020**

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: PSAV San Diego Branch		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 7365 Mission Gorge Rd Ste H, San Diego CA 92120-1274	
3a. Employer Representative - Name and Title: Natalie Hobson, Regional VP		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 619 952 3931	3d. Cell No.	3e. Fax No.	3f. E-Mail Address nhobson@psav.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Contractor		4b. Principal Product or Service Audio visual services	
5b. Description of Unit involved: Included: See attached Excluded: See attached		5a. City and State where unit is located: San Diego CA 6a. Number of Employees in Unit: 20+ 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		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 <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Election sought		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 16, 2020	11c. Election Time(s): 8am to 8pm	11d. Election Location(s): SDCC and warehouse	
12a. Full Name of Petitioner (including local name and number): Int'l Alliance of Theatrical Stage Employees, Local 122		12b. Address (street and number, city, State and ZIP code): 3737 Camino Del Rio South Ste 307, San Diego CA 92108	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Int'l Alliance of Theatrical Stage Employees, AFL-CIO			
12d. Tel. No. 619 640 0042	12e. Cell No.	12f. Fax No.	12g. E-Mail Address richard@iatse122.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Robert S. Giolito, Attorney		13b. Address (street and number, city, State and ZIP code): 11755 Wilshire Blvd Ste 1600, Los Angeles CA 90025	
13c. Tel. No. 310 935 3555	13d. Cell No. 310 897 1082	13e. Fax No.	13f. E-Mail Address rgiolito@giolitolaw.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) Robert S. Giolito	Signature 	Title Attorney	Date 3/2/2020

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 to Petition for Election

PSAV San Diego Branch

Included:

All full time and regular part-time employees employed by the Employer in San Diego County, including all warehouse technicians, drivers, riggers, lead riggers, technicians, technical specialists, technical leads, and technical supervisors.

Excluded:

All directors, managers, coordinators, supervisors, office clericals, and guards, including regional directors, warehouse directors, sales directors, operations directors, regional managers, HR managers, warehouse managers, operations managers, project managers, sales managers, project coordinators, sales coordinators, rigging coordinators, customer service reps, customer service specialists, customer account specialists, senior warehouse technicians, recruiters, administrative assistants, executive assistants, and interns.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RC-257498

Date Filed

3-04-2020

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 Spectrum Security Services, Inc		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1633 E 4th St., Suite #238, CA Santa Ana 92701-	
3a. Employer Representative - Name and Title Henry Lewis		3b. Address (if same as 2b - state same) 1633 E 4th St., Suite #238, CA Santa Ana 92701-	
3c. Tel. No. (714) 542-9600	3d. Cell No. (949) 812-8959	3e. Fax No. (714) 542-9696	3f. E-Mail Address henry.lewis@spectrumdetentionservices.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Systems & Services		4b. Principal product or service Security	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Los Angeles, CA	
		6a. No. of Employees in Unit: 93	
		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). International Union, Security Police & Fire Professionals of America SPFA & its Amalgam		8b. Address 25510 Kelly Road MI Roseville 48066-	
8c. Tel No. (800) 228-7492	8d. Cell No. (586) 709-9563	8e. Fax No. (586) 772-9644	8f. E-Mail Address DLHICKEY01@aol.com
8g. Affiliation, if any		8h. Date of Recognition or Certification 03/01/2017	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 02/29/2020

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

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

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

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

11b. Election Date(s): 3/23/20	11c. Election Time(s): 5:30 am to 6:30 am & 1:30 pm to 2:30 pm	11d. Election Location(s): 300 N Los Angeles St. Federal Building & 34 Civic Center Plaza, Santa A
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12a. Full Name of Petitioner (including local name and number) STEVE MARITAS Law Enforcement Officers Security Unions LEOSU, LEOS-PBA	12b. Address (street and number, city, state, and ZIP code) 1155 F STREET NW #1050 DC Washington DC 20004-
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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)
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA

12d. Tel No. (202) 595-3510	12e. Cell No. (202) 486-8558	12f. Fax No. (202) 595-3510	12g. E-Mail Address Leosunions@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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

Name (Print) STEVE MARITAS	Signature Steve Maritas	Title Organizing Director	Date 03/5/2020 13:40:56
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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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
21-RC-257498	3-04-2020

Employees Included

All full-time and regular part-time detention officers performing guard duties as defined in Section 9(b)(3) of the Act employed by the Employer in Los Angeles & Orange Counties

Employees Excluded

all other employees, office clerical employees, professional employees captains, lieutenants, sergeants, corporals and supervisors as defined by the Act.


UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-257595**Date Filed
3-6-2020

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: Epsilon System Solutions, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Building 42 NAS North Island, Coronado, CA	
3a. Employer Representative - Name and Title: Chelsea Wignall, Human Resources		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 619.702.1700	3d. Cell No. 619.573.7827	3e. Fax No.	3f. E-Mail Address cwignall@epsilonsystems.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: Coronado, CA
5b. Description of Unit Involved: Included: All full-time and regular part-time Hoist Technicians. Excluded: All managers, guards and supervisors as defined by the Act.			6a. Number of Employees in Unit: 4
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <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) By petition 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? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): Tuesday, March 26th, 2020		11c. Election Time(s): 11:00 a.m. - 11:15 a.m.	11d. Election Location(s): Building 42 Break Room or Conference
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 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, 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: Caren P. Sencer, 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) Caren P. Sencer		Signature 	Title Attorney Date 3/6/2020

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

PRIVACY ACT STATEMENT 11073812

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RC-258117

Date Filed

3-17-2020

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

CARE Ambulance

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

1517 W Braden Ct
CA Orange 92868-

3a. Employer Representative - Name and Title

Mike Gorman

3b. Address (If same as 2b - state same)

1517 W Braden Ct
CA Orange 92868-

3c. Tel. No.

(714) 288-3800

3d. Cell No.

(702) 465-6723

3e. Fax No.

3f. E-Mail Address

michael.gorman@falck.com

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

Healthcare

4b. Principal product or service

Ambulance Transport

5a. City and State where unit is located:

Orange, CA

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
1077

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

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts 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):
5/4, 5/5, 5/6

11c. Election Time(s):
8am to 12pm and 3pm to 7pm all three days

11d. Election Location(s):
1517 West Braden Ct, Orange, CA 92869, 16007 camino De La Cantera

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

Michael Linville
International Association of EMT's and Paramedics (IAEP), National Association of Government employees (NAGE).

12b. Address (street and number, city, state, and ZIP code)

159 Burgin Parkway
MA Quincy 02169-

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

International Association of EMT's and Paramedics (IAEP), National Association of Government Employees (NAGE), Service Employees International Union

12d. Tel. No.

(961) 334-6505

12e. Cell No.

(951) 334-6505

12f. Fax No.

12g. E-Mail Address

mlinville@nage.org

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

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)

13c. Tel. No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

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

Name (Print)

Michael Linville

Signature

Michael Linville

Title

Organizer

Date

03/17/2020 13:51:30

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

DO NOT WRITE IN THIS SPACE	
Case 21-RC-258117	Date Filed 3-17-2020

Employees Included

All full-time and part-time Emergency Medical Technicians (EMT's) and paramedics (EMT- P's), working in and out of the employers stations, operations centers, buildings, deployment centers, satellite stations located in Los Angeles (County) and Orange County, including but not limited to the following locations: 1517 West Branden Ct, Orange, CA 92868; 16007 Camino De La Cantera, Irwindale, CA, 91006; 12160 Mora Dr., Sante Fe Springs, CA, 90670; 13329 Garvey, Baldwin Park, CA 91706

Employees Excluded

All office and clerical personnel, Dispatchers, Nurses, guards and supervisors as defined by the Act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RD-258082

Date Filed

3-17-2020

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Kaiser Permanente Southern Permanente Med. Grp.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) See attached	
3a. Employer Representative - Name and Title Richard Rosas, Sr. Dir. Labor Rel.		3b. Address (If same as 2b - state same) 4700 Sunset Blvd., Los Angeles, CA 90027	
3c. Tel. No. 626/405.5698	3d. Fax No. 626/405.6739	3e. Cell No.	3f. E-Mail Address richard.d.rosas@kp.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute care, clinic, medical office buildings and other			4b. Principal product or service health care
5a. Description of Unit Involved Included: All full-time, part-time, and per diem speech therapists, audiologists, dietitians, and health educators Excluded: Guards and supervisors as defined in the Act.			5b. City and State where unit is located: Throughout Southern California

6. No. of Employees in Unit 413 **7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?** ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent National Union of Healthcare Workers		8b. Affiliation, if any	
8c. Address 225 W. Broadway, Ste 400 Glendale, CA 91204		8d. Tel. No. 818/241.0140	8e. Cell No.
		8f. Fax No. 818/241.0141	8g. E-Mail Address srosselli@nuhw.org

9. Date of Recognition or Certification ~2010 **10. Expiration Date of Current or Most Recent Contract, if any** (Month, Day, Year)
09/30/18

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No **11b. If so, approximately how many employees are participating?**
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)

12a. Name United Nurses Associations of California/Union of Health Care Professionals, AFSMCE	12b. Address 955 Overland Ct., Ste 150 San Dimas, CA 91773	12c. Tel. No. 909/451.0610	12d. Fax No. 909/618.0659
		12e. Cell No. 909/741.0330	12f. E-Mail Address pamela.chandran@unacuhcp.org

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. **13a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

13b. Election Date(s) April 6, 2020 **13c. Election Time(s)** **13d. Election Location(s)**

14. Full Name of Petitioner

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) number, city, state, ZIP code)

(b) (6), (b) (7)(C)

14b. Tel. No.

(b) (6), (b) (7)(C)

14c. Fax No.

14d. Cell No.

14e. E-Mail Address

(b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name Pamela Chandran		15b. Title Legal Counsel	
15c. Address (Street and number, city, state, ZIP code) UNAC/UHCP 955 Overland Ct., Ste 150 San Dimas, CA 91773		15d. Tel. No. 909/451.0610	15e. Fax No. 909/618.0659
		15f. Cell No. 909/741.0330	15g. E-Mail Address pamela.chandran@unacuhcp.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) Pamela Chandran	Signature <i>Pamela Chandran</i>	Title Legal Counsel	Date Filed 03/16/20
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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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Workplaces of Southern California Professionals Group – Speech Therapists, Audiologists, Dietitians, Health Educators

1526 Edgemont MOB Speech Therapy-Regular Clinic
1526 Edgemont MOB Transplants-Liver-Outpatient
4700 Sunset MOB ESRD Multidiscipline
4700 Sunset MOB Mental Hlth/Psychiatry-RegClin
4700 Sunset MOB Pediatrics-Cystic Fibrosis
4700 Sunset MOB Pediatrics-Hematology/Oncology
Alton/Sand Canyon MOB 1 Head and Neck-Audiology
Alton/Sand Canyon MOB 1 Speech Therapy-Regular Clinic
Anaheim Kraemer Med Office I Head and Neck-Audiology
Anaheim Kraemer Med Office I Speech Therapy
Anaheim Kraemer Med Office I Speech Therapy-Regular Clinic
Antelope Valley Medical Office Head and Neck-Regular Clinic
Antelope Valley Medical Office Speech Therapy-Regular Clinic
Balboa Plaza Admin. Offices Home Health
Baldwin Park Med Center Nutritional Svcs-I/P
Baldwin Park MOB Head and Neck-Audiology
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Baldwin Park MOB Speech Therapy-Regular Clinic
Canyon Crest Mental Health Off Mental Hlth/Psychiatry-RegClin
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Downey Medical Center Nutritional Svcs-I/P
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IRIS MOB II Head and Neck-Audiology
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Magnolia Village Home Health
Main St Hlth Pavilion Bldg Two Mbr Education - Misc
OC Anaheim Medical Center Nutritional Svcs-I/P
OC Irvine Medical Center Nutritional Svcs-I/P
Ontario Hospital Nutritional Svcs-I/P
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Orchard MOB #A ESRD Multidiscipline
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OXNARD 2103 E GONZALES RD MOB Speech Therapy-
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Panorama City Med Center Nutritional Svcs-I/P
Panorama City MOB #5 Head and Neck-Audiology
Panorama City MOB #5 Speech Therapy-Regular Clinic
Playa Vista MOB Primary Care-Bariatric
Regional Offices - Pasadena Genetics
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ZION MEDICAL CENTER Nutritional Svcs-I/P
ZION MEDICAL CENTER Speech Therapy-Inpatient

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RD-258174

Date Filed

3-19-2020

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Kaiser Permanente - So. Cal. Permanente Med. Grp.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) see attached	
3a. Employer Representative - Name and Title Richard Rosas, Sr. Dir Labor Relations		3b. Address (If same as 2b - state same) 393 E Walnut St, Pasadena, CA 91188	
3c. Tel. No. 626/405.5698	3d. Fax No. 626/405.6739	3e. Cell No.	3f. E-Mail Address richard.d.rosas@kp.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute care, clinic, medical office buildings and other			4b. Principal product or service Health care
5a. Description of Unit Involved Included: All full-time, part-time, and per diem speech therapists, audiologists, dietitians, and health educators. Excluded: Guards and supervisors as defined in the Act.			5b. City and State where unit is located: Throughout Southern California

6. No. of Employees in Unit 413 **7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?** ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent National Union of Healthcare Workers		8b. Affiliation, if any	
8c. Address 225 W. Broadway, Ste 400 Glendale, CA 91204		8d. Tel. No. 818/241.0140	8e. Cell No.
		8f. Fax No. 818/241.0141	8g. E-Mail Address srosselli@nuhw.org

9. Date of Recognition or Certification ~2010 **10. Expiration Date of Current or Most Recent Contract, if any** (Month, Day, Year)
09/30/18

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No **11b. If so, approximately how many employees are participating?**
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)

12a. Name United Nurses Associations of California/Union of Health Care Workers	12b. Address 955 Overland Ct., Ste 150 San Dimas, CA 91773	12c. Tel. No. 909/451.0610	12d. Fax No. 909/618.0659
		12e. Cell No. 909/741.0330	12f. E-Mail Address pamela.chandran@unacuhcp.org

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. **13a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

13b. Election Date(s) April 8, 2020 **13c. Election Time(s)** **13d. Election Location(s)**

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) number, city, state, ZIP code)

(b) (6), (b) (7)(C)

14b. Tel. No.

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

15a. Name Pamela Chandran	15b. Title Legal Counsel	
15c. Address (Street and number, city, state, ZIP code) 955 Overland Ct., Ste 150 San Dimas, CA 91773	15d. Tel. No. 909/451.0610	15e. Fax No. 909/618.0659
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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) Pamela Chandran	Signature Pamela Chandran	Title Legal Counsel	Date Filed 03/18/20
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