

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RC-251065

Date Filed

11-4-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Healthcare Services Group dba La Casa Mental Health Facility

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
6060 N Paramount Boulevard, Long Beach, California

3a. Employer Representative - Name and Title
Anna Hita, General Manager HSG

3b. Address (If same as 2b - state same)
3220 Tillman Drive, Suite 300 Bensalem, PA 19020

3c. Tel. No.
215-639-4274

3d. Cell No.

3e. Fax No.
215-639-2152

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Mental Health Rehabilitation Center

4b. Principal product or service
Mental Health Care

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

5b. Description of Unit Involved
Included: Housekeepers, Janitors, and Floor Techs.
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:
13

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) 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

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):
Nov 12, 2019 or Nov 15, 2019

11c. Election Time(s):
12 pm to 1 pm

11d. Election Location(s):
Inside employer's facility

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

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, United Healthcare Workers-West

12d. Tel. No.
(323) 734-8399

12e. Cell No.

12f. Fax No.
(323) 721-3538

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 **Bruce A. Harland**

13b. Address (street and number, city, state, and ZIP code)
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 bharland@unioncounsel.net; 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) **Bruce A. Harland**

Signature *Bruce A. Harland*

Title Attorney

Date November 1, 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.

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-251460**

Date Filed **11-08-2019**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Mason-Dixon Intermodal d/b/a Universal Intermodal Services		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2035 E. Bella Way, Compton, CA 90220	
3a. Employer Representative - Name and Title Tony Miles, General Manager, Intermodal Services		3b. Address (If same as 2b - state same) 9515 10th Ave South, Seattle, WA 98108	
3c. Tel. No. 206-762-6100	3d. Cell No. 586-718-4606	3e. Fax No. 586-467-0904	3f. E-Mail Address tmiles@universalintermodal.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) trucking	4b. Principal product or service trucking	5a. City and State where unit is located: Compton & Fontana, CA
--	---	---

5b. Description of Unit Involved Included: All full-time and regular part-time drivers working out of Compton and Fontana, California yards Excluded: All other employees, guards and supervisors as defined by the Act	6a. No. of Employees in Unit: 27 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) N/A 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? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

10a. Name None	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

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

11b. Election Date(s): November 27, 2019	11c. Election Time(s): 5:00 a.m. - 8:00 a.m. & 4:00 p.m. - 7:00 p.m.	11d. Election Location(s): 2035 E. Bella Way, Compton, CA
--	--	---

12a. Full Name of Petitioner (including local name and number) International Brotherhood of Teamsters Port Division	12b. Address (street and number, city, state, and ZIP code) 25 Louisiana, N.W., Washington, D.C. 20901
---	--

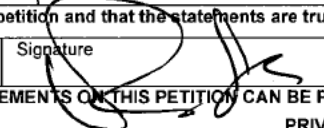
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
None

12d. Tel No. 202-624-8711	12e. Cell No.	12f. Fax No. 202-624-6884	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 Ricardo Hidalgo, Lead Organizer		13b. Address (street and number, city, state, and ZIP code) International Brotherhood of Teamsters Port Division, 3888 Cherry Ave., Long Beach, CA 90807	
13c. Tel No. 310-251-6876	13d. Cell No. 310-251-6876	13e. Fax No.	13f. E-Mail Address rhidalgo@teamster.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) Ricardo Hidalgo	Signature 	Title INTERNATIONAL ORGANIZER	Date 11/8/19
--	---	---	------------------------

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information 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-252039

Date Filed

11-19-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Los Angeles Times Communications LLC (Olympic Printing Facility)		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2000 East 8TH Street CA Los Angeles 90021-	
3a. Employer Representative - Name and Title Mark Dial		3b. Address (If same as 2b - state same) 2000 East 8TH Street CA Los Angeles 90021-	
3c. Tel. No. (800) 528-4637	3d. Cell No. (626) 472-5258	3e. Fax No.	3f. E-Mail Address Mark Dial@Latimes.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Printing & Publishing		4b. Principal product or service Print and Distribute Newspapers	
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: 61	
		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).		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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 12/13/2019		11c. Election Time(s): 1:30p - 3:30p, 9:30p - 11:30p		11d. Election Location(s): Facility second floor breakroom/cafeateria			
12a. Full Name of Petitioner (including local name and number) Richard M Street Graphic Communications Union local 140-N				12b. Address (street and number, city, state, and ZIP code) 11110 Taylorsville Rd KY Louisville 40299-			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Graphic Communications Conference/International Brotherhood of Teamsters							
12d. Tel No. (202) 230-9787		12e. Cell No. (202) 230-9787		12f. Fax No.		12g. E-Mail Address rstreet@gcu.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) Richard M Street	Signature Richard M. Street	Title Conference Organizer	Date 11/19/2019 07:22:38
---	---------------------------------------	--------------------------------------	------------------------------------

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-252039	Date Filed 11-19-2019

Employees Included

All regular full time, and regular part time production employees working in: mailroom and newsprint

Employees Excluded

Clerical, sales, add services, engeneers, temporary employees, printing pressman, maintenance, supervisors, guards and all others as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-252352** Date Filed **11-25-2019**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer The Museum of Contemporary Art		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 250 S. Grand Avenue CA Los Angeles 90012-	
3a. Employer Representative - Name and Title Klaus Biesenbach		3b. Address (If same as 2b - state same) 250 S. Grand Avenue CA Los Angeles 90012-	
3c. Tel. No. (213) 636-6222	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kbiesenbach@moca.org
4a. Type of Establishment (Factory, mine, wholesaler, etc) Others		4b. Principal product or service Museum/Art	
5a. City and State where unit is located: Los Angeles, CA			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 128
Included: See Attached Page 2 for additional details		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"/>
Excluded: See Attached Page 2 for additional details		

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? 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): Monday, December 2nd; Wednesday, December	11c. Election Time(s): 9:30am-11:30am, 2pm-4pm, 6pm-8pm	11d. Election Location(s): 250 South Grand Avenue, Los Angeles and 152 North Central Avenue, L
12a. Full Name of Petitioner (including local name and number) Lylwyn Esangga American Federation of State, County and Municipal Employees District Council 36		12b. Address (street and number, city, state, and ZIP code) 514 Shatto Street 3rd Floor CA Los Angeles 90020-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
American Federation of State, County and Municipal Employees District Council 36

12d. Tel No. (213) 305-9627	12e. Cell No. (213) 305-9627	12f. Fax No.	12g. E-Mail Address lesangga@afscme36.org
---------------------------------------	--	---------------------	---

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

13a. Name and Title Daniel B Rojas Attorney Rothner, Segall & Greenstone		13b. Address (street and number, city, state, and ZIP code) 510 S. Marengo Avenue CA Pasadena 91101-	
13c. Tel No. (626) 796-7555	13d. Cell No.	13e. Fax No. (626) 577-0124	13f. E-Mail Address drojas@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) Lylwyn Esangga	Signature Lylwyn Esangga	Title Organizing Director	Date 11/21/2019 14:36:55
---------------------------------------	------------------------------------	-------------------------------------	------------------------------------

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

PRIVACY ACT STATEMENT

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

DO NOT WRITE IN THIS SPACE	
Case 21-RC-252352	Date Filed 11-25-2019

Employees Included

Graphic Designer, Digital Producer, Development Assistant, Educator, Administrative Assistant, Preparator, Exhibition Tech, Education Assistant, Audio Visual Technician, Retail Coordinator, Sales Associate, Web Store & Shipping Coordinator, Visitor Engagement Lead, Gallery Attendant, Gallery Attendant II.

Employees Excluded

Communications Coordinator, Curator, Curator Manager, Assistant Curator and Manager of Publications, Curatorial Administrator, Curatorial Assistant, Associate Curator, Education Program Team Manager, Teen and Family Program, IT Manager, IT Consultant, Logistics Associate, Operations & Events Manager, Assistant Registrar, Acquisitions and Exhibitions, registration assistant, Associate Registrar Loans and Exhibitions, Store Manager, visitor engagement coordinator, manager of visitor engagement visitor engagement supervisor, director of education and public programs, special projects consultant, Assistant to the Director, Chief of staff to the director, Art director, chief communication officer, senior director exhibitions and collections, senior curator/new initiatives, Director of Communications, development events and travel manager, Individual giving manager, associate director of institutional giving, individual giving coordinator, institutional giving coordinator, membership and annual fund manager, director of development operations, chief development officer, senior curator, associate director of education, senior educator, director of exhibition production, accounting assistant, controller, CFO/COO, accounting manager, accounting assistant, director of security and maintenance, director of operations chief engineer, Director registration and collections, director of retail operations, director of visitor engagement

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITIONCase No.
21-RD-251942Date Filed
11-18-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.dco.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 REPUBLIC SERVICES		2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code) 1700 MAXWELL RD. CHULA VISTA CA 91911	
3a. Employer Representative - Name and Title (b) (6), (b) (7)(C) PETITIONER		3b. Address (if same as 2b - state name) 1700 MAXWELL RD. CHULA VISTA CA 91911	
(b) (6), (b) (7)(C) Fax No. [REDACTED]		3c. Cell No. [REDACTED]	
3d. E-Mail Address [REDACTED]		3f. E-Mail Address [REDACTED]	
4a. Principal product or service LAND FILL		4b. Principal product or service LAND FILL	
5a. Description of Unit Involved Included: OPERATORS - FEEDBOTH - LABORS - MECHANICS Excluded: SECRETARY - MANAGEMENT - SUPERVISORS		5b. City and State where unit is located: 1700 MAXWELL RD CHULA VISTA CAL. 91911	
6. No. of Employees in Unit 34		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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent TEAMSTERS		8b. Affiliation, if any 542 TEAMSTERS	
8c. Address 4666 MISSION GORGE PLACE SAN DIEGO CA 92120		8d. Tel. No. (619) 592-0542	
8e. Cell No. (619) 403-8698		8f. E-Mail Address BEUTISTA@TEAMSTERS542.ORG	
9. Date of Recognition or Certification MARCH 2018		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NO CONTRACT	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) since (Month, Day, Year)		a labor organization, of	
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		12b. Address	
12c. Tel. No.		12d. Fax No.	
12e. Cell No.		12f. E-Mail Address	
13. Election Details: (If the NLRB conducts an election in this matter, state your position with respect to any such election.)			
13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		13b. Election Date(s) MONDAY-SATURDAY 7 AM TO 3 PM	
13c. Election Time(s) 7 AM TO 3 PM		13d. Election Location(s) 1700 MAXWELL RD. CHULA VISTA CA 91911	
14a. Name 1700 MAXWELL RD CHULA VISTA CA. 91911		14b. Title (b) (6), (b) (7)(C)	
14c. Fax No. (b) (6), (b) (7)(C)		14d. 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 (b) (6), (b) (7)(C)		15b. Title PETITIONER	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No. (b) (6), (b) (7)(C)	
15e. Fax No. (b) (6), (b) (7)(C)		15f. Cell No. (b) (6), (b) (7)(C)	
15g. E-Mail Address (b) (6), (b) (7)(C)		15h. E-Mail Address (b) (6), (b) (7)(C)	
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) (b) (6), (b) (7)(C)		Title PETITIONER	
(b) (6), (b) (7)(C)		Date Filed 11-14-19	

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RD-252370

Date Filed

11-25-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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 Sully-Miller Contracting Company dba <i>United Rock Products</i>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1245 Arrow Hwy, Irwindale, CA 91706	
3a. Employer Representative - Name and Title <i>Elie Munguia</i> , HR Manager		3b. Address (If same as 2b - state same) 135 S. State College Blvd., Ste. 400	
3c. Tel. No. (714) 719-5969	3d. Fax No.	3e. Cell No.	3f. E-Mail Address <i>elie.munguia@sully-miller.com</i>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Rock plant		4b. Principal product or service Rock products	

5a. Description of Unit Involved Included: See Attachment "A" Excluded: See Attachment "A"	5b. City and State where unit is located: Irwindale, CA
---	---

6. No. of Employees in Unit 50 **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 International Union of Operating Engineers, Local 12, AFL-CIO		8b. Affiliation, if any	
8c. Address 150 E. Corson Street Pasadena, CA 91103 <i>C/O House Counsel Hugo Tzee</i>		8d. Tel. No. 626-792-8900	8e. Cell No.
		8f. Fax No. 626-792-9039	8g. E-Mail Address <i>h.tzee@iuoe12.org</i>

9. Date of Recognition or Certification October 31, 2018 **10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

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) none

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

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) Dec. 2, 2019	13c. Election Time(s) 1:30pm - 4:30 pm and 8:30pm - 9 pm	13d. Election Location(s) "Old Shop" at Employer facility in Irwindale, CA
--	--	--

14. Full Name of Petitioner (b) (6), (b) (7)(C)		
14a. Address (Street and 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 (b) (6), (b) (7)(C)		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address (b) (6), (b) (7)(C)

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) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title AN Individual	Date Filed 11-22-19
--	---	-------------------------------	-------------------------------

WILLFUL FALSE STATEMENTS

PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

RD Petition

Included: All full-time and regular part-time employees employed by the Employer at its operations currently located at 1245 Arrow Highway, Irwindale, California performing work under the following classifications: loader operators, conveyormen, scale clerks, plant operators, foremen, recycle operators, universal operators, water truck drivers, sweeper operators, dredge operators, yardmen/groundmen, plant mechanics, and fabricators/welders.

Excluded: All other employees, office clerical employees, administrative employees, professional employees, managerial employees, guards, and supervisors as defined in the Act.