

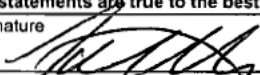
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-249591**Date Filed
10-7-2019

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: ABM Facilities Engineering Services		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 14201 Franklin Avenue, Tustin, CA 92780	
3a. Employer Representative - Name and Title: Curtis Van Buskirk		3b. Address (if same as 2b - state same): 6470 Oak Canyon Road, Irvine, CA 92618	
3c. Tel. No. 949 265-0377	3d. Cell No. 562-760-7513	3e. Fax No.	3f. E-Mail Address curtis.vanbuskirk@abm.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Financial Institution Buildings		4b. Principal Product or Service Financial Advisors / Data Center	
5a. City and State where unit is located: Irvine, CA		5b. Description of Unit Involved: Included: See Attached Excluded:	
6a. Number of Employees in Unit: 14		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) 10/07/2019 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: NA	
8c. Tel. No. NA	8d. Cell No. NA	8e. Fax No. NA	8f. E-Mail Address NA
8g. Affiliation, if any: NA		8h. Date of Recognition or Certification NA	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		NA	
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) NONE			
10a. Name NA		10b. Address NA	
10c. Tel. No. NA		10d. Cell No. NA	
10e. Fax No. NA		10f. E-Mail Address NA	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 2 separate voting times to cover First, Second and Third Shifts			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		11b. Election Date(s): 10/22/2019	
11c. Election Time(s): 6:00AM to 8:00AM & 1:30PM to 3:30PM		11d. Election Location(s): Parking Garage Engineering Storage Room	
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, Local 501, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 2405 West Third Street, Los Angeles, CA 90057	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, AFL-CIO			
12d. Tel. No. 213-385-1561	12e. Cell No. 213-220-7644	12f. Fax No. 213-559-9472	12g. E-Mail Address pmurphy@local501.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: International Union of Operating Engineers, Local 501, AFL-CIO		13b. Address (street and number, city, State and ZIP code): 2405 West Third Street, Los Angeles, CA 90057	
13c. Tel. No. 213-385-1561	13d. Cell No. 213-220-7644	13e. Fax No. 213-559-9472	13f. E-Mail Address pmurphy@local501.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) Patrick J. Murphy		Signature 	Title Business Representative
Date 10/7/2019			

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 may cause the NLRB to decline to invoke its processes.

Attachment: 5b. Description of Unit Involved

Included: All full-time, regular and part-time, temporary or extra maintenance engineers and Administrative Assistant employed by the Employer at Capital Group building, 6470 Oak Canyon Road, Irvine, California 92618;

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

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INLRB REGION 21
LOS ANGELES, CA

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
21-RC-249887	10-11-2019

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 Morrison Healthcare, (A Compass One Healthcare Company)		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3751 Katella Ave, Los Alamitos, CA 90720	
3a. Employer Representative - Name and Title Dana Denis, Regional Director of Operations		3b. Address (If same as 2b - state same) 752 36th Street, Manhattan Beach, CA, 90266	
3c. Tel. No. 310-488-3438	3d. Cell No.	3e. Fax No. 310-545-1610	3f. E-Mail Address danadenis@iammorrison.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facility		4b. Principal product or service Food Services Contractor	
5b. Description of Unit Involved Included: All full time, part time, and per diem cashiers, cooks, ambassabors, dish/pot washers, and leads employed by the employer at its operations at Los Alamitos Medical Center at 3751 Katella Ave, Los Alamitos, CA 90720 Excluded: All other employees, managers, confidential employees, dieticians, diet assistants, nutritionists, high school students, and already represented employees and supervisors as defined by the act.		5a. City and State where unit is located: Los Alamitos, CA	
		6a. No. of Employees in Unit: 32	
		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) 10/11/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **no reply**
☐ 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.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 11/5/2019	11c. Election Time(s): 11am-1pm, 2pm-4pm	11d. Election Location(s): Conference Room upstairs from cafeteria	
12a. Full Name of Petitioner (including local name and number) National Union of Healthcare Workers		12b. Address (street and number, city, state, and ZIP code) 5801 Christie Ave, Suite 525, Emeryville, CA	
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. (818) 241-0140	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 Piete Clayton		13b. Address (street and number, city, state, and ZIP code) 225 W. Broadway, Suite 400 Glendale, CA 91204	
13c. Tel No.	13d. Cell No. 510-290-4811	13e. Fax No. (818) 241-0141	13f. E-Mail Address pclayton@nuhw.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) Florice Hoffman	Signature <i>Florice Hoffman</i>	Title attorney	Date 10/11/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-250194	Date Filed 10-18-2019

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 UTC Collins Aerospace		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 9920 Freeman Ave, Santa Fe Springs, CA 90670	
3a. Employer Representative - Name and Title Heidi Jacobus, Senior Human Resources Generalist		3b. Address (If same as 2b - state same) 7100 Intermodel Drive, Louisville, KY 40258	
3c. Tel. No. (502)995-3353	3d. Cell No.	3e. Fax No.	3f. E-Mail Address heidi.jacobus@utas.utc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor		4b. Principal product or service Military Support	
5b. Description of Unit Involved Included: All Full Time and Regular Part Time Component Tech I, Component Tech II, Component Tech III, Component Tech IV, Production/Maintenance-Engine/Components, Production/Maintenance-Material/Handling, Service technicians, shipping and receiving employees and quality employees employed by the Company at its facility located at 9920 Freeman Ave, Santa Fe Springs, CA 90670 Excluded: All managers, Operations Support Specialists, Manufacturing Group Leaders, Assistant Supervisors, Back up Supervisors, Office Clerical, and all other professional employees, guards and supervisors as defined by the Act.			5a. City and State where unit is located: Santa Fe Springs, CA 6a. No. of Employees in Unit: 38 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: <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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): October 31, 2019	11c. Election Time(s): 8:00 am-10:00 am	11d. Election Location(s): Lunch Room/Break Room	
12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 947		12b. Address (street and number, city, state, and ZIP code) 535 West Willow Street, Long Beach, CA 90806-2830	
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. (916) 542-3351	12e. Cell No.	12f. Fax No.	12g. E-Mail Address RCarrillo@iamaw.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 10/18/19

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-250532	Date Filed 10-24-2019

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 Troon Golf LLC / The Classic Club		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 75200 Classic Club Blvd., Palm Desert, CA	
3a. Employer Representative - Name and Title Greg Rubino, General Manager		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (760) 601-3677	3d. Cell No.	3e. Fax No.	3f. E-Mail Address grubino@troon.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Golf Club and Course		4b. Principal product or service Golf	
5b. Description of Unit Involved Included: All golf course maintenance employees, including Working Foremen, Mechanics, Irrigators, and Groundsmen employed by the Employer at The Classic Club, located in Palm Desert, CA. Excluded: All office clerical employees, professional employees, watchmen, guards, timekeepers, and supervisors as defined in the Act.		5a. City and State where unit is located: Palm Desert, California	
		6a. No. of Employees in Unit: 18	
		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: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>10/23/19</u> and Employer declined recognition on or about _____ (Date) (If no reply received, so state). no reply			
<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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): As soon as possible to maximize participation		11c. Election Time(s): 5:15 am - 5:45 am; and 7:45 am - 8:15 am	
11d. Election Location(s): An appropriate break or lunch room			
12a. Full Name of Petitioner (including local name and number) Laborers' International Union of North America, Local Union 1184, AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 1128 East La Cadena Drive, Riverside, CA 92507	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Laborers' International Union of North America			
12d. Tel No. (951) 684-1484	12e. Cell No.	12f. Fax No. (951) 779-1445	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 Arthur Four, Counsel for Petitioner		13b. Address (street and number, city, state, and ZIP code) REICH, ADELL & CVITAN, 3550 Wilshire Blvd., Suite 2000, Los Angeles, CA 90010	
13c. Tel No. (213) 386-3860	13d. Cell No.	13e. Fax No. (213) 386-5583	13f. E-Mail Address arthurf@rac-law.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) Arthur N. Four	Signature 	Title Counsel for Petitioner	Date 10/24/19

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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