

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

31-RC-255625

Date Filed

2/3/2020

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:
Honeyville Grain, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
11600 Dayton Dr., Rancho Cucamonga, CA 91730

3a. Employer Representative - Name and Title:
Miguel Gatyán, H. R. Manager

3b. Address (if same as 2b - state same):
Same.

3c. Tel. No.
909-243-1094

3d. Cell No.

3e. Fax No.
909-980-6503

3f. E-Mail Address

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

4b. Principal Product or Service
Grain Products

5a. City and State where unit is located:
Rancho Cucamonga, CA

5b. Description of Unit Involved:

Included:
See Attachment.
Excluded:
See Attachment.

6a. Number of Employees in Unit:
30

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) _____ on or about (Date) _____ (If no reply received, so state). By petition and Employer declined recognition
☐ 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 and 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):
February 25 or 26, 2020

11c. Election Time(s):
45 minutes prior to start of shift

11d. Election Location(s):
An appropriate breakroom or meeting room.

12a. Full Name of Petitioner (including local name and number):
Teamsters, Chauffeurs, Warehousemen, Industrial and Allied Workers of America, Local 166

12b. Address (street and number, city, State and ZIP code):
18597 Valley Blvd., Bloomington, CA 92316

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

International Brotherhood of Teamsters

12d. Tel. No.
909-877-8326

12e. Cell No.

12f. Fax No.
909-877-2812

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 N. Four, c/o REICH, ADELL & CVITAN

13b. Address (street and number, city, State and ZIP code):
3550 Wilshire Blvd., Ste. 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
2/3/2020

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 SECTION 5b "Description of Unit"

Included: All Delivery Truck Drivers employed by the Employer out of its facility in Rancho Cucamonga, CA.

Excluded: All other employees, confidential employees, guards and supervisors as defined in the Act, as amended.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

31-RC-256845

Date Filed

2/24/2020

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: Wage Justice Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3250 Wilshire Boulevard, Suite 1010, Los Angeles, CA 90010	
3a. Employer Representative - Name and Title: Ana Cisneros Alvarez, ED/Legal Dir. and Tania Millan, HR/Dir. of Finance & Admin.		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 213-273-8400 X 308 & 307	3d. Cell No.	3e. Fax No.	3f. E-Mail Address ana@wagejustice.org tania@wagejustice.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Office		4b. Principal Product or Service Non-profit legal services	5a. City and State where unit is located: Los Angeles, CA
5b. Description of Unit Involved: Included: All full-time and regular part-time Staff Attorneys, Asset Investigators, IT Staff, Legal Fellows, and Paralegals. 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): Monday, March 9, 2020		11c. Election Time(s): 12:00 p.m. - 1 p.m.	11d. Election Location(s): Empty Office at Employer's location
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 W. Willow St. Long Beach, CA 90806	
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. (562) 427-8900	12e. Cell No. (562) 208-7634	12f. Fax No. (562) 427-1122	12g. E-Mail Address (b) (6), (b) (7)(C)
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Xochitl A. Lopez, 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) Xochitl A. Lopez		Signature 	Title Attorney Date 2/24/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT 1\1071140

Case No.
31-RC-257073Date Filed
2/27/2020

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: Mercy Hospital Southwest Mercy Hospital Downtown Bakersfield		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 400 Old River Rd, Bakersfield, CA 93311 2215 Truxtun Ave., Bakersfield, CA 93301	
3a. Employer Representative - Name and Title Judy S. Coffin, V.P. & Associate General Counsel		3b. Address (if same as 2b - state same): 185 Berry Street, Suite 300 San Francisco, CA 94107	
3c. Tel No (415) 438-5755	3d. Cell No	3e. Fax No (415) 438-5726	3f. E-Mail Address judy.coffin@dignityhealth.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Medical Facility		4b. Principal Product or Service Health Care	5a. City and State where unit is located Bakersfield, CA
5b. Description of Unit Involved: Included: All Medical Social Workers and All Licensed Clinical Social Workers Excluded: All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.			6a. Number of Employees in Unit 10 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 this 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)			
10a. Name		10b. Address	10c. Tel No 10d. Cell No 10e. Fax No 10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:			11a. Election Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 3/17/20 or 3/18/20		11c. Election Time(s): 1:00pm - 1:30pm; 2:30pm - 3:30pm	11d. Election Location(s): Conference room inside 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			
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: William T. Hanley		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 whanley@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) William T. Hanley		Signature 	Title Attorney Date 02/27/20

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

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
31-RC-257230

Date Filed
2/28/2020

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: Sierra Transport, Inc. **2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** 12856 Old River Rd. , Bakersfield, CA 93311

3a. Employer Representative - Name and Title: Keith Lutrel, General Manager
Michael Dake, Dispatch **3b. Address (if same as 2b - state same):** Same

3c. Tel. No. 661-399-0246 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address** keith@lutreltrucking.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation **4b. Principal Product or Service** Bio-Solids **5a. City and State where unit is located:** Bakersfield

5b. Description of Unit Involved: Included: Drivers **6a. Number of Employees in Unit:** 23

Excluded: Dispatchers, Mechanics, Supervisors, and Guards as defined by the Act **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): 3/13/2020 **11c. Election Time(s):** 6:00 am - 8:00 am; 2:00 pm - 5:00 pm **11d. Election Location(s):**

12a. Full Name of Petitioner (including local name and number): Teamsters Local 87 **12b. Address (street and number, city, State and ZIP code):** 2531 G Street
Bakersfield, CA 93301

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

12d. Tel. No. 661-327-8594 **12e. Cell No.** **12f. Fax No.** 661-327-0931 **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:** Peter McEntee, Attorney **13b. Address (street and number, city, State and ZIP code):** 520 Capitol Mall, Suite 300 Sacramento, CA 95814

13c. Tel. No. 916-325-2100 **13d. Cell No.** **13e. Fax No.** 916-325-2120 **13f. E-Mail Address** pmcentee@beesontayer.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) Peter McEntee **Signature**  **Title** Attorney **Date** 2/28/2020

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

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