UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
32-RC-238842	04/02/2019			

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

(Form NLRB-505); and (3) Descript						
with the NLRB and should not be s				ND 4012). The sho	wing or me	erest should only be med
PURPOSE OF THIS PETITION: RC-CEI bargaining by Petitioner and Petitioner de requests that the National Labor Relational Rel	RTIFICATION OF	REPRESENTATi ed as representati	IVE - A substantial number ve of the employees. The	Petitioner alleges that	the following	circumstances exist and
2a. Name of Employer		2b. Ac	ddress(es) of Establishmen	t(s) involved (Street and		
DS Services of America, Inc.		1024	Mellon Avenue, Mar			
3a. Employer Representative – Name and Alvin Kay, Manager	Title		3b. Address (If same as Same	s 2b – state same)		
3c. Tel. No.	3d. Cell No.		3e. Fax No.	1 3	3f. E-Mail Addr	ress
(209) 239-2644 or (209) 239-2935						ervices.com
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal pro				and State where unit is located:
Bottling plant		Beverages			Mantec	a, California
5b. Description of Unit Involved Included: All route sales rep	resentative	es				6a. No. of Employees in Unit: 29
Excluded: All other employee	es	9574-25				6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No
7b. Petitioner is cu	(Date) (errently recognized	If no reply receive d as Bargaining R	ative was made on (Date) [d, so state). by this I epresentative and desires	Petition		ined recognition on or about
8a. Name of Recognized or Certified Barg None	aining Agent (If	none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.	3	8f. E-Mail Addr	ess
8g. Affiliation, if any			8h. Date of Recognition of			Pate of Current or Most Recent (Month, Day, Year)
10. Organizations or individuals other than F known to have a representative interest in a	etitioner and thos	, has pick	keted the Employer since (I 8 and 9, which have claim	Month, Day, Year)ed recognition as repres	-	· · · · · · · · · · · · · · · · · · ·
None 10a. Name	10b. Add	iress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts any such election.	an election in this	s matter, state you	r position with respect to	11a. Election Type:	Manual	MailMixed Manual/Mail
11b. Election Date(s): Monday, April 15, 2019		ection Time(s): n 9:00 a.m.		11d. Election Locatio Break Room	n(s):	
12a. Full Name of Petitioner (including lo Teamsters Local 439	cal name and nu	mber)		12b. Address (street 1531 E Fremont St.,		ity, state, and ZIP code) 95205
12c. Full name of national or international la International Brotherhood of Teams		of which Petitioner	is an affiliate or constituen	it (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	
(209) 948-9592 13. Representative of the Petitioner who yellow	(702) 843-4250	as of all nanors fo	(209) 948-3424		nernandez@	teamsters439.com
13a. Name and Title David A. Ro			13b. Address (street and Weinberg, Roger & Rosenfe	d number, city, state, an		. Alameda. CA 94501
13c. Tel No.	13d. Cell No.		13e. Fax No.	11	13f. E-Mail Add	dress
(510) 337-1001			(510) 337-1023		rosenfeld@union	counsel.net, nlrbnotices@unioncounsel.net
I declare that I have read the above petition		tatements are tru	•	vieage and belief.		Comment of the Commen
Name (Print) David A. Rosenfeld	mature	. 1	Title Attorney		April 2, 201	9
WILLFUL FALSE STATEMEN	ITS ON THIS PE	TITION CAN BE F		IMPRISONMENT (U.S.	-	

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.

FORM NLRB-502 (RD) (8-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No.	Date Filed
32-RD-239045	04/04/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) FEDEX FREIGHT 95215 4520 HIGHWAY 99 STOCKTON 3b. Address (If same as 2b - state name) MNGR POLLOCK 95215 4520 HIGHWAY 3c, Tel. No. 3d. Fax No. 3e. Cell No. 3f. E-Mail Address 209- 466 - 77260 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service TRUCKING ムナレ 5a. Description of Unit Involved 5b. City and State where unit included: is located: DRIVERS STOCKTON Excluded: CALIFORNIA DOCK WORKERS, MAINTENANCE PERSONNEL, OFFICE SUPPORT 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? X Yes 8a. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any **IB7** TEAMSTERS LOCAL 8c. Address 8d Tel No Se. Cell No. 9 1531 E FREMONT ST 209- 948-9592 17 8g. E-Mail Address ω_i-STOCKTON CA 95205 200 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) മാ 10-28-2015 N/A NONE 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? \(\sumsymbol{\text{T}}\) Yes No K 11b. If so, approximately how many employees are participating? 11c. The Employer has been picketed by or on behalf of (Insert Name) à labor organization, of いんんど since (Month, Day, Year) Organizations or individuals other those named in items 8 and 110, which have defined in item 5 above. (If none, so state) and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations 12a. Name 12d. Fax No. NONE 12e Cell No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts an election in this 13a. Election Type: X Manual Mail Mixed Manual/Mail matter, state your position with respect to any such election 13d. Election Location(s) 13c. Election Time(s) 13b. Election Date(s) AN14. Full N 14b. Tel. No. 14c. Fax No. 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15b.Title 15c. Address (Street and number, city, state, ZIP code) 15d. Tel. No. 15e. Fax No. 15f. Cell No. 15g. E-Mail Address ledge and belief. declare that I have read the above petition and Date Filed (b) (6), (b) (7)(C) 4-2-2019

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

Name (Print)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. Date Filed 04/05/2019

Date

RC PETITION 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Ryder Truck Rental 3633 Duck Creek Drive, Stockton, CA 95215 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same Chery Sunshine Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (209) 943-3213 (209) 943-3340 csunshine@ryder.com, cheryl_d.sunshine@ryder.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Truck rental Truck rental Stockton, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 23 Included: All full time and regular part-time technicians, fuelers and parts people 6b. Do a substantial number (30% Excluded: All other employees or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 04/05/2019 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). by this Petition 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 None 8d Cell No. 8f. E-Mail Address 8c Tel No. 8e. Fax No. 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? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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) 10b. Address 10c. Tel. No. 10a. Name 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 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s) 11c. Election Time(s): 11d. Election Location(s): Wednesday, April 17, 2019 8:00 a.m. - 9:00 a.m. Break Room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Teamsters Local 439 1531 E. Fremont Street, Stockton, CA 95205 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 12e Cell No. 12f Fax No. 12d. Tel No. 12g. E-Mail Address (209) 948-9592 (702) 843-4250 (209) 948-3424 Ehernandez@teamsters439.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Eric J. Wiesner, 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. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address nlrbnotices@unioncounsel.net (510) 337-1001 (510) 337-1023 wiesner@unioncounsel.net, drosenfeld@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.

Eric J. Wiesner

Attorney

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

Title

Signature

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.

David A. Rosenfeld

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No. 32-RC-239366	Date Filed 4/10/2019				

April 10, 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Tracy Logistics, LLC 4199 Gibraltar Court, Stockton, CA 95206 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Michael Garcia Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (209) 234 4605 (209) 329-3742 Mgarcia@cswg.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Stockton, CA Warehouse Food 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: Pest Control Sanitation Worker 6b. Do a substantial number (30% Excluded: All guards, supervisors and managers, office clerical employees or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 04/10/2019 and Employer declined recognition on or about _(Date) (If no reply received, so state). by this Petition 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). 8d Cell No. 8f. E-Mail Address 8c. Tel No. 8e. Fax No. 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 ítems 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) 10c. Tel. No. 10d Cell No. 10a Name 10b Address 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 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): April 23, 2019 9:00-9:30 a.m. Break room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Teamsters Local 439 1531 E Fremont Street, Stockton, CA 95205 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 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (209) 948-9592 (702) 843-4250 (209) 948-3424 Ehernandez@teamsters439.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title David A. Rosenfeld, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13e. Fax No. 13c. Tel No. 13d. Cell No. 13f. E-Mail Address (510) 337-1001 (510) 337-1023 drosenfeld@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. Signature

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

Attorney

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.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	32-RC-239415	Date Filed 04/11/2019			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the

the employer and all other partie Case Procedures (Form NLRB 48	s named in	the petition of: (1) the pe	tition; (2) S	Statement of Position	form ((Form NLI	RB-505); an	d (3) Descrip	otion of Re	presentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	itioner desir	es to be certified a	as represe	entative of the	he employees. The Pet	etitione	r alleges	that the foll	owing circui	mstances	
2a. Name of Employer:		- LY-11-A	2b. Add	ress(es) of	Establishment(s) involv	lved (S	treet and r				
					75 55th Street, Emeryville, CA 94608 e also Attachment A						
TOTAL STATE OF THE											
Alex Volpe, Executive Director					ldress (if same as 2b - state same): C						
3c. Tel. No. (510) 655-7880	3d. Cell N	lo.		3e. Fax No	0.		3f. E-Mail Address avolpe@annmartin.org				
4a. Type of Establishment <i>(Factory,</i> Medical clinic	. Type of Establishment (Factory, mine, wholesaler, etc.) ledical clinic			4b. Princip Healtho	eal Product or Service Care				ville, CA		cated:
5b. Description of Unit Involved: Included: See Attachment A	16							6a. Number 33	er of Employe	es in Unit:	
Excluded: See Attachment A								of the	ubstantial nur employees in ented by the f	the unit wi	sh to be
Check One: 7a, Request for re on or about (Date))	(If r	no reply re	eceived, so		n unde			declined reco		
8a. Name of Recognized or Certif National Union of Health	ied Bargain	ing Agent (If non		8b. Ac 580	dress: l Christie Avenu eryville, CA 946	ue, S	8 388	5		Vi	
8c. Tel. No. (510) 834-2009	8d. Cell N	No. 8e. Fax No. (510) 834-2019			88	8f. E-Mail Address					
8g. Affiliation, if any:			81	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
Is there now a strike or picketing (Name of Labor Organization)	at the Emplo	oyer's establishme	ent(s) invo	lved? No	If so, approx	contracting to			s are participa er since (Mor	_	ear)
 Organizations or individuals other individuals known to have a reprince. 									es and other	organizatio	ns and
10a. Name		10b. Address				10	0c. Tel. No	Э,	10d. Cell No	D.	
						10	10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB or	onducts and	election in this m	atter, stat	e your posi	tion with respect to any	y such	election:		n Type: al 🔀 Mail	□Mixe	d Manual/Mail
11b. Election Date(s): May 2, 2019 (ballots mai	led)	11c. Election Ti	me(s):				1d. Electio	n Location(s			
12a. Full Name of Petitioner (inclu National Union of Health	ding local na ncare Wo	ame and number). orkers			12b. Address (street of 5801 Christie A Emeryville, CA	Aven	ue, Sui		ZIP code):		
12c. Full name of national or interna	itional labor	organization of w	hich Petition	oner is an a	I Iffiliate or constituent (ii	(if none,	, so state):				
12d. Tel. No. (510) 834-2009	12e. Cell			, ,	334-2019	re		nuhw.c	org		
13. Representative of the Petition 13a. Name and Title: Latika Malkani	er who will	accept service o	f all pape	13b. Addre 1939 Ha	poses of the represen ess (street and number arrison Street, Sui I, CA 94612	r, city,	State and .		4		
13c, Tel. No. (510) 452-5000	13d. Cell			, ,	152-5004	lı			ployment	law.cor	n
I declare that I have read the abov	e petition a	and that the state		e true to th	ne best of my knowled	-	nd belief.		(P)		Date
^{Name (<i>Print</i>) Latika Malkani, Attorney}		eignandr	XXIA	1/1/	alkam.	Atto	rney fo	r NUHV	V		Date 04/10/19

Attachment A

to RC Petition filed on 4/10/2019 by National Union of Healthcare Workers (NUHW)

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

School Based Services Program

- Allendale Elementary, 3670 Penniman Ave, Oakland, CA 94619
- Brookfield Village Elementary, 401 Jones Ave, Oakland, CA 94603
- Burchfield Elementary, 400 Fremont St, Colusa, CA 95932
- EnCompass Academy, 1025 81st Ave, Oakland, CA 94621
- Franklin Elementary, 915 Foothill Blvd, Oakland, CA 94606
- Howard Elementary, 8755 Fontaine St, Oakland, CA 94605
- Lighthouse Community Charter School, 444 Hegenberger Rd, Oakland, CA 94621
- Markham Elementary, 7220 Krause Ave, Oakland, CA 94605
- Piedmont Avenue Elementary, 4314 Piedmont Ave, Oakland, CA 94611
- Sobrante Park/Madison Park Academy, 470 El Paseo Dr, Oakland, CA 94603/400 Capistrano Dr, San Leandro, CA 94577
- Westlake Middle School, 2629 Harrison St, Oakland, CA 94612

5b. Description of Unit Involved:

Included: All full-time, part-time and per diem unrepresented employees employed by the employer at all the locations listed in 2b, in the following professional job classifications: Clinical Case Managers, ERMHS Clinician, Outpatient Clinician, School Based Clinician, Team Lead Clinician.

Excluded: All other employees, confidential employees, employees represented by other labor organizations, guards and supervisors as defined by the National Labor Relations Act.

FORM NLF8-802 (RD) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DA NO.	WRITE IN THIS SPACE
Case No.	Oeto Filed
32-RD-239997	4/20/2019

	ETITIO			32-RD-239	997	1/20/2019		
(NOTES ATTOMS - Unions a Florid Half	no the Agency	's wabalta ww	w.nirb.cov. automie	an original of this	Putition to an A	LRB office in the Region in		
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>WWW.Nifb.cov</u> , submit an original of this Petition to an NLRB office in the Region in which the amployer concerned is located. The petition must be accompanied by both a choosing of interest (see the below) and a neutificate of								
nervice abouter service on the unit	water the amployer concerned in today. The poster matter served in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-605); and (3) Description of Representation Case Procedures (Form NLRB-4812). The showing of interest should only be filed with the							
				12). The chowing	of interest site	edd only be filed with the		
MLRB and should not be served on 1. PURPOSE OF THIS PETITION: RD-DI	CCEPTIENT ATMA	LAPENOVAL OF	DEPRESENTATIVE) -	A substantial number	density at a	et that the cartified or currently		
recognized bemaining representative is (no longer their mo	meentative. The	Petitioner alleges that	the following streum	ubiness arbit an	d requests that the National		
Labor Relations Board proceed Under	its proper autho	ALGEN TOWNSTRANCE AND S	Section 9 of the Matio adress(ss) of Establish	NO. Labor FORWardin A		200000		
28. Name of Employer Comcest Cable Communications Mar	negement LLC		Derdee Orive Oakle		MIC HORNOT, MA	, create, and covery		
Se. Employer Representative - Name and				e se 2h - etate same)				
Eric Dodds, Field Operations Manag	ter		SAME AS ABOY	/E				
3c. Tel. No.	3d. Call No.	•	36. Fax No.		37. E-Mail Add	@cable.comcast.com		
510,556,5945 4a. Type of Establishment (Fectory, mine, v	415.798.474	Ab Bringing on	510,969.5457	No.		and State where unit is located:		
Telecommunication provider	manged, em/		mications services		Oaklar	od, CA		
5b. Description of Link involved includ	ed: All full-time	and regular par	rt-time outside install	etion, construction,	and technical	Ga. No. of Exployees in Unit:		
employees as set forth in Appendix A	of the current or	ollective bargain	ing agreement that	expires on June 11,	2018, that	65 6b. Do a substantial number (30%		
are employed by the Employer in its a persons, installers, advanced installer	ervice departme	ent in the job cla	isalfications of wareh	ouse persons, senk	or warehouse	or more) of the employees in the		
In its technical department in the job of	a, aarvina techn I assific ations of	avstem technici	ians, advancad techi	nicians and head on	d technicians	unit no longer wish to be		
at or from its facilities located at 5470						currently recognized bergaining		
Excluded: all other employees, custo	omer service sal	les representativ	ves, sales and telem	arketing personnel.	auditors.	representative? Yes [X] No		
professional employees, managerial e	mployees, temp	porary employes	es, pay TV, local orig	Ination, public sock	14	[]		
coordinators, programmers, marketing	, subscription T	V, design and d	matting personnel, a	nd officer employees	within the			
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(b) (6) (b) (7)(C) the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to brooks its processes.

FORM	NLRB-502	(RD)
	(8-16)	

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RD PETITION**

Case No.

Date Filed

32-RD-240311

4-25-2019

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 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 snowing of Interest	snoula only be tile	a with the NLI	KB and sno	oula <u>not</u> de servea (on the employer or	any otner party.
PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REM- recognized bargaining representative is no longer their representa- Labor Relations Board proceed under its proper authority put	ative. The Petitione	r alleges that t	he followin	ig circumstances e		
2a. Name of Employer Indus Holding Co.					city, state, ZIP code 5, CA 9390	
	3b. Address (If san	no as 2h state	10 570	L Janna	5,00 1510	<u>/</u>
3a. Employer Representative - Name and Title Kelly J. McMillin - Chief Compliance Off 3c. Tel. No. 3d. Fax No.	20 Quail	Run Civa	ile Sta	2C Salin	as, CA 93	907
3c. Tel. No. 3d. Fax No. 3d. Fax No.	3e. Cell No.		3f. E-Mail	address @ indushold	ingco.com	
4a. Type of Establishment (Factory, mine, wholesaler, etc.)			4b. Princip	al product or service	, ,	
Manufacturing 5a. Description of Unit Involved			<u> Canr</u>	nabis Edi	bles	N. 1. 1
Included:					is located	State where unit
see attached						
Excluded:					Salina	s. CA
see attached						
6. No. of Employees in Unit 73 7. Do a substantial number recognized bargaining or			n the unit no	longer wish to be re	epresented by the ce	rtified or currently
8a. Name of Recognized or Certified Bargaining Agent	13			8b. Affiliation, if any	•	
United Food and Commercial Workers	s Union, L			AFL-CIO,	CLC	
8c. Address		8d. Tel. No.	2094	8e. Cell No.	1Dlota	
1145 N. Main St., Salinas, CA 939	106	8f. Fax No.	- 30 17	8g. E-Mail Address	1000	
		831.757	.9115	Csantillan	1066 Qufcw 5. or	9
Date of Recognition or Certification	, , , , ,	of Current or I	Most Recen	t Contract, if any (Mo	onth, Day, Year)	4
Issued April 13,2018	- NONE					
11a. Is there now a strike or picketing at the Employer's establishmen	nt(s) involved?	Yes XNo	11b. If so,	approximately how r	many employees are	participating?
11c. The Employer has been picketed by or on behalf of (Insert Nan	ne) N/A					a labor organization, of
(Insert Address)					ce (Month, Day, Yea	<i>"</i>
 Organizations or individuals other those named in items 8 and 11 and individuals known to have a representative interest in any en 					ganizations	
12a. Name 12b. Address			12c. Tel. N		12d. Fax No.	
NONE						
10000			12e. Cell N	10.	12f. E-Mail Address	·
13. Election Details: If the NLRB conducts an election in this			13a. Electi	on Type: Manua	I Mail N	dixed Manual/Mail
matter, state your position with respect to any such election. 13b. Election Date(s) 13c. Election Tin	ne(s)		13d. Electi	on Location(s)		
Tuesday May 7,2019 116	am		Emplo	over Facility	, Conference	Room
14. Full Name of Petitioner			0,	40. 40.0.11.4	2011(11/2/14)	A-
14a. Address (Street and number, city, state, ZIP code)			14b, Tel. N	io.	14c. FaxNo.	
(b) (6), (b) (7)(C)			14d Cell N		14e E-Mail Addres	, 02(11)
			(b) (b),	(b) (7)(C)	(b) (6), (b) (7)(C)
14f. Affiliation, if any NONE 15. Representative of the Petitioner who will accept service of all	l nanore for nurses	nne of the re-	neontatio -	neoceedico	المالية المالية المالية	
15a Name	papers for purpos	ses of the repr	15b Title	proceeding.	- '	_
(b) (6), (b) (7)(C)			(b) (6), (b) ((7)(C)	
(b) (6) (b) (7)(C)			15d. Tel. N		15e. Fax No.	i.
(5) (5), (5) (1)(5)			(b) (6)	, (b) (7)(C)	(b) (6),	(b) (7)(C)
I declare that I have read the above petition and that the stateme	nts are true to the	best of my kno		d belief.	(6), (b) (7)(C)	Date Filed /
(b) (6), (b) (7)(C) (b) (6),	(b) (7)(C	3)	Title 4/	24/19-	(-), (-)(-)	4/24/19

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

- 5a Included All full time and regular part time general labor employees, packaging employees, production employees, dishwashers, main-tenance employees, inventory employees, lab extraction technicians and lab apprentices employed by the Employer at its facility located at 20 Quail Run Circle suite C in Salinas, CA
- 5b. Excluded: Consultant, company owners, management employees, truck drivers, sales person, administrative employees working foremen, confidential employees, office clerical employees, guards and supervisors as defined in the Act

2019 APR 25 AM IO: 09