

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 32-RC-225482	Date Filed 8/13/2018
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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 IAP Worldwide Services, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Fresno Air National Guard Base, 5168 E. Dakota Ave, Fresno CA 93727	
3a. Employer Representative - Name and Title Steve Oldham, Site Manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. (559) 347-5669	3d. Cell No. (559)709-3168	3e. Fax No.	3f. E-Mail Address steven.oldham@iapws.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Government Support		4b. Principal product or service Aircraft Maintenance	
5a. City and State where unit is located: Fresno, CA		5b. Description of Unit Involved Included: All full time and regular part-time Aircraft Mechanic 1, Aircraft Mechanic 2, Aircraft Mechanic 3 and Lead Aircraft Mechanics employed by IAP Worldwide Services on the Fresno Contract Field Team contract, Road Teams. Excluded: All others.	
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: ☒ **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).**
☐ **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. (559) 347-5669	8d. Cell No.	8e. Fax No.	8f. E-Mail Address steven.oldham@iapws.com
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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): Ballots Mailed August 24, 2018 and counted on September 4, 2018	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number)
International Association of Machinists and Aerospace Workers, Local Lodge 653, District Lodge 190

12b. Address (street and number, city, state, and ZIP code)
5726 E. Shields Ave., Fresno, CA 93727


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. 559-264-2815	12e. Cell No.	12f. Fax No. 510-632-4171	12g. E-Mail Address jsolis@iamaw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title 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 csencer@unioncounsel.net nlrnotices@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 August 13, 2018
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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.	Date Filed
32-RC-226665	08/31/2018

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 Healthcare Services Group, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3169 M Street, Merced, CA 95348	
3a. Employer Representative - Name and Title Ian Hanley, Director of Operations		3b. Address (If same as 2b - state same) 5199 E. Pacific Coast Hwy., Suite, 352N, Long Beach, CA 90804	
3c. Tel. No.	3d. Cell No. (408)314-6935	3e. Fax No. 800-884-2769	3f. E-Mail Address ian.hanley@hcsgrcorp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Skilled Nursing Facility		4b. Principal product or service Subcontractor for Dietary, Janitorial, Housekeeping, and Laundry services	
5b. Description of Unit Involved Included: Cooks, Dietary Aides, Dishwashers, Janitors, Housekeepers, and Laundry Aides employed by the Employer at 3169 M Street, Merced, California Excluded: All other employees at the worksite, including managers, managers in training, account managers, guards, and supervisors as defined by the Act		5a. City and State where unit is located: Merced, California	
		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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 8/31/18 and Employer declined recognition on or about None (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.

11b. Election Date(s): September 12, 2018	11c. Election Time(s): 11am to 3pm	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11d. Election Location(s): Facility - Break room or dining room		
12a. Full Name of Petitioner (including local name and number) Service Employees International Union, Local 2015		12b. Address (street and number, city, state, and ZIP code) 2910 Beverly Blvd., Los Angeles, CA 90057

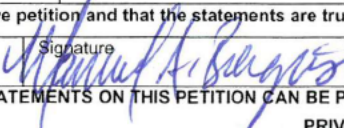
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union

12d. Tel No. 213-985-1505	12e. Cell No.	12f. Fax No. 213-422-6038	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Manuel A. Boigues, Attorney for Union		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 mboigues@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) Manuel A. Boigues	Signature 	Title Attorney for Union	Date August 31, 2018
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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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RD-225711

Date Filed

08/15/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer Dycora Transitional Health - Community Care LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) d/b/a Golden Livingcenter-Hillcrest, 3672 N. First Street, Fresno, CA 93726	
3a. Employer Representative - Name and Title Lucille Epperson, Executive Director		3b. Address (If same as 2b - state same) 3672 N. First Street, Fresno, CA 93726	
3c. Tel. No. (559)227-5383	3d. Fax No. (559)227-9578	3e. Cell No. (559)905-0420	3f. E-Mail Address lucille.epperson@dycora.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health care facility		4b. Principal product or service Health Care	
5a. Description of Unit Involved Included: Certified Nursing Assistants, Restorative Nursing Assistants, Activity Assistants, Cooks, and Dietary Aides Excluded: All other employees			5b. City and State where unit is located: Fresno, 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 Service Employees International Union, Local 2015		8b. Affiliation, if any	
8c. Address 2910 Beverly Boulevard, Los Angeles, CA 90057		8d. Tel. No. (213)985-0398	8e. Cell No.
		8f. Fax No. (213)422-6038	8g. E-Mail Address
9. Date of Recognition or Certification May 4, 2017		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) None	

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

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name	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) August 14, 2018	13c. Election Time(s) 5:30am-7:30am and 1:30pm-3:00pm	13d. Election Location(s) Small dining room located at the facility
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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. (b) (6), (b) (7)(C)	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 An Individual		
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. (b) (6), (b) (7)(C)	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 8/14/18
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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 may 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.

32-RD-226139

Date Filed

08/23/2018

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 National Gypsum		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1040 Canal Blvd., Richmond, CA 94804	
3a. Employer Representative - Name and Title Pam Verret		3b. Address (if same as 2b - state same) same	
3c. Tel. No. 510-234-6746	3d. Fax No.	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Wallboards	
5a. Description of Unit Involved Included: All production employees, warehouse, and maintenance employees Excluded: All other employees			5b. City and State where unit is located: Richmond, CA

6. No. of Employees in Unit 37 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 Brotherhood of Boilermakers		8b. Affiliation, if any	
8c. Address 2191 Piedmont Way, Pittsburg, CA 94565		8d. Tel. No. (925) 427-4121	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address frumsey@boilermakers.org

9. Date of Recognition or Certification
N/A 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
November 11, 2018

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

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name	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) September 12	13c. Election Time(s) 6:30-7:30am, 2:30-3:30pm	13d. Election Location(s) front office
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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 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.
	15f. Cell No.	15g. E-Mail Address (b) (6), (b) (7)(C)

I declare that I have read the above petition and (b) (6), (b) (7)(C) knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title Petitioner	Date Filed 8/22/2018
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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 may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 32-RD-226186	Date Filed 08/23/2016

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: 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 Dycora Transitional Health-Community Care LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3672 N. First Street, Fresno, CA 93726	
3a. Employer Representative - Name and Title Lucille Epperson, Executive Director		3b. Address (If same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. 559.227.5383	3d. Cell No. 559.905.0420	3e. Fax No. 559.227.9578	3f. E-Mail Address Lucille.epperson@dycora.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare facility		4b. Principal product or service Healthcare	
		5a. City and State where unit is located: Fresno, CA	

5b. Description of Unit Involved

Included: All full-time and regular part-time Certified Nursing Assistants, Restorative Nursing Assistants, Activity Assistants, Cooks, and Dietary Aides, employed by the Employer at its facility located at 3672 N. First Street, Fresno, CA
Excluded: Excluding business office assistants, medical record assistants, central supply employees, maintenance employees, licensed vocational nurses, registered nurses, managers, guards, and supervisors as defined in the Act.

6a. No. of Employees in Unit:
51

6b. 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 [☐]

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 Service Employees International Union, Local 2015		8b. Address 2910 Beverly Boulevard, Los Angeles, CA 90057	
8c. Tel No. 213.985.0398	8d. Cell No.	8e. Fax No. 213.422.6038	8f. E-Mail Address
8g. Affiliation, if any Service Employees International Union		8h. Date of Recognition or Certification May 14, 2018	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) None

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 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):
September 14, 2018

11c. Election Time(s): **5:30 a.m. to 7:30 a.m.**
AND 1:30 p.m. to 3:00 p.m.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11d. Election Location(s):
The small dining room at the facility

12a. Full Name of Petitioner (b) (6), (b) (7)(C)	12b. Address (street and number, city, state, and ZIP code)
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

NONE

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title (b) (6), (b) (7)(C) an individual		13b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	
13c. Tel No. SAME AS ABOVE	13d. Cell No. SAME AS ABOVE	13e. Fax No. SAME AS ABOVE	13f. E-Mail Address SAME AS ABOVE

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 Individual	Date 8/23/18
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WILLFUL FALSE STATEMENTS ON _____ 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
RD PETITION

DO NOT WRITE IN THIS SPACE
Case No. 32-RD-226668 Date Filed 08/31/2018

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: 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 Mercedes Benz of Oakland		2b. Address(es) of Establishment(s) involved. (Street and number, city, State, ZIP code) 2915 Broadway, Oakland, CA 94611	
3a. Employer Representative - Name and Title Fuad Dayyeh		3b. Address (if same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. 510.832.6030	3d. Cell No. 650.922.4300	3e. Fax No. 800.850.5686	3f. E-Mail Address fuad.dayyeh@oaklandbenz.com

Dealership	4b. Principal product or service Sales and service of vehicles	5a. City and State where unit is located: Oakland
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5b. Description of Unit Involved

Included: All full-time and regular part-time service technicians, shop foremen, service advisers, part advisers, lead stockroom clerks, parts stockroom clerks-drivers, detailers, utility persons, car washers/porters employed by the Employer at its facility located at 2915 Broadway, Oakland, CA 94611.

Excluded: confidential employees, office clerical employees, guards, and supervisors as defined in the Act.

6a. No. of Employees in Unit: 60	6b. 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 [X] No []
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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 East Bay Automotive Machinist lodge No.1546 and Machinist automotive Trades Distract Lodge No 190 and Teamsters Local 853	8b. Address 10260 MacArthur Blvd. Oakland, CA 94605; 7750 Pardee Lane, Oakland, CA 94621
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8c. Tel No. 510.638.6705 510.895.8853	8d. Cell No.	8e. Fax No. 510.895.68530	8f. E-Mail Address connections@temsters853.org
8g. Affiliation, if any		8h. Date of Recognition or Certification Unknown	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 10/31/18

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 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): 9/25/18	11c. Election Time(s): 10:0 a.m. to 11:30 a.m.	11d. Election Location(s): Conference room

12a. Full Name of Petitioner (b) (6), (b) (7)(C)	12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)	

12d. Tel No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title (b) (6), (b) (7)(C)	13b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
13c. Tel No. (b) (6), (b) (7)(C)	13d. Cell No. (b) (6), (b) (7)(C)
13e. Fax No.	13f. 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)	Individual	Date 8/31/18
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WILLFUL FALSE STATEMENTS 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)