

## RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RD-252832

Date Filed

12/05/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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

2c. Employer Representative - Name and Title  
(b) (6), (b) (7)(C) DARIN SPARROW, GENERAL MANAGER

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  
(b) (6), (b) (7)(C) DARIN.SPARROW@EURO  
10025.COM

Dealership

4b. Principal product or service  
Sales and service of vehicles

5a. City and State where unit is located:  
Oakland

## 5b. Description of Unit Involved

Included: All full-time and regular part-time service technicians, shop foremen, service advisors, part advisors, 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:  
58

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 [ ]

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 Automotive Council, East Bay Automotive Machinists Lodge No. 1546, District Lodge 190 of Northern California, and Teamsters Local No. 853

## 8b. Address

10260 MacArthur Blvd. Oakland, CA 94605; 7750 Pardee Lane, Oakland, CA 94621

8c. Tel No.  
510.638.6705  
510.895.8853

8d. Cell No.

8e. Fax No.

510.895.68530

8f. E-Mail Address  
info@district190.net  
connections@teamsters853.org

8g. Affiliation, if any

8h. Date of Recognition or Certification  
November 7, 2018

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
10/31/2018

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):  
12/31/2019

11c. Election Time(s):  
10:00 a.m. to 11:30 a.m.

11a. Election Type: X Manual    Mail    Mixed Manual/Mail

11d. Election Location(s):  
Conference room

## 12a. Full Name of Petitioner

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

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)

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

13b. Address (street and number, city, state, and ZIP code)

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

13c. Tel No.

SAME AS ABOVE

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 (b) (6), (b) (7)(C) is true to the best of my knowledge and belief.

Name (Print)

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

Title

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

Date

12/4/2019

WILLFUL FALSE STATEMENT  
1001) PRIVACY ACT STATE

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.

RECEIVED  
NLRB REGION 32  
OAKLAND, CA  
DEC 11 2019

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-253056

Date Filed

12/09/2019

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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** Kaiser Permanente Medical Group, Inc.  
Kaiser Foundation Hospitals

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
**SEE ATTACHMENT A**

**3a. Employer Representative - Name and Title**

Robert Spagat

**3b. Address (If same as 2b - state same)**

1 Kaiser Plaza, Floor 19, Oakland, CA 94612

**3c. Tel. No.**

(510) 271-6674

**3d. Cell No.**

**3e. Fax No.**

(510) 267-2128

**3f. E-Mail Address**

robert.spagat@kp.org

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

Hospitals and Clinics

**4b. Principal product or service**

Healthcare

**5a. City and State where unit is located:**

**SEE ATTACHMENT A**

**5b. Description of Unit Involved**

**Included: SEE ATTACHMENT B**

**Excluded: SEE ATTACHMENT B**

**6a. No. of Employees in Unit:**

Approx. 350

**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).**

National Union of Healthcare Workers

**8b. Address**

5801 Christie Avenue, Suite 525, Emeryville, CA 94608

**8c. Tel. No.**

(510) 569-7812

**8d. Cell No.**

**8e. Fax No.**

(510) 834-2019

**8f. E-Mail Address**

gteenkamp@nuhw.org; srosselli@nuhw.org

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

2010

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

Unknown

**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):**  
December 19, 2019

**11c. Election Time(s):**

**11d. Election Location(s):**

N/A

**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)**

560 Thomas L. Berkley Way, Oakland, CA 94612

**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.**

(510) 251-1250

**12e. Cell No.**

**12f. Fax No.**

(510) 763-2680

**12g. E-Mail Address**

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

**13a. Name and Title** Bruce A. Harland

**13b. Address (street and number, city, state, and ZIP code)**

1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

**13c. Tel. No.**

(510) 337-1001

**13d. Cell No.**

**13e. Fax No.**

(510) 337-1023

**13f. E-Mail Address**

bharland@unioncounsel.net;

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.** nlrnotices@unioncounsel.net

**Name (Print)**

Bruce A. Harland

**Signature**

*Bruce A. Harland*

**Title**

Attorney

**Date**

December 9, 2019

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

**PRIVACY ACT STATEMENT**

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

**Attachment A****(Kaiser Medical Centers, Affiliated Clinics, Call Centers, and Regional Offices)****Northern California:**

Kaiser Antioch Medical Center  
4501 Sand Creek Road  
Antioch, CA 94531

Kaiser Fremont Medical Center  
39400 Paseo Padre Parkway  
Fremont, CA 94538

Kaiser Fresno Medical Center  
7300 North Fresno St.  
Fresno, CA 93720

Kaiser Hayward Medical Center  
27400 Hesperian Blvd.  
Hayward, CA 94545

Kaiser Manteca Medical Center  
1777 W. Yosemite Avenue  
Manteca, CA 95337

Kaiser Modesto Medical Center  
3800 Dale Rd  
Modesto, CA 95356

Kaiser Oakland Medical Center  
280 W. MacArthur Blvd.  
Oakland, CA 94611

Kaiser Redwood City Medical Center  
1150 Veterans Blvd.  
Redwood City, CA 94063

Kaiser Richmond Medical Center  
901 Nevin Ave.  
Richmond, CA 94801

Kaiser Roseville Medical Center  
1600 Eureka Road  
Roseville, CA 95661

Kaiser Sacramento Medical Center  
2025 Morse Ave.  
Sacramento, CA 95825

Kaiser San Francisco Medical Center  
2238 Geary Blvd.  
San Francisco, CA 94115

Kaiser San Rafael Medical Center  
99 Montecillo Road  
San Rafael, CA 94903

Kaiser Santa Clara Medical Center  
700 Lawrence Expressway  
Santa Clara, CA 95051

Kaiser Santa Rosa Medical Center  
401 Bicentennial Way  
Santa Rosa, CA 95403

Kaiser San Jose Medical Center  
250 Hospital Pkwy  
San Jose, CA 95119

Kaiser South Sacramento Medical Center  
6600 Bruceville Road  
Sacramento, CA 95823

Kaiser South San Francisco Medical Center  
1200 El Camino Real  
South San Francisco, CA 94080

Kaiser Vallejo Medical Center  
975 Sereno Drive  
Vallejo, CA 94589

Kaiser Vacaville Medical Center  
1 Quality Drive  
Vacaville, CA 95688

Kaiser Walnut Creek Medical Center  
1425 South Main St.  
Walnut Creek, CA 94596

**ATTACHMENT B TO RC PETITION****Unit Involved:**

Optical Lab Foreperson (Lead), Optical Equipment Maintenance Technician, Surface Grinder, Benchperson, Optical Lab Quality Inspector, Optical Lab Apprentice, Optical Lab Utility Worker, Senior Prescription Stock Clerk, Prescription Stock Clerk, Optical Sales Lead Dispenser, Optical Sales Dispenser, Optical Sales Dispenser Apprentice, Optical Sales Assistant, Contact Lens Fitter, Contact Lens Fitter Apprentice, Contact Lens Fitter Assistant, Optical Customer Service Lead Representative, and Optical Customer Service Representative.

**Excluded:**

All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.

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



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-253196</b>	Date Filed <b>12/11/2019</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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.			
<b>2a. Name of Employer</b> Dominican Hospital Out-Patient Rehabilitation Center -Kindred		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 111 Madrone St., Santa Cruz, CA 95060	
<b>3a. Employer Representative - Name and Title</b> Leah Santos, Program Director		<b>3b. Address (If same as 2b - state same)</b> SAME AS ABOVE	
<b>3c. Tel. No.</b> 831.457.7057	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> leah.santos@kindred.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Rehabilitation Center		<b>4b. Principal product or service</b> Healthcare	<b>5a. City and State where unit is located:</b> Santa Cruz, CA
<b>5b. Description of Unit Involved</b> Included: All full-time and regular part-time physical therapists, occupational therapists, and speech language pathologists employed by the Employer at its facility located at 111 Madrone St. Santa Cruz, CA <b>Excluded:</b> non-professional employees, confidential employees, office cleric employees, guards, and supervisors as define di the Act			<b>6a. No. of Employees in Unit:</b> 27 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [X] No [ ]</b>
<b>Check One:</b> <input type="checkbox"/> <b>7a.</b> Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> <b>7b.</b> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u></b> If so, approximately how many employees are participating _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Tuesday, January 7, 2020	<b>11c. Election Time(s):</b> Noon to 2:00 p.m.	<b>11d. Election Location(s):</b> break room	
<b>12a. Full Name of Petitioner (including local name and number)</b> National Union of Healthcare Workers (NUHW)		<b>12b. Address (street and number, city, state, and ZIP code)</b> 1250 45 <sup>th</sup> Street, Suite 200, Emeryville, CA 94608	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> National Union of Healthcare Workers			
<b>12d. Tel No.</b> 510.834.2009	<b>12e. Cell No.</b> 215.620.3109	<b>12f. Fax No.</b> 510.834.2019	<b>12g. E-Mail Address</b> jpalmer@nuhw.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Justin Palmer. Lead organizer		<b>13b. Address (street and number, city, state, and ZIP code)</b> SAME AS ABOVE	
<b>13c. Tel No.</b> SAME AS ABOVE	<b>13d. Cell No.</b> SAME AS ABOVE	<b>13e. Fax No.</b> SAME AS ABOVE	<b>13f. E-Mail Address</b> SAME AS ABOVE
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Justin Palmer	<b>Signature</b> 	<b>Title</b> Lead organizer	<b>Date</b> 12/10/19

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 OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

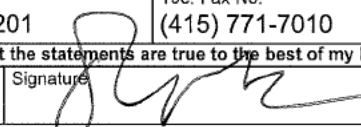
32-RC-253175

Date Filed

12/11/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer:</b> Sutter Health-PAMF		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 301 Old San Francisco Road, Sunnyvale CA 94086 701 E. El Camino Real, Mountain View, CA 94040	
<b>3a. Employer Representative - Name and Title:</b> Katie Setzler		<b>3b. Address (if same as 2b - state same):</b> 2751 Research Park Dr., Soquel, CA 95073	
<b>3c. Tel. No.</b> (831) 460-6070	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (831) 458-6365	<b>3f. E-Mail Address</b> katie.setzler@sutterhealth.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare		<b>4b. Principal Product or Service</b> Healthcare	
<b>5a. City and State where unit is located:</b> Sunnyvale, CA and Mountain View, CA		<b>5b. Description of Unit Involved:</b> Included: All full-time, part-time and per diem registered nurses working in infusion oncology and all other hematology departments Excluded: All other employees	
<b>6a. Number of Employees in Unit</b> 26		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 12/11/2019 and Employer declined recognition on or about (Date) No reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11a. Election Type:</b>			
<b>11b. Election Date(s):</b> Jan. 21, 2020		<b>11c. Election Time(s):</b> 3:00 pm to 5:00 pm	
<b>11d. Election Location(s):</b> Conference Room, 701 E. El Camino Real, Mountain View, CA 94040			
<b>12a. Full Name of Petitioner (including local name and number):</b> Engineers and Scientists of California, Local 20, IFPTE, AFL-CIO/CLC		<b>12b. Address (street and number, city, State and ZIP code):</b> 810 Clay St., Oakland, CA 94607	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International and Technical Federation of Technical Engineers, AFL-CIO/CLC			
<b>12d. Tel. No.</b> 510-238-8320	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 510-238-8324	<b>12g. E-Mail Address</b> areidel@ifpte20.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Eleanor Morton, Attorney Andrew J. Palma, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 1188 Franklin St., Ste. 201 San Francisco, CA 94109	
<b>13c. Tel. No.</b> (415) 771-6400	<b>13d. Cell No.</b> (415) 336-9201	<b>13e. Fax No.</b> (415) 771-7010	<b>13f. E-Mail Address</b> emorton@leonardcarder.com, apalma@leonardcarder.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Eleanor Morton	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 12/11/19

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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may 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. <b>32-RC-253321</b>	Date Filed <b>12/13/2019</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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. <b>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.</b>			
<b>2a. Name of Employer</b> Grabango		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2150 Kittredge St., 3rd Floor, Berkeley, CA 94720	
<b>3a. Employer Representative - Name and Title</b> Will Glaser, CEO		<b>3b. Address (If same as 2b - state same)</b> 2105 Bancroft Way, Berkeley, CA 94720	
<b>3c. Tel. No.</b> (503) 284-6392	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> will.glaser@grabango.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> office		<b>4b. Principal product or service</b> computer software	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time and regular part-time employees performing data review and analysis, including quality trainers, senior quality trainers and employees with the title "supervisor" of quality trainers. <b>Excluded:</b> All supervisors as defined by the Act and all other employees.		<b>5a. City and State where unit is located:</b> Berkeley, CA	
		<b>6a. No. of Employees in Unit:</b> 48	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date) 12/9/19 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply.</b>			
<input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None.		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No.</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
<b>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)</b> None.			
<b>10a. Name</b>		<b>10b. Address</b>	
		<b>10c. Tel. No.</b>	
		<b>10d. Cell No.</b>	
		<b>10e. Fax No.</b>	
		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 1/6/20		<b>11c. Election Time(s):</b> 11am - 3pm	
<b>11d. Election Location(s):</b> 2150 Kittredge St., Berkeley, CA 94720 in meeting room			
<b>12a. Full Name of Petitioner (including local name and number)</b> Teamsters Local 853		<b>12b. Address (street and number, city, state, and ZIP code)</b> 7750 Pardee Ln, Oakland, CA 94621	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Brotherhood of Teamsters			
<b>12d. Tel No.</b> (510) 895-8853	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 510-895-6853	<b>12g. E-Mail Address</b> sbender@teamsters853.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Susan K. Garea, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Beeson, Tayer & Bodine, 483 Ninth Street, Oakland, CA 94607	
<b>13c. Tel No.</b> (510) 625-9700	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (510) 625-8275	<b>13f. E-Mail Address</b> sgarea@beesonlayer.com; eaviva@beesonlayer.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Susan K. Garea, Attorney	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 12/13/19

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

**PRIVACY ACT STATEMENT**

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



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

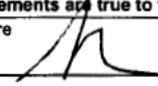
32-RC-253760

Date Filed

12/23/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Stericycle, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 189 Satuffer Blvd., San Jose, CA 95125	
<b>3a. Employer Representative - Name and Title:</b> Cheryl Sanchez		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> (866) 308-9097	<b>3d. Cell No.</b> (951) 367-9546	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Cheryl.Sanchez@stericycle.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Waste management		<b>4b. Principal Product or Service</b> Medical waste disposal	
<b>5b. Description of Unit Involved:</b> Included: All full-time & part-time drivers & warehouse employees employed by the Employer at or out of its San Jose facility Excluded: All other employees, supervisors and guards, as defined in the Act.		<b>5a. City and State where unit is located:</b> San Jose, California	
		<b>6a. Number of Employees in Unit:</b> 35	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date) _____ by this petition</b> and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b> None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> January 10, 2020	<b>11c. Election Time(s):</b> 4:00 a.m. - 9:00 a.m.	<b>11d. Election Location(s):</b> 189 Satuffer Blvd., San Jose, CA 95125	
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 287		<b>12b. Address (street and number, city, State and ZIP code):</b> 1452 North Fourth Street San Jose, CA 95112-4778	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> (408) 453-0287	<b>12e. Cell No.</b> (408) 642-9448	<b>12f. Fax No.</b> (408) 453-2034	<b>12g. E-Mail Address</b> Organize@mail.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Sheila K. Sexton, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 483 Ninth Street, Ste. 200, Oakland, CA 94607	
<b>13c. Tel. No.</b> (510) 625-9700	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (510) 625-8275	<b>13f. E-Mail Address</b> eaviva@beesontayer.com sssexton@beesontayer.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Sheila K. Sexton	<b>Signature</b> 	<b>Title</b> Attorney for Petitioner	<b>Date</b> 12/23/19

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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