

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-240612

Date Filed

5-1-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Nestle Waters North America		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 945 Ames Avenue, Milpitas, CA 95035	
3a. Employer Representative Name and Title Roy Miyahira, Customer Operations Manager		3b. Address (If same as 2b state same) same	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E Mail Address roy.miyahira@waters.neslte.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Distribution and sales		4b. Principal product or service Bottled water	
5b. Description of Unit Involved Included: All full-time and regular part-time drivers Excluded: Temporary employees, clericals, guards, and supervisors under the Act.		5a. City and State where unit is located: Milpitas, CA	
		6a. No. of Employees in Unit: 26	
		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 this petition and Employer declined recognition on or about no response (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? <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			

10a. Name None		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): May 16, 2019		11c. Election Time(s): 6:00 am 7:30 am		11d. Election Location(s): Route Room, 945 Ames Avenue, Milpitas, CA 95035			
12a. Full Name of Petitioner (including local name and number) Teamsters Local 853				12b. Address (street and number, city, state, and ZIP code) 7750 Pardee Lane, Oakland, CA 94621 1497			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters							
12d. Tel No. (510) 895 8853		12e. Cell No. (408) 813 1274		12f. Fax No.		12g. E Mail Address fharms.teamsters@yahoo.com	

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Lorrie E. Bradley, Attorney		13b. Address (street and number, city, state, and ZIP code) 483 Ninth Street, Suite 200, Oakland, CA 94607	
13c. Tel No. (510) 625-9700	13d. Cell No.	13e. Fax No. (510) 625-8275	13f. E Mail Address lbradley@beesontayer.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Lorrie E. Bradley	Signature 	Title Attorney for Petitioner	Date 5/1/19
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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.

32-RC-240664

Date Filed

5/1/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Helados La Tapatia		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4495 W. Shaw Avenue, Fresno, CA 93722	
3a. Employer Representative Name and Title Emilio Sandoval, President		3b. Address (If same as 2b state same) same	
3c. Tel. No. (559) 441-1105	3d. Cell No. (559) 351-5064	3e. Fax No. (559) 441-1100	3f. E-Mail Address emilios@heladoslatapatia.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food distribution and sales		4b. Principal product or service Ice cream sales and delivery	5a. City and State where unit is located: Fresno, California
5b. Description of Unit Involved Included: All full-time and regular part-time drivers Excluded: Managers, Supervisors and Guards as defined by the Act.			6a. No. of Employees in Unit: 8 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 this Petition and Employer declined recognition on or about no reply (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): Friday, May 17, 2019	11c. Election Time(s): 4:30 pm to 6:30 pm	11d. Election Location(s): Conference Room, 4495 W. Shaw Avenue, Fresno
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12a. Full Name of Petitioner (including local name and number) Teamsters Local 431	12b. Address (street and number, city, state, and ZIP code) 1140 West Olive, Fresno, CA 93728
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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)
International Brotherhood of Teamsters

12d. Tel No. (559) 486-5410	12e. Cell No.	12f. Fax No. (559) 441-1743	12g. E-Mail Address fharms.teamsters@yahoo.com
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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 Lorrie E. Bradley, Attorney		13b. Address (street and number, city, state, and ZIP code) 483 - 9th Street, 2nd Floor, Oakland, CA 94607-4051	
13c. Tel No. (510) 625-9700	13d. Cell No.	13e. Fax No. (510) 625-8275	13f. E Mail Address lbradley@beesontayer.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Lorrie E. Bradley	Signature 	Title Attorney	Date 5/1/19
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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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 32-RC-240944	Date Filed 5/6/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer UCSF Benioff Children's Hospital, Oakland	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) See Attachment A
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3a. Employer Representative - Name and Title Michael Anderson, President	3b. Address (If same as 2b - state same) 747-52nd Street, Oakland, CA 94609
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3c. Tel. No. 510-428-3000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Michael.Anderson@ucsf.edu
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute Care Hospital	4b. Principal product or service Healthcare	5a. City and State where unit is located: See Attachment A
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5b. Description of Unit Involved Included: See Attachment A Excluded: See Attachment A	6a. No. of Employees in Unit: 103	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"/>
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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 (If none, so state). None	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): May 21, 22, 23, June 5, 6, and 12, 2019	11c. Election Time(s): 8 am to 6 pm	11d. Election Location(s): Cafeteria Conference Room, 747-52nd St., Oakland, CA 94609
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12a. Full Name of Petitioner (including local name and number) California Nurses Association (CNA)	12b. Address (street and number, city, state, and ZIP code) 155 Grand Ave., Oakland, CA 94612
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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)
American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)


12d. Tel No. 510-273-2200	12e. Cell No.	12f. Fax No. 510-663-4822	12g. E-Mail Address atucci@calnurses.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 Anthony J. Tucci	13b. Address (street and number, city, state, and ZIP code) 155 Grand Ave., Oakland, CA 94612
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13c. Tel No.	13d. Cell No.	13e. Fax No. 510-663-4822	13f. E-Mail Address atucci@calnurses.org
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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) Anthony J. Tucci	Signature 	Title Legal Counsel	Date May 6, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment A

**RC Petition
UCSF Benioff Children's Hospital, Oakland
by California Nurses Association (CNA)**

2b. Address(es) of Establishment(s) involved

2401 Shadelands Dr. Walnut Creek 94598
665 53rd St., Oakland, CA 94609
5275 & 5220 Claremont Ave. Oakland 94618
744 52nd St., Oakland, 94609
747 52nd Street, Oakland, 94609
770 53rd Street, Oakland, CA 94609
1181 Central Blvd., Suite B, Brentwood, CA 94513
2303 Camino Ramon, Suite 175, San Ramon, CA 94583
2607 Myrtle St., Oakland, CA 94607
3100 Summit Street, Oakland, CA 94609.
2500 Fairmont Dr., San Leandro, CA 94578

5a. City and State where unit is located

Oakland, CA; Walnut Creek, CA; Brentwood, CA; San Ramon, CA; San Leandro, CA

5b. Unit Involved**Included:**

All graduate, Registered Nurses, or interim permittees employed by the Hospital performing nursing services, as hereinafter listed, Full-time Nurse, Part-time Nurse, Short-Hour, Per Diem, Temporary, Interim Permittees, Staff Nurse I, Staff Nurse II, Staff Nurse III, Staff Nurse IV, Assistant Head Nurse, at its facilities located at 2401 Shadelands Dr. Walnut Creek, CA 94598, 744 52nd St., Oakland, California 94609, 747 52nd Street, Oakland, California 94609, 3100 Summit Street, Oakland, California 94609, 2500 Fairmont Dr., San Leandro, CA 94578.

Excluded:

Only supervisors, as defined in the National Labor Relations Act, administrative or executive personnel having authority to hire, discipline, discharge, or determine personnel policies.

Voting Group:**Included:**

All graduate, Registered Nurses, or interim permittees employed by the Hospital performing nursing services, as hereinafter listed, Nurse Practitioner, Employee Health Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, 2160 Nurse Practitioner, Clinical Nurse Specialist, RN Case Manager, Inpatient Case Manager, Inpatient Nurse Clinician - Case Manager, Nurse Clinician, BMT Coordinator, Employee or Occupational, Health Nurse, Utilization Review Nurse, Utilization Review, Payor Specialist III, Research Nurse, RN, Pediatric Nurse Practitioner, RN Clinician, Research Clinician located at its facilities located at 2401 Shadelands Dr. Walnut Creek, CA 94598, 665 53rd St., Oakland, CA 94609, 5275 & 5220 Claremont Ave. Oakland, CA 94618, 744 52nd St., Oakland, CA 94609, 747 52nd Street, Oakland, CA 94609, 770 53rd Street, Oakland, CA 94609, 1181 Central Blvd., Suite B, Brentwood, CA 94513, 2303 Camino Ramon, Suite 175, San Ramon, CA 94583, 2607 Myrtle St., Oakland, CA 94607, 3100 Summit Street, Oakland, CA 94609.

Excluded:

Only supervisors, as defined in the National Labor Relations Act, administrative or executive personnel having authority to hire, discipline, discharge, or determine personnel policies.

Eligibility date is pay period ending Saturday, May 18, 2019.

Per diem/floaters/casual RNs are eligible if they have worked a minimum of one hundred and twenty (120) hours in either of the previous twelve (12) week periods immediately preceding the May 18, 2019, eligibility date for the election.

Resulting Unit:**Included:**

All graduate, Registered Nurses, or interim permittees employed by the Hospital performing nursing services, as hereinafter listed, Full-time Nurse, Part-time Nurse, Short-Hour, Per Diem, Temporary, Interim Permittees, Staff Nurse I, Staff Nurse II, Staff Nurse III, Staff Nurse IV, Assistant Head Nurse, Nurse Practitioner, Employee Health Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, 2160 Nurse Practitioner, Clinical Nurse Specialist, RN Case Manager, Inpatient Case Manager, Inpatient Nurse Clinician - Case Manager, Nurse Clinician, BMT Coordinator, Employee or Occupational, Health Nurse, Utilization Review Nurse, Utilization Review, Payor Specialist III, Research Nurse, RN, Pediatric Nurse Practitioner, RN Clinician, Research Clinician at its facilities located at 2401 Shadelands Dr. Walnut Creek 94598, 665 53rd St., Oakland, CA 94609, 5275 & 5220 Claremont Ave. Oakland 94618, 744 52nd St., Oakland, 94609, 747 52nd Street, Oakland, 94609, 770 53rd Street, Oakland, CA 94609, 1181 Central Blvd., Suite B, Brentwood, CA 94513, 2303 Camino Ramon, Suite 175, San Ramon, CA 94583, 2607 Myrtle St., Oakland, CA 94607, 3100 Summit Street, Oakland, CA 94609, 2500 Fairmont Dr., San Leandro, CA 94578.

Excluded:

Only supervisors, as defined in the National Labor Relations Act, administrative or executive personnel having authority to hire, discipline, discharge, or determine personnel policies.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-241050

Date Filed

5/8/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Tilden Preparatory School		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1231 Solano Ave # B, Albany, CA 94706; 1050 Bridgeway Sausalito, CA 94965; 1475 N Broadway, Suite 200 Walnut Creek, CA, 94596	
3a. Employer Representative - Name and Title: Shary Nunan <i>KAREN HOBBS</i> CO-OWNERS		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 510.525.5506	3d. Cell No. <i>510.821.1713</i> KAREN	3e. Fax No. (510) 525-5508	3f. E-Mail Address <i>KARENHOBBS@TILDENPREP.COM</i> sharynunan@tildenprep.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School		4b. Principal Product or Service Education	5a. City and State where unit is located: Albany, Marin, Walnut Creek, CA
5b. Description of Unit Involved: Included: <i>DEPARTMENT HEADS</i> Full time, part time, and substitute teachers and support staff Excluded: Managers and administrators		6a. Number of Employees in Unit: Approximately 110 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <i>5/8/19</i> on or about (Date) <i>5/8/19</i> (If no reply received, so state). <i>OWNER REFUSED TO MEET</i> <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> No <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
			10e. Fax No.
			10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:			11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s):		11c. Election Time(s):	11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): California Federation of Teachers		12b. Address (street and number, city, State and ZIP code): 2001 Center Street, Suite 600 Berkeley, CA 94704	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of Teachers, AFL-CIO			
12d. Tel. No. 510.523.5238	12e. Cell No. 510.220.3178	12f. Fax No. 510.523.5262	12g. E-Mail Address sweese@cft.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Sandra Weese		13b. Address (street and number, city, State and ZIP code): 2001 Center Street, Suite 600, Berkeley, CA 94704	
13c. Tel. No. 510.523.5238	13d. Cell No. 510.220.3178	13e. Fax No. 510.523.5262	13f. E-Mail Address sweese@cft.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Sandra Weese		Signature <i>[Signature]</i>	Title Organizing Director
			Date 5/8/19

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

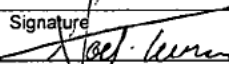
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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 32-RC-241218	Date Filed 05/10/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Women's Foundation of California		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 300 Frank H. Ogawa Plaza, Suite 420, Oakland, CA 94612	
3a. Employer Representative - Name and Title Surina Khan, CEO		3b. Address (If same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. 510.740.2500	3d. Cell No. 646.589.12130	3e. Fax No.	3f. E-Mail Address surina@womensfoundca.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) non-profit		4b. principal product or service Grants and fellowships	
5b. Description of Unit Involved Included: All full-time and regular part-time outreach specialists, development database associates, campus coordinators, program officers, program assistants, campaign assistants, program managers, and institutional partnerships managers employed by the employer at or from 300 Frank H. Ogawa Plaza, Suite 420, Oakland, CA Excluded: Chiefs, Managers, Administrators, Directors, Accountants, office clerical employees, guards, and supervisor as defined in the Act.		5a. City and State where unit is located: Oakland, Costa mesa, Riverside and Rocklin, CA	
6a. No. of Employees in Unit: 10		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [X] No []	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>3/28/19</u> and Employer declined recognition on or about <u>4/19/19</u> (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.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address.
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
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 type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): May 30, 2019	11c. Election Time(s): 1:00 p.m. to 2:00 p.m.	11d. Election Location(s): conference room at 300 Frank H. Ogawa Plaza, Suite 420, Oakland, CA	
12a. Full Name of Petitioner (including local name and number) Communications Workers of America, Local 9415		12b. Address (street and number, city, state, and ZIP code) 1831 Park Blvd. Oakland, Ca 94606	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) Communications Workers of America			
12d. Tel No. 510.834.9415	12e. Cell No. 510.967.8485	12f. Fax No. 510.893.8275	12g. E-Mail Address sturner@cwa9415.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Scott Turner		13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE	
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) Scott Turner	Signature 	Title Business agent	Date 5/9/19

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.

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

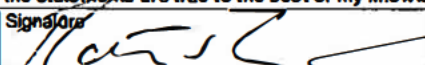
32-RC-241285

Date Filed

05/10/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Emerald Textiles		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1428 W Linwood Avenue Turlock, CA 95380	
3a. Employer Representative - Name and Title: Don Luckenbach		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 209-226-1475	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dluckenbach@emeraldus.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Laundry		4b. Principal Product or Service Linen	
5a. City and State where unit is located: Turlock, CA		5b. Description of Unit Involved: Included: See attached Excluded: See attached	
6a. Number of Employees in Unit: Approx 170		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 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). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		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 <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: Unit is appropriate.			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): May 31, 2019		11c. Election Time(s): Variable	
11d. Election Location(s): Break room			
12a. Full Name of Petitioner (including local name and number): Western States Regional Joint Board, Local 75		12b. Address (street and number, city, State and ZIP code): 920 S Alvarado St, Los Angeles CA 90006	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Workers United a/w SEIU			
12d. Tel. No. 213 385 0271	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Robert S. Giolito, Attorney		13b. Address (street and number, city, State and ZIP code): 11755 Wilshire Blvd Ste 1600, Los Angeles CA 90025	
13c. Tel. No. 310 935 3555	13d. Cell No. 310 897 1082	13e. Fax No.	13f. E-Mail Address rgiolito@giolitolaw.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Robert S. Giolito		Signature 	Title Attorney
Date 5/10/2019			

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

PRIVACY ACT STATEMENT

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

Emerald Textiles**Attachment to Petition for Election****5.b.**

Included: All fulltime and regular part time production employees employed by the Employer in Turlock, CA, including leads and housekeeping employees.

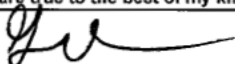
Excluded: All supervisors, office clericals, drivers, and guards.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
AMENDED RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
32-RC-241050Date Filed
05/10/2019

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: Tilden Preparatory School (See Attached)		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1231 Solano Ave. #B, Albany, CA 94706; 1050 Bridgeway Sausalito, CA 94965; 1475 N. Broadway, Suite 200, Walnut Creek, CA 94596	
3a. Employer Representative - Name and Title: Karen Hobbs Rebecca Hobbs (See Attached)		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (See Attached)	3d. Cell No.	3e. Fax No.	3f. E-Mail Address (See Attached)
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School		4b. Principal Product or Service Education	
5a. City and State where unit is located: Albany, Marin, Walnut Creek, CA		5b. Description of Unit Involved: Included: Department Heads, full time, part time, and substitute teachers and support staff Excluded: Managers and administrators	
6a. Number of Employees in Unit: Approximately 110		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 05/08/19 and Employer declined recognition on or about (Date) 05/08/19 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s):		11c. Election Time(s):	
		11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): California Federation of Teachers		12b. Address (street and number, city, State and ZIP code): 2001 Center Street, Suite 600 Berkeley, CA 94704	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of Teachers, AFL-CIO			
12d. Tel. No. (510) 523-5238	12e. Cell No. (510) 220-3178	12f. Fax No. (510) 523-5262	12g. E-Mail Address sweese@cft.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Glenn Rothner		13b. Address (street and number, city, State and ZIP code): Rothner, Segall & Greenstone 510 South Marengo Ave., Pasadena, CA 91101	
13c. Tel. No. (626) 796-7555	13d. Cell No.	13e. Fax No. (626) 577-0124	13f. E-Mail Address grothner@rsglabor.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Glenn Rothner		Signature 	Title Attorney
			Date 05/10/19

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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Attachment to Amended RC Petition**Box 2a. Name of Employer**

Tilden Preparatory School - Albany, Walnut Creek, and Marin Campuses, d/b/a School for Independent Learners, East Bay Branch, LLC, Tilden Preparatory School Marin, LLC, a single and/or joint employers

Box 3a. Employer Representative

Rebecca Hobbs
(415) 944-2254
rebeccah@tildenprep.com

Karen Hobbs
(510) 821-1773
karenhobbs@tildenprep.com

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **32-RC-241643** Date Filed **05/17/2019**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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 **Lockheed Martin** 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
700 Avenger Avenue, Building 42, Operations Side NAS Lemoore, CA 93246

3a. Employer Representative - Name and Title **Michael Cross, Site Manager** 3b. Address (If same as 2b - state same)
Same as 2b

3c. Tel. No. **559-988-3488** 3d. Cell No. **559-816-6482** 3e. Fax No. 3f. E-Mail Address **Michael.e.cross@lmco.com**

4a. Type of Establishment (Factory, mine, wholesaler, etc.) **Government Contractor (Air Force)** 4b. Principal product or service **F-35 Flight Training** 5a. City and State where unit is located: **Lemoore, CA**

5b. Description of Unit Involved
Included: All full time and regular part time Contractor Instructor Pilots
Excluded: Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, and other employees as defined by the act.

6a. No. of Employees in Unit: **4**
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **5/17/2019** 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. 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? 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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): **5/17/19** 11c. Election Time(s): **9am-10am** 11d. Election Location(s): **700 Avenger Avenue, Building 42, Operations Side, NAS Lemoore, CA 93246 F-35 PTC (Flight Training Center) Conference Rm**

12a. Full Name of Petitioner (including local name and number) **International Association of Machinists and Aerospace Workers, Local Lodge 2947** 12b. Address (street and number, city, state, and ZIP code) **672 BRENTWOOD DR. LEMOORE, CA 93245**

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. 12e. Cell No. **916-549-6907** 12f. Fax No. 12g. E Mail Address **snickel@iamaw.org**

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title **Jason Hardwick, Grand Lodge Representative** 13b. Address (street and number, city, state, and ZIP code) **620 Coolidge Rd., Suite 130, Folsom, CA 95630**

13c. Tel. No. **916-985-8101** 13d. Cell No. **916-936-6013** 13e. Fax No. **916-985-8121** 13f. E-Mail Address **jhardwick@iamaw.org**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) **Jason Hardwick** Signature **[Signature]** Title **Grand Lodge Representative** Date **5/17/2019**

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

PRIVACY ACT STATEMENT

Collection 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.

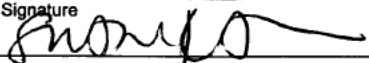
32-RC-241675

Date Filed

05/17/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Shred Works, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 455 High Street, Oakland, CA 94601	
3a. Employer Representative - Name and Title: Kari Talvola Verduin, President		3b. Address (if same as 2b - state same): Same.	
3c. Tel. No. (510) 729-7110	3d. Cell No.	3e. Fax No.	3f. E-Mail Address hr@shredworks.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.)		4b. Principal Product or Service paper shredding and disposal	5a. City and State where unit is located: Oakland, CA
5b. Description of Unit Involved: Included: Drivers and warehouse employees. Excluded: Managers, supervisors and clerical employees.		6a. Number of Employees in Unit: 20 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ by petition and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None.		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No.</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None.			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): May 28, 2019		11c. Election Time(s): 5:45am - 8:15am	11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): Teamsters Local 70		12b. Address (street and number, city, State and ZIP code): 400 Roland Way, Oakland, CA 94621	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. (510) 569-9317	12e. Cell No.	12f. Fax No. (510) 569-1906	12g. E-Mail Address rfierro@teamsterslocal70.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Susan K. Garea, Attorney		13b. Address (street and number, city, State and ZIP code): Beeson, Tayer & Bodine, 483 Ninth Street, Oakland, CA 94607	
13c. Tel. No. (510) 625--9700	13d. Cell No.	13e. Fax No. (510) 625-8275	13f. E-Mail Address sgarea@beesonayer.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Susan K. Garea		Signature 	Title Attorney
			Date 05/17/19

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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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 32-RD-242391	Date Filed 05/30/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: 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 Trench Plate Rental Co.		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 6792 Central Avenue, Newark, CA 94569	
3a. Employer Representative - Name and Title Tadd Sibley, General Manager		3b. Address (If same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (877) 246-4086	3d. Cell No. 510.513.3180	3e. Fax No. 510.744.9048	3f. E-Mail Address tsibley@tprco.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Office and Yard		4b. Principal product or service Renting excavation shoring equipment and trench plates	
		5a. City and State where unit is located: Newark, CA	

5b. Description of Unit Involved Included: All full-time and regular part-time large and small crane drivers employed by the Employer at its facility located at 6792 Central Avenue, Newark, California Excluded: Confidential employees, office clerical employees, guards, and supervisors as defined in the Act.		6a. No. of Employees in Unit: 8 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
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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 Teamsters Local 70		8b. Address 400 Roland Way, Oakland, CA 94621	
8c. Tel. No. 510.569.9317	8d. Cell No. 510.568.5494	8e. Fax No. 510.569.1906	8f. E-Mail Address rfierro@teamsterslocal70.org
8g. Affiliation, if any International Brotherhood of Teamsters		8h. Date of Recognition or Certification 11/1/2017	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A

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): June 19, 2019
11c. Election Time(s): 6:00 a.m. to 7:30 a.m.
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail
11d. Election Location(s): The break room at the Employer's premises

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) NONE	

12d. Tel. No. (b) (6), (b) (7)(C)	12e. Cell No.	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)		13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE	
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 and believe the contents to be true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 5-30-19	

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.

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 32-RC-242472	Date Filed 05/31/2019
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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 Dignity Health dba St. Joseph's Medical Center	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 509 W. Weber Avenue, Stockton, CA 95203
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3a. Employer Representative - Name and Title Judy Coffin	3b. Address (If same as 2b - state same) 185 Berry Street, Suite 300, San Francisco, CA 94107
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3c. Tel. No. (415) 438-5755	3d. Cell No.	3e. Fax No. 415-438-5726	3f. E-Mail Address judy.coffin@dignityhealth.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal product or service Healthcare	5a. City and State where unit is located: Stockton, CA
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5b. Description of Unit Involved
Included: Administrative Secretary II Home Health department

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

6a. No. of Employees in Unit: 6
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 this petition and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name None	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): 6/4/19	11c. Election Time(s): 12:00 - 12:30	11d. Election Location(s): 2nd Floor breakroom
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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 04612
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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)
Service Employees International Union

12d. Tel No. 510-251-1250	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 Bruce A. Harland, Attorney	13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
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13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address bharland@unioncounsel.net
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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) Bruce A. Harland	Signature 	Title Attorney	Date May 31, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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