

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-228849

Date Filed

10/09/2018

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

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

2a. Name of Employer
Stanford Hospital

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
300 Pasteur Drive, Stanford, CA 94305

3a. Employer Representative - Name and Title
David Jones, VP & Chief HR Officer

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

3c. Tel. No.

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

DavidJones@stanfordhealthcare.org

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

4b. Principal product or service
Healthcare

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

5b. Description of Unit Involved

Included: All Respiratory Care Practitioners (Relief, I, II, III, IV), Cystic Fibrosis Respiratory Therapy Coordinators, Pulmonary Function Respiratory Associates

Excluded:
All other employees

6a. No. of Employees in Unit:
91

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) 10/9/18 and Employer declined recognition on or about (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
NONE

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

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

11b. Election Date(s):
October 30, 2018

11c. Election Time(s):
18:00 - 20:30

11d. Election Location(s):
300 Pasteur Drive, Stanford, CA 94305

12a. Full Name of Petitioner (including local name and number)

Engineers and Scientists of California, Local 20, IFPTE, AFL-CIO/CLC

12b. Address (street and number, city, state, and ZIP code)
810 Clay St, Oakland, CA 94607

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

International Federation of Professional and Technical Engineers, AFL-CIO & CLC

12d. Tel. No.

510-238-8320

12e. Cell No.

510-384-7088

12f. Fax No.

510-238-8324

12g. E-Mail Address

jwright@ifpte20.org

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

13a. Name and Title
Danielle Lucido, Chief Counsel

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

13c. Tel. No.

SAME

13d. Cell No.

415-269-5554

13e. Fax No.

SAME

13f. E-Mail Address

dlucido@ifpte20.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)

Jonathan T. Wright

Signature



Title

Organizer

Date

October 9, 2018

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-229053	Date Filed 10/11/2018

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

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

2a. Name of Employer Le Boulanger, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 305 N. Mathilda Avenue, Sunnyvale, CA 94085-4207	
3a. Employer Representative - Name and Title Tony Quintong, CEO		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (408) 774-9000	3d. Cell No.	3e. Fax No. (408) 523-9810	3f. E-Mail Address tquintong@leboulanger.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Bakery		4b. Principal product or service Bread & Bread Delivery	5a. City and State where unit is located: Sunnyvale, California

5b. Description of Unit Involved
Included: All full-time & regular part-time packers, loaders, & maintenance for potential addition to the existing drivers bargaining unit at the Sunnyvale facility as the result of an Armour-Globe election.
Excluded: Bakery production, clerical, managers, Supervisors and Guards as defined by the Act.

6a. No. of Employees in Unit: ~17
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) 10/1/18 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): October 24, 2018	11c. Election Time(s): 10:00 pm - 8:00 pm	11d. Election Location(s): Employer's site, upstairs meeting room
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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

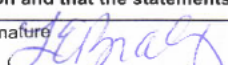
12d. Tel. No. (510) 895-8853	12e. Cell No.	12f. Fax No. (510) 895-6853	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Lorrie Bradley, Attorney		13b. Address (street and number, city, state, and ZIP code) 483 - 9th Street, 2nd Floor, Oakland, CA 94607-4051	
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13c. Tel. No. (510) 625-9700	13d. Cell No.	13e. Fax No. (510) 625-8275	13f. E-Mail Address lbradley@beesontayer.com
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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) Lorrie E. Bradley	Signature 	Title Attorney	Date October 10, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-229101

Date Filed

10/12/2018

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

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

2a. Name of Employer

Le Boulanger, Inc.

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

305 N. Mathilda Avenue, Sunnyvale, CA 94085-4207

3a. Employer Representative - Name and Title

Daniel Brunello, Chairman

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

Same

3c. Tel. No.

(408) 774-9000

3d. Cell No.

3e. Fax No.

(408) 523-9810

3f. E-Mail Address

dbrunello@leboulanger.com

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

Bakery

4b. Principal product or service

Bread & Bread Delivery

5a. City and State where unit is located:

Sunnyvale, California

5b. Description of Unit Involved

Included: All full-time & regular part-time packers, loaders, & maintenance for potential addition to the existing drivers bargaining unit at the Sunnyvale facility as the result of an Armour-Globe election.

Excluded: Bakery production, clerical, managers, Supervisors and Guards as defined by the Act.

6a. No. of Employees in Unit:

~17

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) 10/1/18 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.

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

11b. Election Date(s):
October 24, 2018

11c. Election Time(s):
6:30 pm - 9:00 pm

11d. Election Location(s):
Employer's site, upstairs meeting room

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.

12f. Fax No.

(510) 895-6853

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

Lorrie 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

October 12, 2018

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-229310

Date Filed

10/16/2018

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

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

2a. Name of Employer

Stericycle, Inc.

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

1551 Shelton Drive, Hollister, CA 95023

3a. Employer Representative - Name and Title

Jim Kedwards, Manager

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

Same

3c. Tel. No.

(831) 630-1098

3d. Cell No.

3e. Fax No.

(831) 630-1614

3f. E-Mail Address

Jkedwards@stericycle.com

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

Medical Waste Disposal

4b. Principal product or service

Biohazard Disposal

5a. City and State where unit is located:

Hollister, CA

5b. Description of Unit Involved

Included: All full-time and regular part-time Class A drivers employed at or out of Employer's Hollister location.

Excluded: Clericals, Managers, Supervisors and Guards as defined by the Act.

6a. No. of Employees in Unit:

16

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 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.

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

11b. Election Date(s):
October 29, 2018

11c. Election Time(s):
5:00 a.m. - 8:00 a.m.

11d. Election Location(s):
Employer's on-site conference room

12a. Full Name of Petitioner (including local name and number)

Teamsters Local 287

12b. Address (street and number, city, state, and ZIP code)

1452 N. Fourth Street, San Jose, CA 95112

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.

(408) 453-0287

12e. Cell No.

12f. Fax No.

(408) 453-2034

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

Loirie 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)

Loirie Bradley

Signature



Title

Attorney

Date

October 16, 2018

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

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

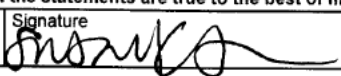
32-RC-229747

Date Filed

10/23/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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: U.S. Foods, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 300 Lawrence Drive Livermore, CA 94551 (Hub + other yards in Northern California)	
3a. Employer Representative - Name and Title: Bill Yray, Transportation Manager		3b. Address (if same as 2b - state same): Same.	
3c. Tel. No. (925) 606-1919	3d. Cell No.	3e. Fax No.	3f. E-Mail Address bill.yray@usfoods.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) yard		4b. Principal Product or Service food distribution	
5a. City and State where unit is located: various locations in Northern CA		5b. Description of Unit Involved: Included: See attached. Excluded:	
6a. Number of Employees in Unit: 245		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ by petition _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None.		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None.			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): mailed on 11/6/18	11c. Election Time(s): N/A (mail ballot)	11d. Election Location(s): N/A (mail ballot)	
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	
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.	12f. Fax No. (510) 895-6853	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: 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@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) Susan K. Garea	Signature 	Title Attorney	Date 10/23/18

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

PRIVACY ACT STATEMENT

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

ATTACHMENT TO RC PETITION

Section 5b. Description of Unit Involved:

Included: All full-time and regular part-time drivers and hostlers employed by U.S. Foods, Inc. in Northern California, including at the Livermore hub and other Northern California locations of Anderson, Chico, Sacramento, Cloverdale, Santa Rosa, Fresno, Gilroy, San Jose, Oakdale, Richmond, Fairfield, Ceres and Auburn.

Excluded: All other employees and supervisors.

FORM NLRB-302 (R0)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 32-RD-228785	Date Filed 10/9/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b 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: RO-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 Advanced Communications		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1060 Minnesota Avenue, Suite 7, San Jose, CA 95125	
3a. Employer Representative - Name and Title Gary Gass		3b. Address (If same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. 408.930.6704	3d. Cell No. 408.930.6704	3e. Fax No.	3f. E-Mail Address gary@advancedcom.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction		4b. Principal product or service Low voltage communication cable	
5a. City and State where unit is located San Jose, CA		5b. No. of Employees in Unit 9	
6a. Description of Unit Involved Included: All full-time and regular part-time employees employed by the Employer at or from 1060 Minnesota Avenue, Suite 7, San Jose, CA 95125		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"/>	
6c. Excluded: managerial employees, professional employees, office clerical employees, guards, and supervisors as defined in the Act.			
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 checked="" type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent Communications Workers of America, Local 9423 (Monica Alvarado, Secretary-Treasurer)		8b. Address 2015 Naglee Ave., San Jose, CA 95128	
8c. Tel. No. (408) 278-9447	8d. Cell No.	8e. Fax No.	8f. E-Mail Address monica@cwa9423.org
8g. Affiliation, if any Communications Workers of America		8h. Date of Recognition or Certification prior to 8/4/13	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 08/04/17	
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 those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 10/23/18	11c. Election Time(s): 2:00 p.m. to 2:30 p.m.	11d. Election Location(s): The front small office	
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.	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)		13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE	
13c. Tel. No. SAME AS ABOVE	13d. Cell No. (b) (6), (b) (7)(C)	13e. Fax No. SAME AS ABOVE	13f. E-Mail Address SAME AS ABOVE
I declare that I have read the above petition and its contents and that the information is true to my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)		Date Oct 8, 2018	

WILLFUL FALSE STATEMENTS OR FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. **(b) (6), (b) (7)(C)**

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 32-RD-229316	Date Filed 10/16/2018

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

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

2a. Name of Employer Community Child Care Council of Santa Clara County, Inc. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
150 River Oaks Parkway, Suite F-1, San Jose, CA 95134

3a. Employer Representative - Name and Title Trevor Jackman, Senior Director of Operations 3b. Address (If same as 2b - state same)
SAME AS ABOVE

3c. Tel. No. 408.487.0747 3d. Cell No. 3e. Fax No. 408.413.2700 3f. E-Mail Address trevorj@4c.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Building 4b. Principal product or service Subsidized child care services 5a. City and State where unit is located: San Jose, CA

Included: All full-time and regular part-time employees employed by the Employer at its facility located at 150 River Oaks Parkway in San Jose, CA
Excluded: Managers, guards, and supervisors as defined in the Act.

6a. # of employees 85
6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes ☒ No ☐

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent Service Employees International Union, Local 521 8b. Address 2302 Zanker Road, San Jose, CA 95131

8c. Tel No. 408.678.3300 8d. Cell No. 8e. Fax No. 408.954.1538 8f. E-Mail Address mario.castillo@seiu521.org

8g. Affiliation, if any Service Employees International Union 8h. Date of Recognition or Certification 8/13/15 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Still no Contract

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail
11b. Election Date(s): 10/24/18 11c. Election Time(s): 12 noon to 2:00 p.m. 11d. Election Location(s): The Large Conference Room

12a. Full Name of Petitioner (b) (6), (b) (7)(C) 12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)

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

12d. Tel No. 12e. Cell No. (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) 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 the contents are true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C) Title (b) (6), (b) (7)(C) Date 10/16/18

WILLFUL FALSE STATEMENT OR MISFEASANCE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATE 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)

FORM NLRB-502 (RD)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITIONDO NOT WRITE IN THIS SPACE
Case No. **32-RD-229405** Date Filed **10/17/2018**

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

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

2a. Name of Employer Sunnyvale Volkswagen		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1025 E. El Camino Real, Sunnyvale, CA 94087	
3a. Employer Representative - Name and Title Mike Abrahamian, General Manager		3b. Address (If same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. 408-215-2694	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mike@sunnyvalcvw.com
4a. Type of Establishment (factory, mine, wholesaler, etc.) Auto Dealership		4b. Principal product or service Vehicle sales and service	
4c. City and State where unit is located: Sunnyvale, CA		5a. City and State where unit is located: Sunnyvale, CA	
5b. Description of Unit Involved Included: All full-time and regular part-time car washers, detailers, lubricators, and tire service employees employed by the Employer at its facility located at 1025 E. El Camino Real, Sunnyvale, CA 94087 Excluded: All other employees, office clerical employees, and guards.		6a. No. of Employees in Unit: 6 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"/>	

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 Union 665 (Florence Sinogui)		8b. Address 1801 Van Ness Ave Suite 310, San Francisco, CA 94109	
8c. Tel. No. 415-825-0694	8d. Cell No.	8e. Fax No.	8f. E-Mail Address fsinogui@teamsters665.org
8g. Affiliation, if any		8h. Date of Recognition or Certification Unknown	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9/30/2016

9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☒ No. If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail
11b. Election Date(s): **November 6, 2018**
11c. Election Time(s): **1:00 to 1:30 p.m.**
11d. Election Location(s): **Breakroom at Employer's Premises**

12a. Full Name of Petitioner
(b) (6), (b) (7)(C)
12b. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
(b) (6), (b) (7)(C)

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

13a. Name and Title		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) (b) (6), (b) (7)(C)	Title An Individual	Date 10-15-18
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WILLFUL FALSE STATEMENT IS PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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