

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

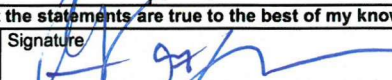
32-RC-249501

Date Filed

10-4-2019

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: Platinum LV Transportation dba Bell Limo Airport Minibus & North Lake Tahoe Express		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 105 Sunshine Lane, Reno, Nevada 89502	
3a. Employer Representative - Name and Title: Igor Avanto, General Manager		3b. Address (if same as 2b - state same): 105 Sunshine Lane, Reno, Nevada 89502	
3c. Tel. No. (775) 323-3727	3d. Cell No.	3e. Fax No.	3f. E-Mail Address airport@bell-limo.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Limousine/Bus Company		4b. Principal Product or Service Transportation	
5a. City and State where unit is located: Reno, Nevada		5b. Description of Unit Involved: Included: All regular full and part-time drivers Excluded: Dispatcher, mechanics, sales people, supervisors and guards as defined by the Act	
6a. Number of Employees in Unit: 28		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) N/A		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 and election in this matter, state your position with respect to any such election: <u>The Union seeks an election and recognition</u>			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Saturday, October 19, 2019		11c. Election Time(s): 7-10 a.m.; 12-2 p.m.; 4-7 p.m.	
11d. Election Location(s): Employer's premises			
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers, etc., Local 533		12b. Address (street and number, city, State and ZIP code): 1190 Selmi Dr #100, Reno, NV 89512	
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, Chauffeurs, Warehousemen and Helpers of America			
12d. Tel. No. (775) 348-6060	12e. Cell No. (775) 342-8530	12f. Fax No. (775) 348-1501	12g. E-Mail Address stephanie@teamsters533.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Matthew J. Gauger, Attorney/Tiffany Crain Altamirano		13b. Address (street and number, city, State and ZIP code): 431 I Street, Suite 202, Sacramento, CA 95814	
13c. Tel. No. (916) 443-6600	13d. Cell No.	13e. Fax No. (916) 442-0244	13f. E-Mail Address mgauger@unioncounsel.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Matthew J. Gauger		Signature 	Title Attorney
		Date 10/04/19	

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 32-RC-249671	Date Filed 10/09/2019

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 Lockheed Martin		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) NAS Lemoore, Lemoore, CA 93245	
3a. Employer Representative - Name and Title Jay Sumner, Director Labor & Employee Relations		3b. Address (If same as 2b - state same) 6801 Rockledge Drive N1007, Bethesda, MD 20817	
3c. Tel. No. (301) 897-6668	3d. Cell No. (703)201-6302	3e. Fax No.	3f. E-Mail Address Jay.Sumner@lmco.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor		4b. Principal product or service Military Support	
5b. Description of Unit Involved Included: All full time Senior Field Engineers. Excluded: All Guards, Office Clerical and Supervisors as defined in the Act.		5a. City and State where unit is located: Lemoore, CA	
		6a. No. of Employees in Unit: 3	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	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): Mail ballot October 21th, 2019	11c. Election Time(s): n/a	11d. Election Location(s): n/a
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12a. Full Name of Petitioner (including local name and number)
International Association of Machinists and Aerospace Workers, District Lodge 725


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. (619) 906-0394	12e. Cell No.	12f. Fax No. (858) 292-5488	12g. E-Mail Address JMAuldin@iam725.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 David W. M. Fujimoto, Attorney		13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address dfujimoto@unioncounsel.net nlrbnotices@unioncounsel.net

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

Name (Print) David W. M. Fujimoto	Signature 	Title Attorney	Date October 9, 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.

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-249877

Date Filed

10/14/2019

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 Safeway, Inc. d/b/a Safeway.com and/or Grocery Works		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) See Attachment A	
3a. Employer Representative - Name and Title Frank Jorgensen, HR Labor Relations/Warren Nelson, Counsel		3b. Address (If same as 2b - state same) 5918 Stoneridge Mall Road, Pleasanton, CA 94588/2050 Main Street, Suite 1000 Irvine, CA 92614	
3c. Tel. No. (425) 455-8332/(949) 798-2111	3d. Cell No.	3e. Fax No. (623) 336-6656/(949) 851-0152	3f. E-Mail Address frank.jorgensen@safeway.com/wnelson@fisherphillips.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail Groceries		4b. Principal product or service Groceries	
5b. Description of Unit Involved Included: All drivers employed by Safeway, Inc., d/b/a Safeway.com and/or Grocery Workers in Administrative Regions 2, 3, 4 and 5 Excluded: All other employees, including supervisors, guards and office clericals		5a. City and State where unit is located: See Attachment A	
		6a. No. of Employees in Unit: 160	
		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) 10/14/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **by this Petition**
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): TBD	11c. Election Time(s): TBD	11d. Election Location(s): Breakrooms, see Attachment A
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12a. Full Name of Petitioner (including local name and number)
United Food & Commercial Workers Union, Local 5

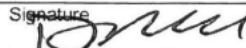
12b. Address (street and number, city, state, and ZIP code)
28870 Mission Boulevard, Hayward, CA 94544

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food & Commercial Workers Union, AFL-CIO, CLC

12d. Tel No. (925) 269-2419 **12e. Cell No.** (510) 599-0488 **12f. Fax No.** **12g. E-Mail Address** jaraby@ufcw5.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title David A. Rosenfeld, Attorney		13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address drosenfeld@unioncounsel.net, nlrbnotices@unioncounsel.net

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

Name (Print) David A. Rosenfeld	Signature 	Title Attorney	Date October 14, 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

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ATTACHMENT A

Box2b.

Safeway # 3132
5100 Broadway
Oakland, CA 94611

Safeway # 3031
85 Westlake Center
Daly City, CA 94015

Safeway # 1883
103 American Canyon Road
American Canyon, CA 94503

Safeway # 1483
1530 Hamilton Avenue
San Jose, CA 95125

Safeway # 2621
3110 Balfour Road
Brentwood, CA 94513

Box 5a:

Safeway # 3132
5100 Broadway
Oakland, CA 94611

Safeway # 3031
85 Westlake Center
Daly City, CA 94015

Safeway # 1883
103 American Canyon Road
American Canyon, CA 94503

Safeway # 1483
1530 Hamilton Avenue
San Jose, CA 95125

Safeway # 2621
3110 Balfour Road
Brentwood, CA 94513

Box 11d: Breakroom in:

Safeway # 3132
5100 Broadway
Oakland, CA 94611

Safeway # 3031
85 Westlake Center
Daly City, CA 94015

Safeway # 1883
103 American Canyon Road
American Canyon, CA 94503

Safeway # 1483
1530 Hamilton Avenue
San Jose, CA 95125

Safeway # 2621
3110 Balfour Road
Brentwood, CA 94513

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RM-250854

Date Filed

10/30/2019

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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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/Petitioner:
Gibson Wine Company, a California Non-Profit Cooperative Corporation

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
1720 Academy Avenue
Sanger, CA 93657

3a. Employer/Petitioner Representative - Name and Title:
Jeff Daniel, General Manager

3b. Address (if same as 2b - state same):
Same

3c. Tel. No.

559-531-1407

3d. Cell No.

3e. Fax No.

559-875-4761

3f. E-Mail Address

jdaniel@gibsonwine.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Smaller Grower Owned Winery

4b. Principal Product or Service
Bulk Wine

5a. Description of Unit Involved:

Included:

General winery worker, racker/blender, machine operator, boiler operator, lift truck op.

Excluded:

All other classifications including, but not limited to, supervisors, guards, and clericals

5b. City and State where unit is located:

Sanger, CA

6. Number of Employees in Unit:

9

Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable

☐ 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____

☒ 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

8a. Name of Recognized or Certified Bargaining Agent - Name

United Food & Commercial Workers Union Local 8 - Golden State

8b. Affiliation, if any:

8c. Address:

Joe Ciotti - Vice President - Local 8
2200 Professional Drive
Roseville, CA 95661

8d. Tel. No.

916-786-0588

8e. Cell No.

916-765-9100

8f. Fax No.

916-786-0958

8g. E-Mail Address

jciotti@ufcw8.org

9. Date of Recognition or Certification

Approx. 30 years ago

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 3/31/2019

11. 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)

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

None

12a. Name and affiliation if any

12b. Address

12c. Tel. No.

12d. Cell No.

12e. Fax No.

12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:
Employer Gibson Winery is requesting an NLRB secret ballot election at Winery

13a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s):

Any Monday through Friday

13c. Election Time(s):

Between 8 am and 5 pm

13d. Election Location(s):

At Winery in Sanger

14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title:

Thomas E. Campagne, Attorney

14b. Address (street and number, city, State and ZIP code):

Law Firm of Campagne & Campagne, a Professional COorporation
1685 N. Helm Avenue Fresno, Ca 93727

14c. Tel. No.

559-255-1637

14d. Cell No.

14e. Fax No.

559-252-9617

14f. E-Mail Address

tcampagne@campagnelaw.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)

Jeff Daniel

Signature

Title

General Manager

Date

10-23-19

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

PRIVACY ACT STATEMENT

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FORM NLRB-502 (RC)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-250991

Date Filed

10/31/2019

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:
ST. FRANCIS EXTENDED CARE, INC.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
718 BARLETT AVENUE, HAYWARD, CA 94541

3a. Employer Representative - Name and Title:
Spencer Brinton, Administrator
Roland Rapp & Sally Rapp, License Owners

3b. Address (if same as 2b - state same):
SAME

3c. Tel. No.
(510)785-3630

3d. Cell No.
N/A

3e. Fax No.
(510)785-5705

3f. E-Mail Address
N/A

4a. Type of Establishment (Factory, mine, wholesaler, etc.):
Skilled Nursing Facility

4b. Principal Product or Service
Health care

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

5b. Description of Unit Involved:

Included:

CNAs, RNAs, Laundry employees, Housekeepers, Janitors, Dietary Aides, & Cooks

Excluded:

All other employees, office clericals, professionals, managers, guards, and supervisors

6a. Number of Employees in Unit
45

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)** 10/30/19 **and Employer declined recognition**
on or about (Date) No reply (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 and 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):
11/19/19

11c. Election Time(s):

6:00AM-8:00AM & 2:00PM-4:00PM

11d. Election Location(s):

FAMILY ROOM OR THERAPY ROOM

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

SERVICE EMPLOYEES INTERNATIONAL UNION,
LOCAL 2015

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

2910 BEVERLY BLVD. LOS ANGELES, CA 90057

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

SERVICE EMPLOYEES INTERNATIONAL UNION

12d. Tel. No.

213-985-0400

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:

Manuel A. Boiguiues, Attorney for Union

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

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

13c. Tel. No.

510-337-1001

13d. Cell No.

13e. Fax No.

510-337-1023

13f. E-Mail Address

mboiguiues@unioncounsel.net

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

Name (Print)

Manuel A. Boiguiues

Signature

Manuel A. Boiguiues

Title

Attorney for Union

Date

10/31/19

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

PRIVACY ACT STATEMENT

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