

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
28-RC-226912

Date Filed
September 7, 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 GNLV Corp. d/b/a Golden Nugget Las Vegas		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 129 E. Fremont St., Las Vegas, NV 89101-5677	
3a. Employer Representative - Name and Title Susan Stanton - Senior Vice President of Human Resources		3b. Address (If same as 2b - state same) same	
3c. Tel. No. (702) 406-5799	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Sstanton@goldennugget.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Casino		4b. Principal product or service Hospitality and Gaming	
5b. Description of Unit Involved Included: See Attachment. Excluded: See Attachment.		5a. City and State where unit is located: Las Vegas, Nevada	
		6a. No. of Employees in Unit: 55	
		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) 5/16/18 and Employer declined recognition on or about appx 5/17/18 (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

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

11b. Election Date(s): September 26, 2018	11c. Election Time(s): 7:00am - 10:00am and 5:00pm - 8:00pm	11d. Election Location(s): Golden Nugget Hotel, 129 East Fremont Street, Las Vegas, NV 89101
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12a. Full Name of Petitioner (including local name and number) General Teamsters, Airline, Aerospace and Allied Employees, Warehousemen, Drivers, Construction, Rock and Sand, Local 986	12b. Address (street and number, city, state, and ZIP code) 1198 Durfee Avenue, S. El Monte, CA 91733
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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. 626-350-9860	12e. Cell No.	12f. Fax No. 626-488-0986	12g. E-Mail Address CGriz009@Teamsters986.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 Alma Koo, Business Representative, Teamsters Local 986		13b. Address (street and number, city, state, and ZIP code) 1198 Durfee Avenue, S. El Monte, CA 91733	
13c. Tel No. 626-350-9860	13d. Cell No.	13e. Fax No. 626-488-0986	13f. E-Mail Address Alma@Teamsters986.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) Daniel R. Barth, Esq.	Signature 	Title Counsel for Petitioner	Date September 6, 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.

ATTACHMENT TO RC PETITION – DESCRIPTION OF UNIT

Included: All full-time and regular part-time PABX agents, room reservation agents, call center agents, and group/wholesale agents employed by the Employer at its facility in Las Vegas, Nevada.

Excluded: Employees already represented by a labor organization, and all other employees, guards and supervisors, as defined by the Act.

Note: Petitioner seeks an *Armour-Globe* election to include the above-described unit of employees in an existing unit that was certified by the Board in Case No. 28-RC-216070. The description of the existing unit is as follows:

All full-time and regular part-time guest services representatives, hotel night auditors, and VIP services representatives employed by the Employer at its facility in Las Vegas; excluding employees already represented by other labor organizations, all other employees, guards, and supervisors as defined by the National Labor Relations Act.

As such, the description of the combined proposed and existing unit is as follows:

All full-time and regular part-time guest services representatives, hotel night auditors, VIP services representatives, PABX agents, room reservation agents, call center agents, and group/wholesale agents employed by the Employer at its facility in Las Vegas; excluding employees already represented by other labor organizations, all other employees, guards, and supervisors as defined by the National Labor Relations Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

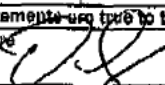
DO NOT WRITE IN THIS SPACE

Case No. 28-RC-227295

Date Filed
09/13/2018

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-805); 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: HERTZ CORPORATION		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 8505 CONVAIR RD-SUITE 420 EL PASO TEXAS 79925	
3a. Employer Representative - Name and Title: MARIO D. ROCHA AREA MANAGER		3b. Address (if same as 2b - state same): SAME	
3c. Tel. No. 210-841-8815	3d. Cell No. 210-364-6710	3e. Fax No. 915-775-6954	3f. E-Mail Address MDROCA@HERTZ.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) CAR RENTAL		4b. Principal Product or Service CAR RENTAL	5a. City and State where unit is located: EL PASO TEXAS
6b. Description of Unit Involved: Included: TRANSPORTERS Excluded: MANAGERS-ASSISTANT MANAGERS			5a. Number of Employees in Unit: 14 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) 9-13-2018 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 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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 10-1-2018	11c. Election Time(s): 10:00 A.M.	11d. Election Location(s): BREAK ROOM HERTZ	
12a. Full Name of Petitioner (including local name and number): TEAMSTERS LOCAL 745		12b. Address (street and number, city, State and ZIP code): 6944 COMMERCE EL PASO TEXAS 79915	
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. 214-390-0661	12e. Cell No.	12f. Fax No. 214-393-3216	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: VICTOR JAMES BUSINESS AGENT		13b. Address (street and number, city, State and ZIP code): 6944 COMMERCE EL PASO TEXAS 79915	
13c. Tel. No. 915-772-7437	13d. Cell No. 915-929-7998	13e. Fax No. 915-771-0045	13f. E-Mail Address VJAMES745TX@GMAIL.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) VICTOR JAMES	Signature 	Title BUSINESS AGENT	Date 9-13-2018

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.

28-RC-228151

Date Filed

September 26, 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
St. Joseph's Hospital

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
350 N. Wilmot Road, Tucson, AZ 85711

3a. Employer Representative - Name and Title
Mark A. Benz, Chief Executive Officer

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

3c. Tel. No.
(520) 872-7790

3d. Cell No.
520-872-7796

3e. Fax No.
520-873-3921

3f. E-Mail Address
mark.benz@carondelet.org

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:
Tucson, Arizona

5b. Description of Unit Involved

Included: See Attached

Excluded: See Attached

6a. No. of Employees in Unit:
555

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) _____ 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? None 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 9, 2018

11c. Election Time(s):
6am-9am; 11am-2pm; 6pm-9pm

11d. Election Location(s):
Basement Auditorium

12a. Full Name of Petitioner (including local name and number)
National Nurses Organizing Committee/National Nurses United (NNOC/NUU)

12b. Address (street and number, city, state, and ZIP code)
155 Grand Ave., Oakland, CA 94612

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

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

13a. Name and Title
Marie Walcek, Legal Counsel

13b. Address (street and number, city, state, and ZIP code)
155 Grand Ave., Oakland, CA 94612

13c. Tel. No.
510-433-2742

13d. Cell No.

13e. Fax No.
510-663-4822

13f. E-Mail Address
mwalcek@calnurses.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)
Marie Walcek

Signature

Title
Legal Counsel

Date
9/26/18

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

**RC Petition
St. Joseph's Hospital**

**by National Nurses Organizing Committee/National Nurses United
(NNOC/NNU)**

5. Unit Involved

Included:

All full-time, regular part-time, and per diem Registered Nurses, including those who serve as relief charge nurses, employed by the Employer at its 350 N. Wilmot Road, Tucson, Arizona facility.

Excluded:

All other employees, confidential employees, guards, physicians, residents, central business office employees (whether facility based or not) who are solely engaged in qualifying or collection activities or are employed by another Tenet entity, such as Syndicated Office Systems or Patient Financial Services, employees of outside registries, traveling nurses, permanent charge nurses, employees of other agencies supplying labor to the Employer, already represented employees, managers, and supervisors within the meaning of the Act.

Eligibility date is pay period ending Sunday, September 23, 2018, 7:30am.

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 September 23, 2018 eligibility date for the election.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-228177

Date Filed

September 26, 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
St. Mary's Hospital

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1601 W. St. Mary's Road, Tucson, AZ 85745

3a. Employer Representative - Name and Title
Mark A. Benz, Chief Executive Officer

3b. Address (If same as 2b - state same)
350 N. Wilmot Road, Tucson, AZ 85711

3c. Tel. No.
(520) 872-7790

3d. Cell No.
520-872-7796

3e. Fax No.
520-873-3921

3f. E-Mail Address
mark.benz@carondelet.org

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:
Tucson, Arizona

5b. Description of Unit Involved
Included: See Attached
Excluded: See Attached

6a. No. of Employees in Unit:
431

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) _____ 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.
None

8d. Cell No.
None

8e. Fax No.
None

8f. E-Mail Address
None

8g. Affiliation, if any
None

8h. Date of Recognition or Certification
None

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
None

9. Is there now a strike or picketing at the Employer's establishment(s) involved? None 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
None

10b. Address
None

10c. Tel. No.
None

10d. Cell No.
None

10e. Fax No.
None

10f. E-Mail Address
None

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 11, 2018

11c. Election Time(s):
6am-9am; 11am-2pm; 6pm-9pm

11d. Election Location(s):
Centurion Room, 8th Floor

12a. Full Name of Petitioner (including local name and number)
National Nurses Organizing Committee/National Nurses United (NNOC/NUU)

12b. Address (street and number, city, state, and ZIP code)
155 Grand Ave., Oakland, CA 94612

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.
None

12f. Fax No.
510-663-4822

12g. E-Mail Address
None

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

13a. Name and Title
Marie Walcek, Legal Counsel

13b. Address (street and number, city, state, and ZIP code)
155 Grand Ave., Oakland, CA 94612

13c. Tel. No.
510-433-2742

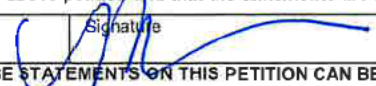
13d. Cell No.
None

13e. Fax No.
510-663-4822

13f. E-Mail Address
mwalcek@calnurses.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)
Marie Walcek

Signature


Title
Legal Counsel

Date
9/26/18

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 will cause the NLRB to decline to invoke its processes.

Attachment A

**RC Petition
St. Mary's Hospital**

**by National Nurses Organizing Committee/National Nurses United
(NNOC/NNU)**

5. Unit Involved

Included:

All full-time, regular part-time, and per diem Registered Nurses, including those who serve as relief charge nurses, employed by the Employer at its 1601 W. St. Mary's Road, Tucson, Arizona facility.

Excluded:

All other employees, confidential employees, guards, physicians, residents, central business office employees (whether facility based or not) who are solely engaged in qualifying or collection activities or are employed by another Tenet entity, such as Syndicated Office Systems or Patient Financial Services, employees of outside registries, traveling nurses, permanent charge nurses, employees of other agencies supplying labor to the Employer, already represented employees, managers, and supervisors within the meaning of the Act.

Eligibility date is pay period ending Saturday, September 22, 2018.

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 September 22, 2018 eligibility date for the election.