

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 20-RC-246720 Date Filed 8/16/2019

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
Alaka'ina Foundation Family of Companies d/b/a Kapili

2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)
See Attachment A

3a. Employer Representative - Name and Title
Rufino Magliba, Program Manager

3b. Address (if same as 2b - state same)
1600 Kapiolani Boulevard, Suite 530, Honolulu, HI 96814

3c. Tel. No.
(808) 944-3885

3d. Cell No.

3e. Fax No.
(808) 447-8916

3f. E-Mail Address
RMagliba@alakaina.com

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

4b. Principal product or service
Non-Medical Counseling for Military and Family

5e. City and State where unit is located:
Honolulu, HI

5b. Description of Unit Involved

Included: All Military and Family Life Counselors (MFLC) on the Island of Oahu, Hawaii

Excluded: Office clerk employees, professional employees, managerial employees, guards, supervisors and other employees as defined in the Act

6a. No. of Employees in Unit:
31

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

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) by this petition and Employer declined recognition on or about (Date) (If no reply received, so state).

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

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

11c. Election Time(s):

11d. Election Location(s):

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

International Association of Machinists and Aerospace Workers, Local Lodge 47

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

5621 Bowen Court, Commerce City, CO 80022

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.

(916) 985-8101

12e. Cell No.

(916) 597-8100

12f. Fax No.

(916) 985-8121

12g. E-Mail Address

mward@iamaw.org

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, nlrnotice@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

August 16, 2019

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

PRIVACY ACT STATEMENT

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

ATTACHMENT A

- 2b. Hickham Air Force Base
Joint Base Pearl Harbor-Hickam
850 Ticonderoga Street
JBPHH, HI 96860-5101
- Solomon Elementary
2875 Waianae Uka Avenue
Wahiawa, HI 96786
Phone: (808) 307-3700
- Pearl Harbor Naval Base
Joint Base Pearl Harbor-Hickam
850 Ticonderoga Street
JBPHH, HI 96860-5101
- Wheeler Elementary
1 Wheeler Army Airfield
Wahiawa, HI 96786
Phone: (808) 305-9500
- Kaneohe Marine Corp Base
MCBH
Kaneohe Bay, HI 96863
- Moanalua Middle School
1289 Mahiole Street
Honolulu, HI 96819
Phone: (808) 305-1289
- Schofield Barracks
310 Brannon Road, Building 690
Schofield Barracks, HI 96857
- Lehua Elementary School
791 Lehua Avenue
Pearl City, HI 96782
Phone: (808) 307-3700
- Aliamanu Elementary
3265 Salt Lake Boulevard
Honolulu, HI 96818
Phone: (808) 307-3700
- Mokulele Elementary
250 Aupaka Street
Honolulu, HI 96818
Phone: (808) 421-4180
- Nimitz Elementary
520 Main Street
Honolulu, HI 96818
Phone: (808) 307-4400

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
20-RC-246800Date Filed
8/19/2019

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:
Dignity Community Care and its subsidiary
Dignity Health Medical Foundation

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
2780 Eureka Way Redding, CA 96001

3a. Employer Representative - Name and Title:
Judy S. Coffin, V.P. & Associate General
Counsel

3b. Address (if same as 2b - state same):
185 Berry St., Suite 300, San Francisco, CA 94107

3c. Tel. No.
(415) 438-5755

3d. Cell No.

3e. Fax No.
(415) 438-5726

3f. E-Mail Address
judy.coffin@dignityhealth.org

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

4b. Principal Product or Service
Health Care

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

5b. Description of Unit Involved:
Included: All Surgery Schedulers, Certified Medical Assistants, Cardiovascular Techs, Nuclear Med Techs, Echo/Stress Techs, Medical Assistants, and Medical Office Receptionists.
Excluded: All other classifications, including but not limited to guards, managers, and employees and supervisors as defined by the Act.

6a. Number of Employees in Unit:
12

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

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

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

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):
August 29 or September 5

11c. Election Time(s):
11:00 am to 12:00 pm

11d. Election Location(s):
Break Room

12a. Full Name of Petitioner (including local name and number):
Service Employees International Union, United Healthcare
Workers-West

12b. Address (street and number, city, State and ZIP code):
1911 F Street, Sacramento, CA. 95814

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.
(916) 326-5850

12e. Cell No.
916-291-1987

12f. Fax No.
(916) 447-9405

12g. E-Mail Address
mross@seiu-uhw.org

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

13a. Name and Title:
Bruce A. Harland, Attorney

13b. Address (street and number, city, State and ZIP code):
Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200,
Alameda, CA 94501

13c. Tel. No.
(510) 337-1001

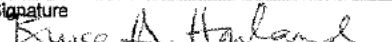
13d. Cell No.

13e. Fax No.
(510) 337-1023

13f. E-Mail Address bharland@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)
Bruce A. Harland

Signature


Title
Attorney

Date
8/19/2019

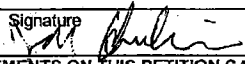
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 20-RC-247099	Date Filed August 23, 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 URS Federal Services/AECOM		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) Marine Corps Base Hawaii, Kaneohe Bay, HI 96863	
3a. Employer Representative - Name and Title Lester Jordan, Director of Human Resources		3b. Address (If same as 2b - state same) 11832 Rock Landing Drive, Suite 306, Newport News, VA 23606-4278	
3c. Tel. No. 757-383-6223	3d. Cell No. 301-526-0093	3e. Fax No.	3f. E-Mail Address Lester.jordan@urs.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Government Contractor		4b. Principal product or service Aircraft Service and Repair	
5b. Description of Unit Involved Included: All full time and permanent part time production and maintenance employees including Aircraft Workers and Aircraft Mechanics Excluded: Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, and other employees as defined by the act.		5a. City and State where unit is located: Kaneohe Bay, HI	
6a. No. of Employees in Unit: 22		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: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>8/23/2019</u> and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No Reply <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> . If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or Individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 9/6/2019	11c. Election Time(s): 11:00AM - 11:30AM and 3:00PM - 3:30PM	11d. Election Location(s): Bldg 6614 Mokuapu Rd, MCBH Kaneohe Bay, HI 96863 Hangar 268 and 363 - Work Hangar #3, 1st Floor	
12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, Local Lodge 1998		12b. Address (street and number, city, state, and ZIP code) 2428 Rose Street Honolulu, Hawaii 96819-2439	
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. 808 845-1024	12e. Cell No. 808-232-1209	12f. Fax No. 808 842-0905	12g. E-Mail Address Organizer@iamaw1998.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Jason Hardwick, Grand Lodge Representative		13b. Address (street and number, city, state, and ZIP code) 620 Coolidge Rd., Suite 130, Folsom, CA 95630	
13c. Tel No. 916-985-8101	13d. Cell No. 916-936-6013	13e. Fax No. 916-985-8121	13f. E-Mail Address jhardwick@iamaw.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Jason Hardwick	Signature 	Title Grand Lodge Representative	Date 8/23/2019

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

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RECEIVED
NLRB SUB-REGION
HONOLULU, HI
2019 AUG 23 AM 8:00

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
20-RC-247168

Date Filed
8/26/2019

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.

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2a. Name of Employer
see attachment

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
Mercy Medical Plaza 3941 J Street #250, Sacramento, CA 95819

3a. Employer Representative - Name and Title
Judy Coffin, VP and Associate General Counsel

3b. Address (if same as 2b - state same)
185 Berry St., Suite 300, San Francisco, CA 94107

3c. Tel. No.
(415) 438-5755

3d. Cell No.

3e. Fax No.
(415) 438-5726

3f. E-Mail Address
judy.coffin@dignityhealth.org

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

4b. Principal product or service
Medical Services

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

5b. Description of Unit Involved
Included: All Medical Office receptionists, Surgery Schedulers, Medical Assistants, and Medical Assistant Leads
Excluded: All other classifications, including but not limited to, guards, managers, and supervisors as defined by the Act.

6a. No. of Employees in Unit:
7

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 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.

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

11b. Election Date(s):
September 11th, 2019

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

11d. Election Location(s):
3810 J Street, Sacramento, CA 95819 - White Rose Conf. Rm.

12a. Full Name of Petitioner (including local name and number)
SEIU, United Healthcare Workers - West

12b. Address (street and number, city, state, and ZIP code)
1911 F Street, Sacramento, CA 95811

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, United Healthcare Workers - West

12d. Tel. No.
(916) 291-1987

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
mross@seiu-uhw.org

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

13a. Name and Title
Bruce A. Harland, Attorney

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

13c. Tel. No.
510-337-1001

13d. Cell No.

13e. Fax No.
510-337-1023

13f. E-Mail Address
nlrnotice@unioncounsel.net
bharland@unioncounsel.net

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

Name (Print)
Bruce A. Harland

Signature
Bruce Harland

Title
Attorney

Date
8/26/2019

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Attachment to RC Petition

Dignity Community Care and its subsidiary Dignity Health Medical Foundation Mercy Medical Group

**2a. Name of Employer: Dignity Community Care and its subsidiary Dignity Health Medical Foundation
Mercy Medical Group**

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

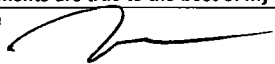
20-RC-247386

Date Filed

08/28/2019

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.

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2a. Name of Employer: Kaiser Foundation Hospitals and Kaiser Foundation Health Plan, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): See attached list of establishments, hospitals, and clinics	
3a. Employer Representative - Name and Title: Kristie Chorny, Regional Director Employee and Labor Relations		3b. Address (if same as 2b - state same): 501 Ala Kawa Street, Suite 201, Honolulu, Hawai'i 96817	
3c. Tel. No. 808-432-4901	3d. Cell No. 808-348-7623	3e. Fax No. 808-432-4960	3f. E-Mail Address kristie.chorny@kp.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Healthcare Provider, Hospitals, Medical Clinics		4b. Principal Product or Service Medical/Healthcare Services	5a. City and State where unit is located: Multiple Cities in the State of Hawai'i
5b. Description of Unit Involved: Included: All nurses who can legally practice as registered nurses in the State of Hawai'i and who are working as Registered Nurses employed by Employer in the Kaiser Oahu Home Care Department, on the Island of O'ahu. Excluded: All others			6a. 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 type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 8/28/2019 and Employer declined recognition on or about (Date) No Reply Received (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. <i>Per this petition</i>			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) Hawaii Nurses' Association/OPEIU Local 50		8b. Address: 3375 Koapaka Street, Suite B217, Honolulu, Hawaii 96819	
8c. Tel. No. 808-531-1628	8d. Cell No. 808-389-0559	8e. Fax No. 808-524-2760	8f. E-Mail Address dross@hinurse.org
8g. Affiliation, if any: OPEIU		8h. Date of Recognition or Certification unknown	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 11/30/2019
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: There are multiple hospitals and clinics on three different islands		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): See Attached Sheet		11c. Election Time(s): See Attached Sheet	
11d. Election Location(s): See Attached Sheet			
12a. Full Name of Petitioner (including local name and number): Hawai'i Nurses and Healthcare Professionals		12b. Address (street and number, city, State and ZIP code): 91-1037 Hiluhilu Street Kapolei, Hawaii 96707	
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. 808-664-6364	12e. Cell No. same	12f. Fax No.	12g. E-Mail Address info@hnhp.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Kalani A. Morse, Esq.		13b. Address (street and number, city, State and ZIP code): 841 Bishop street Suite 1101 Honolulu, Hawaii 96813	
13c. Tel. No. 808-526-0892	13d. Cell No. 808-792-1213	13e. Fax No. 808-533-4399	13f. E-Mail Address kmorse@dmlhawaii.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) Kalani A. Morse, Esq.		Signature 	Title Attorney
			Date 08/28/20

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.

Hospital and Clinics

2b.

Oahu

3288 Moanalua Rd.	Honolulu	HI	96819
1010 Pensacola St	Honolulu	HI	96814
45-602 Kamehameha Hwy	Kanehoe	HI	96744
2828 Paa St	Honolulu	HI	96819
87-2116 Farrington Hwy	Waianae	HI	96792
94-1480 Moaniani St.	Waipahu	HI	96797

Maui

910 Wainee St	Lahaina	HI	96761
80 Mahalani St	Wailuku	HI	96793
55 Maui Lani Pkwy	Wailuku	HI	96793

Hawaii

1292 Waianuini Ave.	Hilo	HI	96720
74-517 Honokohau St	Kailua-Kona	HI	96740

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HONOLULU, HAWAII

Home Health RNs

11b	Tuesday 9/17/2019		
11c	0530-0900 1030-1400 1430-2100 2230-0045		
11d	3288 Moanalua Rd.	Honolulu HI	96819
	Cafeteria OR 4th Floor Conference Rm or other available Conf Rm		
11c	0700-0900 1100-1400 1630-1800		
11d	1010 Pensacola St	Honolulu HI	96814
	Any conference or breakroom available.		
11c	0730-0800 87-2116 Farrington Hwy Waianae HI 96792 Any conference or breakroom available.		
11b	Wednesday 9/18/2019		
11c	0530-0900 1030-1400 1430-2100 2230-0045		
11d	3288 Moanalua Rd.	Honolulu HI	96819
	Cafeteria OR 4th Floor Conference Rm or other available Conf Rm		
11c	0700-0900 1100-1400 1630-1800		
11d	2828 Paa St	Honolulu HI	96819
	Any conference or breakroom available.		
11c	0700-0900 1100-1400 1630-1800		
11d	94-1480 Moaniani St.	Waipahu HI	96797
	Any conference or breakroom available.		
11c	0700-0900 1100-1400 1630-1800		
11d	45-602 Kamehameha Hwy	Kanehoe HI	96744
	Any conference or breakroom available.		

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 HONOLULU, HAWAII

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

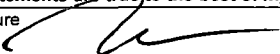
20-RC-247390

Date Filed

08/28/2019

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: Kaiser Foundation Hospitals and Kaiser Foundation Health Plan, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): See attached list of establishments, hospitals, and clinics	
3a. Employer Representative - Name and Title: Kristie Chorny, Regional Director Employee and Labor Relations		3b. Address (if same as 2b - state same): 501 Ala Kawa Street, Suite 201, Honolulu, Hawai'i 96817	
3c. Tel. No. 808-432-4901	3d. Cell No. 808-348-7623	3e. Fax No. 808-432-4960	3f. E-Mail Address kristie.chorny@kp.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Provider, Hospitals, Medical Clinics		4b. Principal Product or Service Medical/Healthcare Services	
5b. Description of Unit Involved: Included: All respiratory therapists who can legally practice as registered respiratory therapists in the State of Hawai'i and who are working as respiratory therapists employed by Employer in the at it's Hawaii facilities. Excluded: All others		5a. City and State where unit is located: Multiple Cities in the State of Hawai'i 6a. Number of Employees in Unit: 25 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 8/28/2019 and Employer declined recognition on or about (Date) No Reply Received (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. <i>Per this petition</i>			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) Hawaii Nurses' Association/OPEIU Local 50		8b. Address: 3375 Koapaka Street, Suite B217, Honolulu, Hawaii 96819	
8c. Tel. No. 808-531-1628	8d. Cell No. 808-389-0559	8e. Fax No. 808-524-2760	8f. E-Mail Address dross@hinurse.org
8g. Affiliation, if any: OPEIU		8h. Date of Recognition or Certification unknown	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 11/30/2019			
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: There are multiple hospitals and clinics on three different islands			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): See Attached Sheet		11c. Election Time(s): See Attached Sheet	
11d. Election Location(s): See Attached Sheet			
12a. Full Name of Petitioner (including local name and number): Hawai'i Nurses and Healthcare Professionals		12b. Address (street and number, city, State and ZIP code): 91-1037 Hihuhulu Street Kapolei, Hawai'i 96707	
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. 808-664-6364	12e. Cell No. same	12f. Fax No.	12g. E-Mail Address info@hnhp.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Kalani A. Morse, Esq.		13b. Address (street and number, city, State and ZIP code): 841 Bishop street Suite 1101 Honolulu, Hawai'i 96813	
13c. Tel. No. 808-526-0892	13d. Cell No. 808-792-1213	13e. Fax No. 808-533-4399	13f. E-Mail Address kmorse@dmlhawaii.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) Kalani A. Morse, Esq.		Signature 	Title Attorney
			Date 08/28/20

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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Hospital and Clinics

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NLRB SUB-REGION 37

2019 AUG 28 PM 2: 24

HONOLULU, HAWAII

2b.

Oahu

3288 Moanalua Rd.	Honolulu	HI	96819
1010 Pensacola St	Honolulu	HI	96814
45-602 Kamehameha Hwy	Kanehoe	HI	96744
2828 Paa St	Honolulu	HI	96819
87-2116 Farrington Hwy	Waianae	HI	96792
94-1480 Moaniani St.	Waipahu	HI	96797

Maui

910 Wainee St	Lahaina	HI	96761
80 Mahalani St	Wailuku	HI	96793
55 Maui Lani Pkwy	Wailuku	HI	96793

Hawaii

1292 Waianuini Ave.	Hilo	HI	96720
74-517 Honokohau St	Kailua-Kona	HI	96740

Respiratory Therapist

11b	Tuesday 9/17/2019		
11c	0530-0900 1030-1400 1430-2100 2230-0045		
11d	3288 Moanalua Rd.	Honolulu HI	96819
	Cafeteria OR 4th Floor Conference Rm or other available Conf Rm		
11c	0700-0900 1100-1400 1630-1800		
11d	1010 Pensacola St	Honolulu HI	96814
	Any conference or breakroom available.		
11c	0730-0800 87-2116 Farrington Hwy Waianae HI 96792 Any conference or breakroom available.		
11b	Wednesday 9/18/2019		
11c	0530-0900 1030-1400 1430-2100 2230-0045		
11d	3288 Moanalua Rd.	Honolulu HI	96819
	Cafeteria OR 4th Floor Conference Rm or other available Conf Rm		
11c	0700-0900 1100-1400 1630-1800		
11d	2828 Paa St	Honolulu HI	96819
	Any conference or breakroom available.		
11c	0700-0900 1100-1400 1630-1800		
11d	94-1480 Moaniani St.	Waipahu HI	96797
	Any conference or breakroom available.		
11c	0700-0900 1100-1400 1630-1800		
11d	45-602 Kamehameha Hwy	Kanehoe HI	96744
	Any conference or breakroom available.		

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-247371

Date Filed

08/28/2019

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:
Kaiser Foundation Hospitals and Kaiser Foundation Health Plan, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
See attached list of establishments, hospitals, and clinics

3a. Employer Representative - Name and Title:
Kristie Chorny, Regional Director Employee and Labor Relations

3b. Address (if same as 2b - state same):
501 Ala Kawa Street, Suite 201, Honolulu, Hawaii 96817

3c. Tel. No.
808-432-4901

3d. Cell No.
808-348-7623

3e. Fax No.
808-432-4960

3f. E-Mail Address
kristie.chorny@kp.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Healthcare Provider, Hospitals, Medical Clinics

4b. Principal Product or Service
Medical/Healthcare Services

5a. City and State where unit is located:
Multiple Cities in the State of Hawaii

5b. Description of Unit Involved:

Included: All registered nurses who can legally practice as registered nurses in the State of Hawaii and who are working as registered nurses and employed by Employer at Employer's Hawaii facilities
Excluded: All others

6a. Number of Employees in Unit:
883

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) 8/28/2019 and Employer declined recognition on or about (Date) No Reply Received (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)
Hawaii Nurses' Association/OPEIU Local 50

8b. Address:
3375 Koapaka Street, Suite B217, Honolulu, Hawaii 96819

8c. Tel. No.
808-531-1628

8d. Cell No.
808-389-0559

8e. Fax No.
808-524-2760

8f. E-Mail Address
dross@hinurse.org

8g. Affiliation, if any:
OPEIU

8h. Date of Recognition or Certification
unknown

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 11/30/2019

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:
There are multiple hospitals and clinics on three different islands

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

11b. Election Date(s):
See Attached Sheet

11c. Election Time(s):
See Attached Sheet

11d. Election Location(s):
See Attached Sheet

12a. Full Name of Petitioner (including local name and number):
Hawaii Nurses and Healthcare Professionals

12b. Address (street and number, city, State and ZIP code):
91-1037 Hihuhulu Street Kapolei, Hawaii 96707

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.
808-664-6364

12e. Cell No.
same

12f. Fax No.

12g. E-Mail Address
info@hnhp.org

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

13a. Name and Title:
Kalani A. Morse, Esq.

13b. Address (street and number, city, State and ZIP code):
841 Bishop street Suite 1101 Honolulu, Hawaii 96813

13c. Tel. No.
808-526-0892

13d. Cell No.
808-792-1213

13e. Fax No.
808-533-4399

13f. E-Mail Address
kmorse@dmlhawaii.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)
Kalani A. Morse, Esq.

Signature

Title
Attorney

Date
08/28/20

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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Hospital and Clinics

2b.

Oahu

3288 Moanalua Rd.	Honolulu	HI	96819
1010 Pensacola St	Honolulu	HI	96814
45-602 Kamehameha Hwy	Kanehoe	HI	96744
2828 Paa St	Honolulu	HI	96819
87-2116 Farrington Hwy	Waianae	HI	96792
94-1480 Moaniani St.	Waipahu	HI	96797

Maui

910 Wainee St	Lahaina	HI	96761
80 Mahalani St	Wailuku	HI	96793
55 Maui Lani Pkwy	Wailuku	HI	96793

Hawaii

1292 Waianuiniu Ave.	Hilo	HI	96720
74-517 Honokohau St	Kailua-Kona	HI	96740

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HONOLULU, HAWAII

Hospital & Clinic

11b	Friday 9/1/2019		
11c	0530-0900 1030-1400 1430-2100 2230-0045		
11d	3288 Moanalua Rd.	Honolulu HI	96819
	Cafeteria OR 4th Floor Conference Rm or other available Conf Rm		
11c	0700-0900 1100-1400 1630-1800		
11d	1010 Pensacola St	Honolulu HI	96814
	Any conference or breakroom available.		
11c	0730-0800		
11d	87-2116 Farrington Hwy	Waianae HI	96792
	Any conference or breakroom available.		
11c	0700-0900 1100-1400 1630-1800		
11d	80 Mahalani St	Wailuku HI	96793
	Any conference or breakroom available.		
11c	0700-0900 1100-1400 1630-1800		
11d	55 Maui Lani Pkwy	Wailuku HI	96793
	Any conference or breakroom available.		

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Hospital & Clinic

11b	Wednesday 9/18/2019		
11c	0530-0900 1030-1400 1430-2100 2230-0045		
11d	3288 Moanalua Rd. Cafeteria OR 4th Floor Conference Rm or other available Conf Rm	Honolulu HI	96819
11c	0700-0900 1100-1400 1630-1800		
11d	2828 Paa St Any conference or breakroom available.	Honolulu HI	96819
11c	0700-0900 1100-1400 1630-1800		
11d	94-1480 Moaniani St. Any conference or breakroom available.	Waipahu HI	96797
11c	0700-0900 1100-1400 1630-1800		
11d	45-602 Kamehameha Hwy Any conference or breakroom available.	Kanehoe HI	96744
11c	0700-0900 1100-1400 1630-1800		
11d	1292 Waianuini Ave. Any conference or breakroom available.	Hilo HI	96720
11c	0700-0900 1100-1400 1630-1800		
11d	74-517 Honokohau St Any conference or breakroom available.	Kailua-Kona HI	96740

RECEIVED
NLRB SUB-REGION 37
2019 AUG 28 PM 2:25
HONOLULU, HAWAII

Hospital & Clinic

11b	Tuesday 9/17/2019			
11c	0530-0900 1030-1400 1430-2100 2230-0045			
11d	3288 Moanalua Rd.	Honolulu	HI	96819
	Cafeteria OR 4th Floor Conference Rm or other available Conf Rm			
11c	0700-0900 1100-1400 1630-1800			
11d	1010 Pensacola St	Honolulu	HI	96814
	Any conference or breakroom available.			
11c	0730-0800			
11d	87-2116 Farrington Hwy	Waianae	HI	96792
	Any conference or breakroom available.			
11c	0700-0900 1100-1400 1630-1800			
11d	80 Mahalani St	Wailuku	HI	96793
	Any conference or breakroom available.			
11c	0700-0900 1100-1400 1630-1800			
11d	55 Maui Lani Pkwy	Wailuku	HI	96793
	Any conference or breakroom available.			

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RM PETITION

DO NOT WRITE IN THIS SPACE

Case No.
20-RM-247385

Date Filed
8/29/2019

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 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
Airgas USA, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
3223 N Elston Ave.
IL Chicago 60618-

3a. Employer/Petitioner Representative – Name and Title
Christopher R Coxson

3b. Address (If same as 2b – state same)
3223 N Elston Ave.
IL Chicago 60618-

3c. Tel. No.
(215) 284-5698

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
christopher.coxson@airgas.com

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

4b. Principal product or service
specialty gases

5a. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

5b. City and State where unit is located:
Santa Rosa, CA

6. No. of Employees in Unit:
3

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. Recognized or Certified Bargaining Agent - Name Michael Yates
Teamsters Local Union 665

8b. Affiliation, if any
International Brotherhood of Teamsters

8c. Address
1371 Neotomas Avenue
CA Santa Rosa 95405-_____

8d. Tel. No.
(415) 828-3669

8e. Cell No.

8f. Fax No.

8g. E-Mail Address
myates@teamsters665.org

9. Date of Recognition or Certification
05/03/2003

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
07/31/2019

11. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

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 organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

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.

13a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s):
September 12, 2019

13c. Election Time(s):
2:00 p.m. to 3:00 p.m.

13d. Election Location(s):
meeting room -- warehouse

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

14a. Name and Title Christopher R Coxson
Airgas, Inc.

14b. Address (street and number, city, state, and ZIP code)
3223 N. Elston Ave.
IL Chicago 60618-

14c. Tel. No.
(215) 284-5698

14d. Cell No.

14e. Fax No.

14f. E-Mail Address
christopher.coxson@airgas.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)
Christopher R Coxson

Signature
Christopher R. Coxson

Title

Date
08/28/2019 20:13:24

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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All Driver Class A employees working out of Santa Ros mploya, CA facility

Employees Excluded

All other employees, office employees, security guards and supervisors