

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

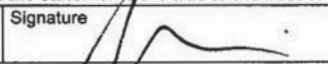
20-RC-255595

Date Filed

2/3/2020

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: Producers Dairy		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 199 Red Top Road, Fairfield, CA 94534	
3a. Employer Representative - Name and Title: Mark Flagg, General Manager		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (707) 863-3212	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mark.flagg@producersdairy.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Dairy		4b. Principal Product or Service Dairy products	5a. City and State where unit is located: Fairfield, California
5b. Description of Unit Involved: Included: All full-time and regular part-time Production and Vault employees. Excluded: All other employees, supervisors and guards, as defined in the Act.			6a. Number of Employees in Unit: 58
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>by this petition</u> 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.			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
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 and 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): February 22, 2020		11c. Election Time(s): 10:00 am - 1:00 pm & 1:30 pm - 4:00 pm	11d. Election Location(s): Break room of Employer's facility
12a. Full Name of Petitioner (including local name and number): Teamsters Local 315		12b. Address (street and number, city, State and ZIP code): 2727 Alhambra Avenue Martinez, CA 94553-3120	
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. (925) 228-2246	12e. Cell No. (707) 310-2225	12f. Fax No. (925) 228-1612	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: Sheila K. Sexton, Attorney		13b. Address (street and number, city, State and ZIP code): 483 Ninth Street, Ste. 200, Oakland, CA 94607	
13c. Tel. No. (510) 625-9700	13d. Cell No.	13e. Fax No. (510) 625-8275	13f. E-Mail Address ssexton@beesontayer.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Sheila K. Sexton	Signature 		Title Attorney for Petitioner
			Date 02/03/20

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-256091

Date Filed

2/11/2020

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
Tartine Partners LLC d/b/a Tartine Bakery

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
600 Guerrero St., San Francisco, CA 94110

3a. Employer Representative - Name and Title
Zach Taylor, General Manager

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

3c. Tel. No.
415-487-2600

3d. Cell No.
415-487-2600

3e. Fax No.

3f. E-Mail Address
zach.taylor@tartinebakery.com

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

4b. Principal product or service
bakery food and beverage services

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

5b. Description of Unit Involved
Included: see attachment
Excluded: see attachment

6a. No. of Employees in Unit:
approx. 44

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) 2/6/20 and Employer declined recognition on or about (Date) (If no reply received, so state). **no reply received**



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 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):
as soon as possible, pref. not on Mon. or Tue.

11c. Election Time(s):
morning and afternoon windows

11d. Election Location(s):
at the employer's location

12a. Full Name of Petitioner (including local name and number)
International Longshore and Warehouse Union

12b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., 4th Floor, San Francisco, CA 94109

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.
(415) 775-0533

12e. Cell No.

12f. Fax No.
(415) 775-1302

12g. E-Mail Address
agustin.ramirez@ilwu.org

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

13a. Name and Title
Emily Maglio, attorney

13b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., Ste. 201, San Francisco, CA 94109

13c. Tel No.
(415) 771-6400

13d. Cell No.

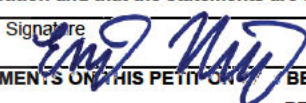
13e. Fax No.
(415) 771-7010

13f. E-Mail Address
emaglio@leonardcarder.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)
Emily M. Maglio

Signature



Title
attorney

Date
2/10/20

WILLFUL FALSE STATEMENTS ON THIS PETITION WILL 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.

Tartine Bakery

5.b.

Included: All baristas, pastry counter employees, servers, bread bakers, dishwashers, pastry bakers, pastry prep employees, prep cooks, cashiers, and leads.

Excluded: Office-clericals, guards, managers, and supervisors as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-256131

Date Filed

2/11/2020

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
Tartine Holdings JV LLC d/b/a Tartine All Day

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1226 9th Ave., San Francisco, CA 94122

3a. Employer Representative - Name and Title
Scott Mosier, General Manager

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

3c. Tel. No.
415-742-5005

3d. Cell No.
310-699-0702

3e. Fax No.

3f. E-Mail Address
scott.mosier@tartinebakery.com

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

4b. Principal product or service
bakery food and beverage services

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

5b. Description of Unit Involved
Included: see attachment
Excluded: see attachment

6a. No. of Employees in Unit:
approx. 22

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) 2/6/20 and Employer declined recognition on or about (Date) (If no reply received, so state): no reply received
☐ 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 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):
as soon as possible, pref. not on Mon. or Tue.

11c. Election Time(s):
morning and afternoon windows

11d. Election Location(s):
at the employer's location

12a. Full Name of Petitioner (including local name and number)
International Longshore and Warehouse Union

12b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., 4th Floor, San Francisco, CA 94109

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.
(415) 775-0533

12e. Cell No.

12f. Fax No.
(415) 775-1302

12g. E-Mail Address
agustin.ramirez@ilwu.org

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

13a. Name and Title
Emily Maglio, attorney

13b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., Ste. 201, San Francisco, CA 94109

13c. Tel No.
(415) 771-6400

13d. Cell No.

13e. Fax No.
(415) 771-7010

13f. E-Mail Address
emaglio@leonardcarder.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)
Emily M. Maglio

Signature

Title
attorney

Date
2/10/20

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Tartine Inner Sunset

5.b.

Included: All baristas, baristas, bussers and support employees, dishwashers, line cooks, porters, pastry bakers, cashiers, and leads.

Excluded: Office-clericals, guards, managers, and supervisors as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-256138

Date Filed

2/11/2020

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
Tartine Partners LLC d/b/a Tartine Manufactory

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
595 Alabama St., San Francisco, CA 94110

3a. Employer Representative - Name and Title
Suzanne Roberts, General Manager

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

3c. Tel. No.
415-757-0007

3d. Cell No.
949-886-5880

3e. Fax No.

3f. E-Mail Address
suzanne.roberts@tartinebakery.com

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

4b. Principal product or service
bakery food and beverage services

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

5b. Description of Unit Involved
Included: see attachment
Excluded: see attachment

6a. No. of Employees in Unit:
approx. 123

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) 2/6/20 and Employer declined recognition on or about (Date) (If no reply received, so state): no reply received
☐ 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 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):
as soon as possible, pref. not on Mon. or Tue.

11c. Election Time(s):
morning and afternoon windows

11d. Election Location(s):
at the employer's location

12a. Full Name of Petitioner (including local name and number)
International Longshore and Warehouse Union

12b. Address (street and number, city, state, and ZIP code)
1188 Franklin St., 4th Floor, San Francisco, CA 94109

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.
(415) 775-0533

12e. Cell No.

12f. Fax No.
(415) 775-1302

12g. E-Mail Address
agustin.ramirez@ilwu.org

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

13a. Name and Title
Emily Maglio, attorney

13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.
(415) 771-6400

13d. Cell No.

13e. Fax No.
(415) 771-7010

13f. E-Mail Address
emaglio@leonardcarder.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)
Emily M. Maglio

Signature

Title
attorney

Date
2/10/20

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Tartine Manufactory

5.b.

Included: All bar preparation employees, baristas, bar backs, bartenders, bussers and support employees, hosts, pastry counter employees, servers, sommeliers, bread bakers, dishwashers, line cooks, sous chefs, porters, utility employees, pastry bakers, pastry prep employees, prep cooks, drivers, cashiers, and leads.

Excluded: Office-clericals, guards, managers, and supervisors as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 20-RC-256536	Date Filed 2/18/2020

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
Hawaiian Ice Company

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1125 N. Nimitz Hwy. Honolulu, HI 96817

3a. Employer Representative - Name and Title
Ronnelle Hanada General Manager

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

3c. Tel. No.
808-538-6918

3d. Cell No.

3e. Fax No.
808-538-1430

3f. E-Mail Address
ronnette@hawnice.com

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

4b. Principal product or service
Ice Distribution

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

5b. Description of Unit Involved
Included: Drivers

6a. No. of Employees in Unit:
10

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

Excluded: ANY AND ALL MANAGERS, SUPERVISORS, SUPERINTENDENTS, WATCHMEN, AND SECURITY PERSONNEL

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about none (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):
March 10, 2020

11c. Election Time(s):
5:30AM-6:00AM

11d. Election Location(s):
Hawaiian Ice Breakroom

12a. Full Name of Petitioner (including local name and number)
Hawaii Teamsters and Allied Workers, Local 996

12b. Address (street and number, city, state, and ZIP code)
1817 Hart Street, Honolulu, Hawaii 96819

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.
808-847-6633

12e. Cell No.

12f. Fax No.
808-842-4575

12g. E-Mail Address
loc996@hawaii.rr.com

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

13a. Name and Title
Asi Fakaosi, Assistant to the President/ Organizer

13b. Address (street and number, city, state, and ZIP code)
1817 Hart Street, Honolulu, Hawaii 96819

13c. Tel No.
808-847-6633

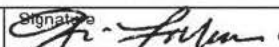
13d. Cell No.
808-940-3540

13e. Fax No.
808-842-4575

13f. E-Mail Address
asi@hawaiiteamsters.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)
Asi Fakaosi

Signature


Title
Assistant to the President/ Organizer

Date
2/18/2020

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

PRIVACY ACT STATEMENT

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

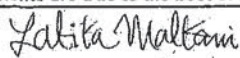
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
20-RC-257148Date Filed
2/28/2020

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: Wellpath		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): See Attachment A	
3a. Employer Representative - Name and Title: Debra Kolman Program Manager		3b. Address (if same as 2b - state same): Sonoma County Jail, Main Adult Detention Facility (MADF) 2777 Ventura Ave, Santa Rosa, CA 95403	
3c. Tel. No.	3d. Cell No. (707) 290-3881	3e. Fax No.	3f. E-Mail Address dkolman@sonoma-county.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Detention Center (Healthcare Workers)		4b. Principal Product or Service Medical & behavioral health	5a. City and State where unit is located: Santa Rosa, CA
5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A		6a. Number of Employees in Unit: 66 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) National Union of Healthcare Workers (NUHW)		8b. Address: 1250 45th Street, Suite 200 Emeryville, CA 94608	
8c. Tel. No. (510) 834-2009	8d. Cell No.	8e. Fax No. (510) 834-2019	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:			
11b. Election Date(s): March 18, 2020		11c. Election Time(s): NA	11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11d. Election Location(s): NA			
12a. Full Name of Petitioner (including local name and number): National Union of Healthcare Workers (NUHW)		12b. Address (street and number, city, State and ZIP code): 1250 45th Street, Suite 200 Emeryville, CA 94608	
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. (510) 834-2009	12e. Cell No.	12f. Fax No. (510) 834-2019	12g. E-Mail Address ktom@nuhw.org/rdraper@nuhw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Latika Malkani, Esq.		13b. Address (street and number, city, State and ZIP code): SIEGEL LEWITTER MALKANI 1939 Harrison Street, Suite 307, Oakland, CA 94612	
13c. Tel. No. (510) 452-5000	13d. Cell No.	13e. Fax No. (510) 452-5004	13f. E-Mail Address lmalkani@sl-employmentlaw.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) Latika Malkani	Signature 	Title Counsel for NUHW	Date 02/27/20

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.

Attachment A

to RC Petition filed by National Union of Healthcare Workers (NUHW)

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

Sonoma County Jail consists of two facilities:

- 1) Main Adult Detention Facility (MADF)
2777 Ventura Ave
Santa Rosa, CA 95403
- 2) North County Detention Facility (NCDF)
2254 Ordinance Rd
Santa Rosa, CA 95403

5b. Description of Unit Involved:

Included: All full-time, regular part-time and per diem professional employees employed by the employer at or from Sonoma County Main Adult Detention Facility and North County Detention Facility, in the following job classifications:

Licensed Vocational Nurse, Nurse Practitioner, Registered Nurse, Certified Nursing Assistant, Substance Abuse Counselor, Physician's Assistant, Licensed Clinical Social Worker, Marriage Family Therapist, Licensed Counselor, Licensed Marriage Family Therapist, Discharge Planner, Administrative Assistant, Unit Secretary, Medical Records Clerk, Clerk, Dental Assistants

Excluded: All other employees, confidential employees, employees represented by other labor organizations, guards and supervisors as defined by the National Labor Relations Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RD-255613

Date Filed

2/3/2020

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer PEPSI BEVERAGE COMPANY	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 7550 REESE ROAD, SACRAMENTO, CA 95828
3a. Employer Representative - Name and Title MARQUES BURRIS / SR HR REP	3b. Address (if same as 2b - state same)
3c. Tel. No. 916 423 0172	3d. Fax No.
3e. Cell No. 916 905 9957	3f. E-Mail Address MARQUES.BURRIS@PEPSICO.COM

4a. Type of Establishment (Factory, mine, wholesaler, etc.) BEVERAGE INDUSTRY / WAREHOUSE + TRANSPORT	4b. Principal product or service BEVERAGES / SODA ETC
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5a. Description of Unit Involved Included: ALL EMPLOYEES LISTED IN THE CBA Excluded: EMPLOYEES NOT LISTED / DEPARTMENT NOT LISTED	5b. City and State where unit is located: SACRAMENTO CALIFORNIA
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6. No. of Employees in Unit 300-340	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent UNITED STEEL WORKERS LOCAL 565 SACRAMENTO	8b. Affiliation, if any AFL-CIO, CLC
--	---

8c. Address DOES NOT EXIST	8d. Tel. No. (916) 833-9496	8e. Cell No.
	8f. Fax No.	8g. E-Mail Address USW565local@gmail.com

9. Date of Recognition or Certification	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) APRIL 1 2020
---	--

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	a labor organization, of since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell 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: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)
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14. Full Name of Petitioner (b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No.	14c. Fax No.
	14d. Cell No. (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name	15b. Title	
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.	15e. Fax No.
	15f. Cell No.	15g. E-Mail Address

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

Name (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title	Date Filed 1-28-20
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PRIVACY ACT STATEMENT

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