

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

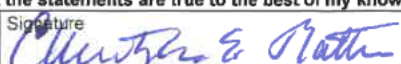
20-RC-234355

Date Filed

1/18/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> CALPINE Corporation		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 10350 Socrates Mine Road, Middletown, CA	
<b>3a. Employer Representative - Name and Title:</b> Thad Hill, President & CEO		<b>3b. Address (if same as 2b - state same):</b> 717 Texas Avenue, Suite 1000, Houston, Texas 77002	
<b>3c. Tel. No.</b> 713-830-2000	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> calpineweb@calpine.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Geothermal Electrical Plant		<b>4b. Principal Product or Service</b> Electricity	
<b>5a. City and State where unit is located:</b> Middletown, CA		<b>5b. Description of Unit Involved:</b> <b>Included:</b> Maintenance Techn., Operator Techn., Planner/Scheduler, Senior Console Operator <b>Excluded:</b> HVAC Group, Engineers, and all other employees	
<b>6a. Number of Employees in Unit:</b> 116		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 01/15/19 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.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
<b>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)</b> None Known			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election: Mail Ballot Postmarked by 1/31/19			
<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> 1/31/19		<b>11c. Election Time(s):</b> N/A	
<b>11d. Election Location(s):</b> N/A			
<b>12a. Full Name of Petitioner (including local name and number):</b> United Association of Journeymen and Apprentices of the Plumbing and Pipe-fitting Industry, Local 38		<b>12b. Address (street and number, city, State and ZIP code):</b> 1621 Market Street, San Francisco, CA 94103	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Association of Journeymen and Apprentices of the Plumbing and Pipe-fitting Industry			
<b>12d. Tel. No.</b> 415-626-2000	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 415-626-2009	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Christopher E. Platten		<b>13b. Address (street and number, city, State and ZIP code):</b> 2125 Canoas Garden Avenue, Suite 120, San Jose, CA 95125	
<b>13c. Tel. No.</b> 408-979-2920	<b>13d. Cell No.</b> 408-482-7613	<b>13e. Fax No.</b> 408-979-2934	<b>13f. E-Mail Address</b> cplatten@wmpirlaw.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Christopher E. Platten		<b>Signature</b> 	<b>Title</b> Attorney
		<b>Date</b> 1/15/19	

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

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-234459

Date Filed

1/22/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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:**  
Marin General Hospital

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
(1) 250 Bon Air Rd., Greenbrae, CA 94904  
(2) 2 Bon Air Rd., Larkspur, CA 94939

**3a. Employer Representative - Name and Title:**  
Jennifer Levinson (Manager in Employee and Labor Relations)

**3b. Address (if same as 2b - state same):**  
300A Drakes Landing Road, Suite 110  
Greenbrae, CA 94904

**3c. Tel. No.**  
415-925-7044

**3d. Cell No.**  
415-497-3263

**3e. Fax No.**  
415-461-4407

**3f. E-Mail Address**  
jennifer.levinson@maringeneral.org

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

**4b. Principal Product or Service**  
Healthcare

**5a. City and State where unit is located:**  
Greenbrae & Larkspur, CA

**5b. Description of Unit Involved:**  
Included:  
See Attachment A  
Excluded:  
See Attachment A

**6a. Number of Employees in Unit:**  
27

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

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

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state)**  
National Union of Healthcare Workers

**8b. Address:**  
5801 Christie Avenue, Suite 525  
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)** 09/30/2018

**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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
February 14, 2019

**11c. Election Time(s):**  
6a-8a and 12p-3p

**11d. Election Location(s):**  
250 Bon Air Rd. Greenbrae (Magnolia Rm)

**12a. Full Name of Petitioner (including local name and number):**  
National Union of Healthcare Workers

**12b. Address (street and number, city, State and ZIP code):**  
5801 Christie Avenue, Suite 525  
Emeryville, CA 94608

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

**12d. Tel. No.**  
(510) 834-2009

**12e. Cell No.**

**12f. Fax No.**  
(510) 834-2019

**12g. E-Mail Address**  
ayahya@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

**13b. Address (street and number, city, State and ZIP code):**  
1939 Harrison St., #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**

*Latika Malkani*

**Title**  
Attorney for NUHW

**Date**  
01/22/19

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PRIVACY ACT STATEMENT

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**Attachment A**

to RC Petition filed on 1/22/2019 by National Union of Healthcare Workers (NUHW)  
for *Armour-Globe* election to add residual Nuclear Medicine Technologists, Pharmacy Techs,  
Medication Reconciliation Techs, and Clinical Systems Pharmacy Techs (Residual Tech)  
employees to existing unit

**5b. Description of Unit Involved:**

**Included:** All full-time, part-time and per diem unrepresented (residual) NUCLEAR MEDICINE TECHNOLOGISTS, PHARMACY TECHS, MEDICATION RECONCILIATION TECHS, AND CLINICAL SYSTEMS PHARMACY TECHS employed by the employer at all the locations listed in 2b. Address(es) of Establishment(s) involved.

These employees are petitioning to join the existing NUHW-represented bargaining unit which includes Rad Techs, MRI Techs, CT Techs, Ultrasound Techs, Cardiac Sonographers, Interventional/Cardiac/EP Techs, and Leads in each of these classifications, and request an *Armour-Globe* election. See Attachment B for description of existing NUHW represented unit.

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

**Attachment B**

to RC Petition filed on 1/22/2019 by National Union of Healthcare Workers (NUHW)  
for *Armour-Globe* election to add residual Nuclear Medicine Technologists, Pharmacy Techs,  
Medication Reconciliation Techs, and Clinical Systems Pharmacy Techs (Residual Tech)  
employees to existing unit

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**20-RC-234728**

Date Filed  
**January 25, 2019**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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  
**Dollar Thrifty Automotive Group**

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
**1600 Kapiolani Blvd. #825, Honolulu, Hawaii 96814**

3a. Employer Representative - Name and Title  
**Garrick Higuchi - General Manager**

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

3c. Tel. No.  
**808-952-4287**

3d. Cell No.

3e. Fax No.  
**808-529-6866**

3f. E-Mail Address  
**ghiguchi@hertz.com**

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

4b. Principal product or service  
**Renting Cars to the public**

5a. City and State where unit is located:  
**Kahului, Maui, HI.**

5b. Description of Unit Involved

Included: Courtesy Bus Drivers, Customer Service Representatives, Vehicle Service Attendants, Return Agents, Lead Agents - All full-time and part-time

Excluded: Any and all managers, supervisors, watchmen and security personnel

6a. No. of Employees in Unit:  
**54**

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

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

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

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

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):  
**February 11, 2019**

11c. Election Time(s):  
**11:00am - 1:00pm, 5:00pm - 7:00pm**

11d. Election Location(s):  
**Thrifty Break room Kahului Airport**

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  
**Asi Fakaosi**

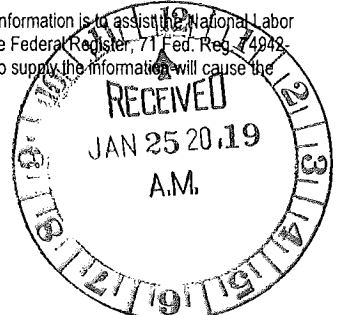
Title  
**Assistant to the President/ Organizer**

Date  
**January 25, 2019**

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**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
20-RC-234995

Date Filed  
January 30, 2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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**  
Sutter Health Pacific d/ba/ Kahi Mohala  
**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
91-2301 Fort Weaver Road, Ewa Beach, HI. 96706

**3a. Employer Representative - Name and Title**  
Christina Enoka, Administrator  
**3b. Address (If same as 2b - state same)**  
Same

**3c. Tel. No.**  
(808) 677-2527  
**3d. Cell No.**  
(808) 202-3896  
**3e. Fax No.**  
(808) 677-2570  
**3f. E-Mail Address**  
enokac@sutterhealth.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:**  
Ewa Beach, Hawaii

**5b. Description of Unit Involved**  
**Included:** Facilities Coordinator and Maintenance Tech  
**Excluded:** All other employees, including all executive, administrative, confidential, clerical, and temporary employees, supervisors, nurses, and guards and/or watchpersons as defined in the Act, as amended.  
**6a. No. of Employees in Unit:**  
5  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐**

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

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

**8c. Tel No.**  
**8d. Cell No.**  
**8e. Fax No.**  
**8f. E-Mail Address**

**8g. Affiliation, if any**  
**8h. Date of Recognition or Certification**  
**8i. Expiration Date of Current 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):**  
February 26, 2019  
**11c. Election Time(s):**  
3:30pm - 4:30pm  
**11d. Election Location(s):**  
Lower Lounge in Kahi Mohala

**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, HI. 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, HI. 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**  
*Asi Fakaosi*  
**Title**  
Assistant to the President/ Organizer  
**Date**  
January 30, 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  
HAWAII  
JAN 31 11:00 AM  
NLRB SUB-REGION 87

RECEIVED  
NLRB SUB-REGION 87



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-234995

Date Filed

January 30, 2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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**  
Sutter Health Pacific d/ba/ Kahi Mohala

**2b. Address(es) of Establishment(s) involved** (Street and number, city, State, ZIP code)  
91-2301 Fort Weaver Road, Ewa Beach, HI. 96706

**3a. Employer Representative - Name and Title**  
Christina Enoka, Administrator

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

**3c. Tel. No.**  
(808) 677-2527

**3d. Cell No.**  
(808) 202-3896

**3e. Fax No.**  
(808) 677-2570

**3f. E-Mail Address**  
enokac@sutterhealth.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:**  
Ewa Beach, Hawaii

**5b. Description of Unit Involved**

**Included:** Facilities Coordinator and Maintenance Tech

**Excluded:** All other employees, including all executive, administrative, confidential, clerical, and temporary employees, supervisors, nurses, and guards and/or watchpersons as defined in the Act, as amended.

**6a. No. of Employees in Unit:**  
5  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:**

☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

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

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

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current 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):**  
February 26, 2019

**11c. Election Time(s):**  
3:30pm - 4:30pm

**11d. Election Location(s):**  
Lower Lounge in Kahi Mohala

**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, HI. 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, HI. 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**

*Asi Fakaosi*

**Title**  
Assistant to the President/ Organizer

**Date**  
January 30, 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.

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