

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

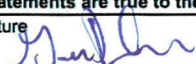
DO NOT WRITE IN THIS SPACE

Case No. 20-RC-237085

Date Filed 3/5/2019

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: Mercy Hospital of Folsom		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1650 Creekside Drive, Folsom, CA 95630	
3a. Employer Representative - Name and Title: Terri LaBriola - Director of Employee and Labor Relations		3b. Address (if same as 2b - state same): 6501 Coyle Avenue, Carmichael, CA 95608	
3c. Tel. No. (916) 864-8376	3d. Cell No.	3e. Fax No.	3f. E-Mail Address terri.labriola@dignityhealth.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal Product or Service Health Care	
5b. Description of Unit Involved: Included: Plant Operators - Performs skilled maintenance at Hospital Excluded:		5a. City and State where unit is located: Folsom, CA	
		6a. Number 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>This Petition</u> and Employer declined recognition on or about (Date) <u>None</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <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)			
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: 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): March 20, 2019		11c. Election Time(s): 6 am-9 am and 2 pm-5 pm	
		11d. Election Location(s): Employer facility	
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, Stationary Engineers, Local 39		12b. Address (street and number, city, State and ZIP code): 1620 North Market Boulevard, Sacramento, CA 95834	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers			
12d. Tel. No. (916) 928-0399	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7) @local39.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Gary Provencher, Attorney		13b. Address (street and number, city, State and ZIP code): 431 I Street, Suite 202, Sacramento, CA 95814	
13c. Tel. No. (916) 443-6600	13d. Cell No.	13e. Fax No. (916) 442-0244	13f. E-Mail Address gprovencher@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) Gary Provencher		Signature 	Title Attorney for Local 39
		Date 03/01/19	

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-237107

Date Filed

3/5/2019

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 Motive- Ford Go Bike		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 975 16th St CA San Francisco 94107-	
3a. Employer Representative - Name and Title Andre Lumsey		3b. Address (If same as 2b - state same)	
3c. Tel. No.	3d. Cell No. (510) 387-5325	3e. Fax No.	3f. E-Mail Address andrelumsey@motivateco.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service Bike Share	
4c. City and State where unit is located: San Francisco, CA		5a. City and State where unit is located: San Francisco, CA	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 97 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 19th, 20th, or 21st	11c. Election Time(s): 1pm-4pm	11d. Election Location(s): 975 16th Street San Francisco, CA 94107, 1501 Park Avenue Emeryville	
12a. Full Name of Petitioner (including local name and number) Eric Dryburgh Transport Workers Union		12b. Address (street and number, city, state, and ZIP code) 195 Montague St NY Brooklyn 11201-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Transport Workers Union of America, AFL-CIO			
12d. Tel No. (929) 310-2756	12e. Cell No.	12f. Fax No.	12g. E-Mail Address edryburgh@twu.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Thomas P Keane Colleran, O'Hara, & Mills LLP		13b. Address (street and number, city, state, and ZIP code) 100 Crossways Park Drive West Suite 200 NY Woodbury 11797-	
13c. Tel No. (516) 248-5757	13d. Cell No. (203) 520-5597	13e. Fax No.	13f. E-Mail Address tpk@cohmlaw.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) Eric Dryburgh	Signature Eric Dryburgh	Title Organizer	Date 03/4/2019 10:43:28
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 20-CA-237107	Date Filed 3/5/2019

Employees Included

Bike Track, Station Track, Coordinators, Sweep and Shine, Field Team Member, and
Deployment

Employees Excluded

Operations Managers

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

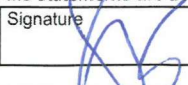
20-RC-237179

Date Filed

3/6/2019

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: Dignity Health d/b/a Mercy Medical Center Redding		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1544 Market Street 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 Street, 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: Folsom, CA
5b. Description of Unit Involved: Included: Social Workers Excluded: All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.			6a. Number of Employees in Unit: 6 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ 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) 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)			
10a. Name		10b. Address	10c. Tel. No. 10e. Fax No.
			10d. Cell 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): March 14 or 19, 2019		11c. Election Time(s): 12 pm	
		11d. Election Location(s): Home Health Conference 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): 560 Thomas L. Berkley Way, Oakland, CA 94612	
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. (510) 251-1250	12e. Cell No.	12f. Fax No. (510) 763-2680	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: Xochitl A. Lopez		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.	13d. Cell No.	13e. Fax No.	13f. 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 (Print) Xochitl A. Lopez		Signature 	Title Attorney
		Date 03/05/19	

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

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 20-RC-237608	Date Filed 3/13/2019

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 Aspen Skilled Healthcare d/b/a The Avenues Transitional Care Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2043 19th Avenue, San Francisco, California 94116	
3a. Employer Representative - Name and Title Rick Gagarin, Administrator		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (415) 661-8787	3d. Cell No.	3e. Fax No. (415) 566-7154	3f. E-Mail Address rickg@aspenskiilledhealth.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Skilled Nursing Facility		4b. Principal product or service Health care	5a. City and State where unit is located: San Francisco, CA
5b. Description of Unit Involved Included: Full-time and regular part-time Licensed Vocational Nurses employed by the Employer at its facility in San Francisco, California. (Armour-Globe election) Excluded: All other employees, managers, guards, and supervisors as defined by the Act.			6a. No. of Employees in Unit: 13 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) 3/13/2019 and Employer declined recognition on or about No reply (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). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

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

11b. Election Date(s): March 27, 2019	11c. Election Time(s): 7am-8am and 3pm-4pm	11d. Election Location(s): Employer's facility - conference room
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12a. Full Name of Petitioner (including local name and number) Service Employees International Union, Local 2015	12b. Address (street and number, city, state, and ZIP code) 2910 Beverly Blvd., Los Angeles, CA 90057
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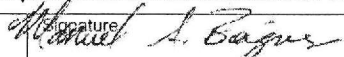
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union

12d. Tel No. 213-985-1505	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Manuel A. Boigues, Attorney for Union		13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address mboigues@unioncounsel.net

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

Name (Print) Manuel A. Boigues	Signature 	Title Attorney for Union	Date March 12, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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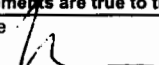
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
20-RC-237789Date Filed
3/15/2019

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: Gold Star Foods		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1000 Vaughn Road, Dixon, CA 95620	
3a. Employer Representative - Name and Title: Mike Wikley, General Manager		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (707) 864-8616	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food distribution		4b. Principal Product or Service Food	5a. City and State where unit is located: Dixon, California
5b. Description of Unit Involved: Included: All full-time and regular part-time drivers Excluded: All other employees, supervisors and guards as defined in the Act.			6a. Number of Employees in Unit: 35 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ by this petition _____ 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) 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): March 29, 2019	11c. Election Time(s): 11:00 a.m. - 5:00 p.m.	11d. Election Location(s): 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. (b) (6), (b) (7)(C)	12f. Fax No. (925) 228-1612	12g. E-Mail Address (b) (6), (b) (7)(C)@teamsters315.com
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 03/15/19

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-238136

Date Filed

3/21/2019

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

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

3a. Employer Representative – Name and Title

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

3c. Tel. No.

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal product or service

5a. City and State where unit is located:

5b. Description of Unit Involved

Included:

Excluded:

6a. No. of Employees in Unit:

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? _____ 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):

11c. Election Time(s):

11d. Election Location(s):

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

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

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

12d. Tel No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address



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

13a. Name and Title

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

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. 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 (Print)

Signature

Title

Date

Quana R. Steele



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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CCA Staff Classifications -

2D Output Manager
2D Output Specialist
Academic Advisor
Academic Advisor & First Year Specialist
Academic Partnerships Project Manager
Academic Records Coordinator
Academic Records Specialist
Accountant
Accountant 2
Accounts Payable Assistant
Accounts Payable Supervisor
Administrative Assistant
Admissions Counselor
Advancement Communications Manager
Animation Studio Manager
Annual Giving Assistant
Art Director
Assistant Payroll Manager
Assistant Registrar
Assistant Studio Manager
Associate Curator
Associate Registrar
Backlot/ Fabrications Studio Manager
Communications Manager
Coordinator for Student Activities
Coordinator for Student Leadership and Engagement
Curator and Head of Programs
Data Assistant
Data Processing & Stewardship Associate
Digital Scholarship Librarian
Digital Tools Studio Technician
Electronic, Lab Manager
Electronic and Digital Art Lab Manager - Studio Managers
Events Manager
Fabrication Studio Operations Manager
Facilities General Maintenance Technician
Facilities Lead Maintenance Technician
Facilities Maintenance Specialist
Facilities Technician
Faculty Records Coordinator
Film Studio Manager
Financial Aid Coordinator
Financial Aid Counselor
Financial Analyst
Gallery Manager
General Facilities Technician
Head of Installation
Help Desk & Staff Support Services Manager - Educational Technology Services
Help Desk coordinator

Housing Assignments Coordinator
HR Administrative Assistant
Individual Giving Assistant
Instructional Designer
Integrations Engineer
Instructional Services Librarian
International Student Advisor
Junior Web Application Developer
Knowledge Manager
Leadership Giving Officer
Library Technician
Media Center Assistant Manager
Media Relations Manager,
Media Services Specialist
Media Services Technical Specialist
MFA Studio Manager
Model Shop/ Fabrication Studio Manager
Network Engineer
Operation manager
Operations & Development Manager
Operations Asnt
Payroll Specialist
Pre-College Program Manager - Special Programs
Photography Studio Manager
Printmaking Studio Manager
Program Coordinator, Exhibitions and Public Programming
Program Manager
Programmer Analyst
Project Analyst
Prospect Research Analyst
Public Services Manager
Purchasing Agent
Receptionist & Administrative Assistant
Residential Life Coordinator
Scheduling Manager
Senior Manager
Senior Purchasing Agent
Senior Student Account Representative
Shipping & Receiving Clerk
Special Programs Operations Manager,
Special Programs Technician
Student Accounts Representative
Senior Copywriter
Studio Manager
Studio Operations Manager
Systems Administrator
Systems Librarian
Technical Specialist

Telecom and Systems Administrator
User Support Manager
User Support Specialist
User Support Specialist II
Wattis Operations Coordinator
Web & Digital Media Specialist
Web Application Developer
Wood Shop Manager

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-238277

Date Filed

3/25/2019

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
Jones Lang LaSalle

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1 Front Street, Suite 2100, San Francisco, CA

3a. Employer Representative - Name and Title
Josh Toothman, Vice President

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

3c. Tel. No.
(510) 301-1863

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
josh.toothman@am.jll.com

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

4b. Principal product or service
Medical Services

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

5b. Description of Unit Involved

Included: All full time and regular part time Plant Operators, including Engineers, Painters, Plumbers, Electricians and other employees employed by the employer at the Adventist Health and Rideout Hospital located in Marysville, CA

Excluded: All Managers, Guards and Supervisors as defined by the Act

6a. No. 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? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) this petition 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).

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):
April 8, 2019

11c. Election Time(s):
6:30 - 7:30 a.m. and 2:30 - 3:30 p.m.

11d. Election Location(s):
Adventist Health and Rideout Hospital located in Marysville, CA

12a. Full Name of Petitioner (including local name and number)
International Union of Operating Engineers, Stationary Engineers, Local 39

12b. Address (street and number, city, state, and ZIP code)
1620 North Market Blvd., Sacramento, CA 95834

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers, AFL-CIO

12d. Tel No.
(916) 928-0399

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
jklein@lo...org

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

13a. Name and Title Gary P. Provencher, Attorney

13b. Address (street and number, city, state, and ZIP code)
431 I Street, Suite 202, Sacramento, CA 95814

13c. Tel No.
(916) 443-6600

13d. Cell No.

13e. Fax No.
(916) 442-0244

13f. E-Mail Address
gprovencher@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)
Gary P. Provencher

Signature

Title
Attorney for Local 39

Date
3/20/19

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PRIVACY ACT STATEMENT

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