FORM NLRB-502 (RC)	FORM NLRB-502 (RC) UNITED STATES OF AMERICA					DONOT	WRITE IN THIS	SFACE	
(2-18)		OR RELATIONS E	OARD		Case No 20-	RC-23708	85	Date Filed 3/5/2019	
INSTRUCTIONS: Unless e-Filed employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 4	The petition must as named in the p	t be accompanied etition of: (1) the p	by both a s petition; (2)	showing of interest (s Statement of Positio	ee 6b below) n form (Form	and a certifica NLRB-505); ai	ate of service sh nd (3) Description	nowing service on on of Representation	
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	itioner desires to b	e certified as repre	sentative of	the employees. The P	etitioner alleg	es that the fol	llowing circums	stances exist and	
2a. Name of Employer: Mercy Hospital of Folson	m			f Establishment(s) inve ide Drive, Folse			y, State, ZIP cod	le):	
3a. Employer Representative - Na Terri LaBriola - Director Labor Relations				me as 2b - state same Avenue, Carmic		95608			
зс. теl. No. (916) 864-8376	3d. Cell No.		3e. Fax N	10.		all Address abriola@d	ignityhealth	n.org	
4a. Type of Establishment <i>(Factory,</i> Hospital	mine, wholesaler,	etc.)	4b. Princi Health	ipal Product or Service Care	, I	5a. City a Folsom,	nd State where u CA	unit is located:	
5b. Description of Unit Involved: Included:			Incrited			6a. Numb 10	er of Employees	in Unit:	
Plant Operators - Perform Excluded:	is skilled ma	intenance at r	iospitai			of the	employees in the	er (30% or more) e unit wish to be litioner? 🗷 Yes 🗌 No	
Check One: 🗶 7a. Request for re on or about (Date)			ve was mad received, so		Petition		declined recogn		
7b. Petitioner is cu	urrently recognized	as Bargaining Rep	presentative	and desires certification	on under the A	ct.			
8a. Name of Recognized or Certifi	ied Bargaining Ag	gent (If none, so sta	ate) 8b. A	ddress:					
8c. Tel. No.	8d. Cell No.		8e. Fax N	lo.	8f. E-Ma	il Address			
8g. Affiliation, if any:		8	Bh. Date of F				Current or Most (Month, Day, Ye	ear)	
9. Is there now a strike or picketing a (Name of Labor Organization)	at the Employer's e	establishment(s) inv	volved? N	O If so, appro			es are participation	-	
10. Organizations or individuals othe individuals known to have a repr					d recognition a	s representativ		At an internet and in the second s	
10a. Name	10b.	Address			10c. Tel	. No.	10d. Cell No.		
					10e. Fax	No.	10f. E-Mail Add	dress	
11. Election Details: If the NLRB co Any such election	onducts and electic	on in this matter, sta	ate your pos	ition with respect to ar		¥ Manua	al 🗌 Mail [Mixed Manual/Mail	
11b. Election Date(s): March 20, 2019		Election Time(s): n-9 am and 2	pm-5 pr	n		11d. Election Location(s): Employer facility			
12a. Full Name of Petitioner (inclue International Union of Op				12b. Address (stree 1620 North M				A 95834	
Stationary Engineers, Loc	cal 39								
12c. Full name of national or internat International Union of Op			tioner is an	affiliate or constituent					
12d. Tel. No. (916) 928-0399	12e. Cell No.		12f. Fax N	10.	12g, E- (b) (6), (b) (7)	Mail Address @local39.0	org		
13. Representative of the Petitione 13a. Name and Title: Gary Provencher, Attorney	er who will accept	t service of all pap	13b. Addr	poses of the representers (street and number treet, Suite 202, Street)	er, city, State a	nd ZIP code):			
13c. Tel. No. (916) 443-6600	13d. Cell No.		13e. Fax (916) 4	No. 142-0244		ail Address encher@ut	nioncounse	l.net	
I declare that I have read the above	e petition and that	t the statements a			edge and beli	•			
Name (Print) Gary Provencher		Signature	the		Title	for Local	39	Date 03/01/19	
			Y	and the second second second second					

DO NOT WRITE IN THIS SPACE

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 STATE:		DO NOT WRITE IN THIS SPACE										
NATIONAL LABOR	RELATIONS BOA	ARD	Case No.		Filed							
RC PE	TITION		20-RC-23	37107		3/5/2019						
					l Detition to a	n NI DD office in the Degion						
INSTRUCTIONS: Unless e-Filed us												
in which the employer concerned i	is located. Th	e petition must be	accompanied by I	both a showing of	interest (se	e 6b below) and a certificate						
of service showing service on the	emplover and	all other parties na	amed in the petitic	on of: (1) the petitic	on: (2) State	ment 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 <u>not</u> be s												
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Relation	esires to be certifi	ed as representative of	the employees. The	Petitioner alleges that	the followin	g circumstances exist and						
2a. Name of Employer				t(s) involved (Street and								
Methiete Ford Co Bile												
3a. Employer Representative – Name and		30	b. Address (if same as	s 20 – state same)								
Andre Lumsey		•			•							
3c. Tel. No.	3d. Cell No.	3e	e. Fax No.		Bf. E-Mail Add	ress						
	(510) 387-5325	5			andrelumsey@n	notivateco.com						
4a. Type of Establishment (Factory, mine, v	· · ·	4b. Principal product	or service		5a City	and State where unit is located:						
			Bike Share			San Francisco, CA						
Transportation			Dike Share	-								
5b. Description of Unit Involved						6a. No. of Employees in Unit:						
Included: See Attached Page 2 for addition	nal details					97						
						6b. Do a substantial number (30%						
			· · · · · · · · · · · · · · · · · · ·			or more) of the employees in the						
Excluded: See Attached Page 2 for addition	nal details					unit wish to be represented by the						
						Petitioner? Yes [] No []						
Check One: 7a. Request for re	ecognition as Barg	aining Representative	was made on (Date) _	and	Employer dec	lined recognition on or about						
	(Date)	(If no reply received, so	state).									
7b Petitioner is c	urrently recognize	d as Bargaining Repres	sentative and desires of	certification under the A	ct							
8a. Name of Recognized or Certified Bar			8b. Address									
	gannig Agent (A											
8c. Tel No.	8c. Tel No. 8f. E-Mail Address											
8g. Affiliation, if any			Date of Recognition or	Certification		Date of Current or Most Recent						
i og. Annation, ir any		011.1	Date of Recognition of			(Month, Day, Year)						
						(
9. Is there now a strike or picketing at the E			0 16 an anna			-lining/ing0						
(Name of labor organization)		, has picketed	the Employer since (I	Month, Day, Year)		<u> </u>						
10. Organizations or individuals other than I												
known to have a representative interest in a												
				,								
10a. Name	10b. Ad	tress		10c. Tel. No.	· · · · · · · · · · · · · · · · · · ·	10d. Cell No.						
Toa. Name	100.70	1633		100. 101. 100.								
				10e. Fax No.		10f. E-Mail Address						
				IVE. Fax NO.		TUI. E-IMail Augress						
			141									
11. Election Details: If the NLRB conducts	s an election in thi	s matter, state your pos	sition with respect to	11a. Election Type:]	🖌 Manual <u>I</u>	Mail Mixed Manual/Mail						
any such election.	110 E	action Time(s):		11d Election Locatio	n(s) [.]	······································						
11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 19th, 20th, or 21st 1pm-4pm 975 16th Street San Francisco. CA						04107 1501 Derk Avenue Emersyille						
March 19th, 20th, or 21st	1	m			Tancisco CA							
	1pm-4p			975 16th Street San F								
12a. Full Name of Petitioner (including lo	1pm-4p			975 16th Street San F 12b. Address (street		city, state, and ZIP code)						
12a. Full Name of Petitioner (including lo Eric Dryburgh Transport Workers Union	1pm-4p ocal name and no	ımber)		975 16th Street San F 12b. Address (street 195 Montague St NY Brooklyn 11201-								
12a. Full Name of Petitioner (<i>including lo</i> Eric Dryburgh Transport Workers Union 12c. Full name of national or international la	1pm-4p	ımber)	affiliate or constituent	975 16th Street San F 12b. Address (street 195 Montague St NY Brooklyn 11201-								
12a. Full Name of Petitioner (including lo Eric Dryburgh Transport Workers Union 12c. Full name of national or international la Transport Workers Union of America, AFL-C	1pm-4p ocal name and nu abor organization	Imber) of which Petitioner is ar		975 16th Street San F 12b. Address (street 195 Montague St NY Brooklyn 11201- t (if none, so state)	and number, o	city, state, and ZIP code)						
12a. Full Name of Petitioner (including log Eric Dryburgh Transport Workers Union 12c. Full name of national or international la Transport Workers Union of America, AFL-C 12d. Tel No.	1pm-4p	Imber) of which Petitioner is ar	n affiliate or constituen	975 16th Street San F 12b. Address (street 195 Montague St NY Brooklyn 11201- t (if none, so state)	and number, o	city, state, and ZIP code) Idress						
12a. Full Name of Petitioner (<i>including lo</i> Eric Dryburgh Transport Workers Union 12c. Full name of national or international la Transport Workers Union of America, AFL-C 12d. Tel No. (929) 310-2756	1pm-4p ocal name and no abor organization IO 12e. Cell No.	imber) of which Petitioner is ar 12	f. Fax No.	975 16th Street San F 12b. Address (street 195 Montague St NY Brooklyn 11201- t (if none, so state)	and number, o	city, state, and ZIP code) Idress						
12a. Full Name of Petitioner (including log Eric Dryburgh Transport Workers Union 12c. Full name of national or international la Transport Workers Union of America, AFL-C 12d. Tel No.	1pm-4p ocal name and no abor organization IO 12e. Cell No.	imber) of which Petitioner is ar 12	f. Fax No.	975 16th Street San F 12b. Address (street 195 Montague St NY Brooklyn 11201- t (if none, so state)	and number, o	city, state, and ZIP code) Idress						
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12a. Full Name of Petitioner (including lot Eric Dryburgh Transport Workers Union 12c. Full name of national or international la Transport Workers Union of America, AFL-C 12d. Tel No. (929) 310-2756 13a. Representative of the Petitioner who 13a. Name and Title Thomas P Keane	1pm-4p ocal name and no abor organization IO 12e. Cell No.	of which Petitioner is an 12 ce of all papers for pu	rposes of the repres b. Address (<i>street and</i> 0 Crossways Park Dri	975 16th Street San F 12b. Address (street 195 Montague St NY Brooklyn 11201- t (if none, so state)	and number, o 12g. E-Mail Ac dryburgh@tw	city, state, and ZIP code) Idress						
12a. Full Name of Petitioner (including log Eric Dryburgh Transport Workers Union 12c. Full name of national or international la Transport Workers Union of America, AFL-C 12d. Tel No. (929) 310-2756 13. Representative of the Petitioner who 13a. Name and Title Thomas P Keane Colleran, O'Hara, & Mills LLP	1pm-4p ocal name and no abor organization IO 12e. Cell No. will accept servi	of which Petitioner is an 12 ce of all papers for pu	ff. Fax No. Irposes of the repres bb. Address (<i>street and</i> 00 Crossways Park Dri V Woodbury 11797-	975 16th Street San F 12b. Address (street 195 Montague St NY Brooklyn 1201- t (if none, so state)	and number, o 12g. E-Mail Ac dryburgh@tw od ZIP code)	city, state, and ZIP code) Idress u.org						
12a. Full Name of Petitioner (including loc Eric Dryburgh Transport Workers Union 12c. Full name of national or international la Transport Workers Union of America, AFL-C 12d. Tel No. (929) 310-2756 13. Representative of the Petitioner who 13a. Name and Title Thomas P Keane Colleran, O'Hara, & Mills LLP 13c. Tel No.	1pm-4p ocal name and no abor organization 10 12e. Cell No. will accept servi	of which Petitioner is an 12 ce of all papers for pu	rposes of the repres b. Address (<i>street and</i> 0 Crossways Park Dri	975 16th Street San F 12b. Address (street 195 Montague St NY Brooklyn 11201- t (if none, so state)	and number, o 12g. E-Mail Ac dryburgh@tw	city, state, and ZIP code) Idress u.org						
12a. Full Name of Petitioner (including loc Eric Dryburgh Transport Workers Union 12c. Full name of national or international la Transport Workers Union of America, AFL-C 12d. Tel No. (929) 310-2756 13. Representative of the Petitioner who 13a. Name and Title Thomas P Keane Colleran, O'Hara, & Mills LLP 13c. Tel No. (516) 248-5757	1pm-4p ocal name and no abor organization 10 12e. Cell No. will accept servi 13d. Cell No. (203) 520-5597	of which Petitioner is ar 12 ce of all papers for pu 13 10 N 13 13	ff. Fax No. Irposes of the repres bb. Address (<i>street and</i> 0 Crossways Park Dri <u>Y Woodbury 11797-</u> te. Fax No.	975 16th Street San F 12b. Address (street 195 Montague St NY Brooklyn 11201- t (if none, so state)	and number, o 2g. E-Mail Ac dryburgh@tw od ZIP code) 93f. E-Mail Ad	city, state, and ZIP code) Idress u.org						
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12a. Full Name of Petitioner (including loc Eric Dryburgh Transport Workers Union 12c. Full name of national or international la Transport Workers Union of America, AFL-C 12d. Tel No. (929) 310-2756 13. Representative of the Petitioner who 13a. Name and Title Thomas P Keane Colleran, O'Hara, & Mills LLP 13c. Tel No. (516) 248-5757 I declare that I have read the above petititi Name (Print)	1pm-4p ocal name and no abor organization IO 12e. Cell No. will accept servi 13d. Cell No. (203) 520-5597 ion and that the s gnature ic Dryburgh	of which Petitioner is an 12 ce of all papers for put 13 13 13 statements are true to	If. Fax No. Irposes of the repres b. Address (street and 0 Crossways Park Dri 7 Woodbury 11797- the best of my know the best of my know the	975 16th Street San F 12b. Address (street 195 Montague St NY Brooklyn 1201- t (if none, so state)	and number, of 2g. E-Mail Ac dryburgh@tw od ZIP code) 3f. E-Mail Add pk@cohmlaw.	city, state, and ZIP code) Idress u.org dress com						

PRIVACY ACT STATEMENT

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	DO NOT WRITE IN THIS SPACE	
Attachment	Case Date Filed 20–CA–237107 3/5/2019	
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Employees Included

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

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8 A.

Employees Excluded Operations Managers

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FORM NLRB-502 (RC) UNITED STATES OF AME			ERICA			DO NOT WRITE IN THIS SPACE				
(2-18)	NATIONAL LABOF	R RELATIONS BO	DARD		Case No. 2	20-RC-2371	79	Date Filed 3/6/2019		
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.										
 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): Dignity Health d/b/a Mercy Medical Center 1544 Market Street Redding CA 96001 Redding 1544 Market Street Redding CA 96001										
3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Judy S. Coffin, V.P. & Associate General 3b. Address (if same as 2b - state same): Counsel 185 Berry Street, Suite 300 San Francisco, CA 94107										
Counsel 3c, Tel, No.	3d. Cell No.		3e. Fax N	-	24 5	E-Mail Address				
(415) 438-5755	Su. Cell No.			-38-5726		ly.coffin@dig	nityhealth.c	org		
4a. Type of Establishment (Factory, Medical Facility	mine, wholesaler, etc	c.)	4b. Princip Health	oal Product or Service Care	9	5a. City a Folsom,	nd State where u CA	nit is located:		
5b. Description of Unit Involved: Included: Social Workers						6a. Numb	er of Employees	in Unit:		
Excluded: All other classificat employees and sup	ervisors as defin	ed by the Ac	t.		onfidenti	of the	employees in the	er (30% or more) unit wish to be itioner? 🔽 Yes 🔲 No		
Check One: x 7a. Request for rec on or about (Date)	ognition as Bargaini	ng Representativ (If no reply r					declined recogni			
7b. Petitioner is cui		Bargaining Repl	resentative a	and desires certification	on under th	ne Act.				
8a. Name of Recognized or Certifie None	ed Bargaining Agen	it (If none, so sta	te) 8b. Ad	idress:						
8c. Tel. No.	8d. Cell No.		8e. Fax No	D.	8f. E	E-Mail Address				
8g. Affiliation, if any:				ecognition or Certifica		Expiration Date of C ent Contract, if any		ar)		
9. Is there now a strike or picketing a	t the Employer's esta	ablishment(s) invo	olved? No	O If so, appro		ow many employee				
(Name of Labor Organization) 10. Organizations or individuals other	than Detitioner and	these named in i	toma 9 and	Q which have alaime		bicketed the Employ				
individuals known to have a repre					4		es and other org	anzations and		
10a. Name	10b. Ad	dress		18 10 10	10c.	. Tel. No.	10d. Cell No.			
					10e.	10e. Fax No. 10f. E-Mail Address				
11. Election Details: If the NLRB con	nducts and election i	n this matter, sta	te your posi	tion with respect to ar	ny such ele	ection: 11a. Election:	31	Mixed Manual/Mail		
11b. Election Date(s): March 14 or 19, 2019	11c. Ele 12 pm	ction Time(s): 1				Election Location		oom		
12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Service Employees International Union, United Healthcare 560 Thomas L. Berkley Way, Oakland, CA 94612										
Workers-West 12c. Full name of national or international	onal labor organizati	on of which Petit	ioner is an a	affiliate or constituent	(if none, so	o state):				
Service Employees International Union 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address										
(510) 251-1250			(510) 7	63-2680						
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): Xochitl A. Lopez Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501								ay, Suite 200,		
13c. Tel. No.	13d. Cell No.		13e. Fax N		13f.	E-Mail Address				
I declare that I have read the above	petition and that the	he statements a	re true to th	he best of my knowl	edge and	belief.				
Name (Print) Xochitl A. Lopez	S	Signature			Title Attorn	ney		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

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				^{Case No.} 20-RC	DO NOT WRITE IN THIS SPACE ase_No. 20-RC-237608 Date Filed 3/13/2019				
INSTRUCTIONS: Unless e-Filed us	ina the Aae	ncv's website. w	ww.nlrb.	aov. submit a	an original of this	Petition to a	In 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									
(Form NLRB-505); and (3) Descript					RD 4612). The S	nowing of int	terest should only be filed		
with the NLRB and should not be s	erved on th	e employer or an	ny other j	party.					
1. PURPOSE OF THIS PETITION: RC-CEI									
bargaining by Petitioner and Petitioner de requests that the National Labor Relat									
2a. Name of Employer	iono Boura pi				nt(s) involved (Street a				
Aspen Skilled Healthcare d/b/a The Avenue	s Transitional						,,,		
3a. Employer Representative - Name and					s 2b – state same)				
Rick Gagarin, Administrator			Same		o ilo ottato outro)				
3c. Tel. No.	3d. Cell No.		3e. Fax	No		3f. E-Mail Add	1000		
(415) 661-8787	Ju. Cell NO.		and the Section of the	566-7154		Security and a second second			
							enskilledhealth.com		
4a. Type of Establishment (Factory, mine, w	nolesaler, etc.) 4b. Principal pro Health care	oduct of set	rvice			and State where unit is located:		
Skilled Nursing Facility		nealul care				San Fra	ancisco, CA		
5b. Description of Unit Involved							6a. No. of Employees in Unit:		
Included: Full-time and regular part				employed by	the Employer at	its facility	13		
in San Francisco, Califor	rnia. (Armo	ur-Globe electio	n)				6b. Do a substantial number (30%		
Excluded: All other employees	s manad	ers quards	and su	nervisors	as defined hy	the Act	or more) of the employees in the unit wish to be represented by the		
	s, manag	oro, guardo,	una su	pc110010	do defined by	, the Aot.	Petitioner? Yes V No		
Check One: 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).									
	THOMAS AND				certification under the	Act			
8a. Name of Recognized or Certified Barg			epresentat	8b. Address	centrication under the	BAUL			
None	,	In mone, oo enatej.		00.71001000					
8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address									
and the second sec									
8g. Affiliation, if any			8h. Date o	of Recognition o	r Certification	8i. Expiration I	Date of Current or Most Recent		
					×	Contract, if an	y (Month. Day. Year)		
9. Is there now a strike or picketing at the Er	mployer's estat	olishment(s) involved	? No	If so, approx	kimately how many er	nployees are pa	rticipating?		
(Name of labor organization)		, has pick	keted the E	mployer since (Month, Day, Year)				
10. Organizations or individuals other than F							d other emerizations and individuals		
known to have a representative interest in a						issematives and	d other organizations and individuals		
None									
10a. Name	10b. A	Address		an a	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 you	r position v	with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail		
any such election.	11-	Election Time(a)			11d Election I	tion(a):			
11b. Election Date(s): March 27, 2019		Election Time(s): 8am and 3pm-4pm			11d. Election Location(s): Employer's facility - conference room				
12a. Full Name of Petitioner (including lo		the rest was served that a server and the server					city, state, and ZIP code)		
Service Employees International Union, L		number)			2910 Beverly Blvd				
12c. Full name of national or international la		n of which Petitioner	is an affilia	ate or constituen					
Service Employees International Union									
12d. Tel No.	12e. Cell No.		12f. Fax	No.		12g. E-Mail Ac	Idress		
213-985-1505									
13. Representative of the Petitioner who	will accept ser	vice of all papers for	or purpose	es of the repres	sentation proceeding	g.			
13a. Name and Title Manuel A. Boig	LIGO Attor	ou for Union	13b. Ad	dress (street and	d number, city, state.	and ZIP code)			
Manuel A. Bolg	ues, Allon	ley tor Union			ay, Suite 200, Alameda, (
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address						dress			
510-337-1001			510-337				ioncounsel.net		
I declare that I have read the above petitie	n and that th	e statements are tru	ie to th	of my know	vledge and belief.				
Name (Print)	cature	1	Title			Date			
Manuel A. Boigues	nuel A	, bagues		for Union		March 12, 1	2019		
WILLFUL FALSE STATEMEN	TS ON THIS	PETITION CAN BE			IMPRISONMENT (1)				
THEE OF TAEOE OTATEMEN		Ennon OAn DE I	Shioned			.s. sobe, nit	L 10, 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.

FORM NLRB-502 (RC) UNITED STATES OF AMERICA					DO NOT WRITE IN THIS SPACE					
(2-18)	(2-18) NATIONAL LABOR RELATIONS BOARD RC PETITION			Case	Case No. Date Filed					
						20-RC-237789 3/15/2019				
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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:					Establishment(s) invo					
Gold Star Foods					Road, Dixon,				,,	<i></i>
3a. Employer Representative - Nar			3b. Add	dress <i>(if san</i>	ne as 2b - state same	<i>):</i>				Latran
Mike Wikley, General Ma	_		same	•						
3c. Tel. No.	3d. Cell No.			3e. Fax No	D.		3f. E-Mail A	ddress		
(707) 864-8616										
4a. Type of Establishment (Factory, Food distribution	mine, wholesale	; etc.)		4b. Princip Food	pai Product or Service	9		5a. City an Dixon, C	d State where u alifornia	nit is located:
5b. Description of Unit Involved:				1000					of Employees	in Linit:
Included: All full-time and regular r	part-time dri	vers						35	a of Employees	in one.
Excluded:	· ,		1 0		• .			6b. Do a si	ubstantial numb	er (30% or more) e unit wish to be
All other employees, supe	ervisors and	guards as	s defii	ned in th				represe	ented by the Pet	itioner? 🗶 Yes 🗌 No
Check One: X 7a. Request for rec on or about (Date)				e was made eceived, so		is peti	ition an	d Employer o	declined recogni	tion
7b. Petitioner is cu		d as Bargaini	ng Repr	resentative a	and desires certification	on und	ler the Act.			
8a. Name of Recognized or Certifie					dress:					
None.										
8c. Tel. No.	8d. Cell No.			8e. Fax No			8f. E-Mail Address			
8g. Affiliation, if any:					-	fication 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing a	it the Employer's	establishmen	nt(s) invo	olved? No	D If so, appro	oximate	ely how man	ny employee	s are participatir	1g?
(Name of Labor Organization)						, h	nas picketed	the Employ	er since (Month,	Day, Year)
10. Organizations or individuals othe individuals known to have a repre	r than Petitioner esentative interes	and those nar at in any empl	med in i loyees i	tems 8 and n the unit de	9, which have claime scribed in item 5b ab	d reco ove. (/	gnition as re If none, so s	epresentative tate)	es and other org	anizations and
None.										
10a. Name	106	. Address					10c. Tel. No.		10d. Cell No.	
							10e. Fax N	D.	10f. E-Mail Add	Iress
11. Election Details: If the NLRB co	nducts and elect	ion in this ma	itter, sta	te your posi	tion with respect to ar	ny suci	h election:	11a. Election	n Type:	
								🗶 Manua	I 🗌 Mail [Mixed Manual/Mail
11b. Election Date(s):		Election Tim					11d. Election Location(s):			
March 29, 2019		:00 a.m	5:00	p.m.				er's facili		
12a. Full Name of Petitioner (includ	ling local name a	nd number):			12b. Address (street					
Teamsters Local 315					2727 Alhambi	ra A	venue, N	Aartinez,	CA 94553	-3120
12c. Full name of national or internat	-		ich Petit	ioner is an a	affiliate or constituent	(if non	ne, so state)	:		
International Brotherhood		rs								
12d. Tel. No. (925) 228-2246	12e. Cell No. (b) (6), (b)	(7)(C)		12f. Fax N	o. 28-1612	(6	b) (6), (b) (7)(C)			
			all nan			ontatio			ers315.com	
13. Representative of the Petitioner who will accept service of all papers for purp 13a. Name and Title: 13b. Addre				ess (street and number		•	-			
Sheila K. Sexton, Attorney				1	th Street, Ste. 20					
13c. Tel. No.	13d. Cell No.			13e. Fax N			13f. E-Mail	Address		
(510) 625-9700					25-8275			@beeson	tayer.com	
I declare that I have read the above	e petition and the			re true to th	he best of my knowl					
Name (Print) Sheila K. Sexton		Signature	11			Title		T Datiti-	nor	Date 02/15/10
Sheila K. Sexton		1	15			At	iomey io	or Petitio	ner	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.

						000405			
UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD				DO NOT WRITE IN THIS SPACE Case No. Date Filed					
RC PE				20-R	C-238136		3/21/2019		
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									
								- d	
(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.									
	BTIELCATION OF	Encloyer of an	y other p	Darly.	of omployees wish to	bo roprocentor	for purposes of collective		
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. Ad	ldress(es)	of Establishment	t(s) involved <i>(Street a</i>	nd number, city	, State, ZIP code)		
3a. Employer Representative – Name and	l Title		3b. Add	dress (If same as	s 2b – state same)				
3c. Tel. No.	3d. Cell No.		3e. Fax	No.		3f. E-Mail Add	ress		
4a. Type of Establishment (Factory, mine, w	wholesaler etc.)	4b. Principal pro	duct or ser	nvice		5a City	and State where unit is locate	d.	
ta. Type of Establishment (<i>Tactory, mine, V</i>	molesaler, etc.)			TVICE		Sa. Ony		u.	
5b. Description of Unit Involved							6a. No. of Employees in Uni	it:	
Included:							6b. Do a substantial number	r (200/	
Excluded:							or more) of the employees in		
Excluded.							unit wish to be represented		
							Petitioner? Yes [] No []	
Check One: 7a. Request for re	0	, , ,		· · · –	an	d Employer dec	lined recognition on or about		
	,	(If no reply received		·					
			epresentat		certification under the	Act.			
8a. Name of Recognized or Certified Bar	gaining Agent (h	f none, so state).		8b. Address					
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress		
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent									
8g. Affiliation, if any			on. Date t	or Recognition of	Certification		y (Month, Day, Year)	n	
						· · ·			
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	?	If so, approx	imately how many en	nployees are pa	rticipating?		
(Name of labor organization)		has pick	eted the F	mplover since (/	Month Dav Year)				
10. Organizations or individuals other than								viduale	
known to have a representative interest in a						resentatives and	a other organizations and mur	viuuais	
·	, , ,			, , , , , , , , , , , , , , , , , , ,	,				
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.		
					10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conducts	an election in thi	is matter state you	r position	with respect to	110 Floation Tyme	Manual	Mail Mixed Manual/	Mail	
any such election.		is matter, state you	i position	with respect to	TTA. Election Type:			waii	
11b. Election Date(s):	11c. E	lection Time(s):			11d. Election Location(s):				
12a. Full Name of Petitioner (including lo	ocal name and n	umber)			12b. Address (stree	et and number, o	city, state, and ZIP code)		
12c. Full name of national or international la	abor organization	of which Petitioner	is an affilia	ate or constituent	t (if none, so state)		_		
12d. Tel No.	12e. Cell No.		12f. Fax	(No		12g. E-Mail Ac	Idress		
124. 16110.	120. 001 10.		121.1 07			129. E-Mail / R			
13. Representative of the Petitioner who	will accept servi	ice of all papers fo	or purpos	es of the repres	entation proceeding	j .			
13a. Name and Title			13b. Ad	dress (street and	d number, city, state,	and ZIP code)			
13c. Tel No.	13d. Cell No.		13e. Fa	x No.		13f. E-Mail Ad	dress		
I declare that I have read the above petiti	on and that the	statements are tru	l le to the b	best of n	ledge and belief.				
Name (Print) / / Sig	ghature 🧷	11	Title			Date			
Kan	anne K.	Starle							
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE F	PUNISHED	D BY FINE AND	IMPRISONMENT (U.	S. CODE, TITL	E 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

147366\1017056

UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE					
RC PET		Case No. 20-R	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									
of service showing service on the e									
(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 <u>not</u> be se									
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)									
Jones Lang LaSalle		1 Fro	ont Stree	t, Suite 2100), San Francisco	, CA			
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same) Josh Toothman, Vice President Same									
3c. Tel. No.	3d. Cell No.		3e. Fax	No.		3f. E-Mail Add	ress		
(510) 301-1863						josh.toothm	an@am.jll.com		
4a. Type of Establishment (Factory, mine, whe Medical Facility	holesaler, etc.)	4b. Principal pri Medical Service		rvice			and State where unit is located: ille, CA		
5b. Description of Unit Involved				-			6a. No. of Employees in Unit:		
Included: All full time and regular part	time Plant Ope	erators, includin	g Enginee	ers, Painters, P	lumbers, Electricia	ans and other			
employees employed by the Excluded: All Managers, Gua						wille, CA	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No		
Check One: 7a. Request for rec	ognition as Barg	aining Represent	ative was n	nade on (Date) t	his netition ^{an}	d Employer dec	lined recognition on or about		
none		(If no reply receive							
7b. Petitioner is cur		0 0			certification under the	e Act.			
8a. Name of Recognized or Certified Barga		' none, so state).		8b. Address					
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress		
8g. Affiliation, if any			8h. Date o	of Recognition or	r 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 Em	ployer's establis	hment(s) involved	1? No	If so, approx	imately how many er	nployees are pa	rticipating?		
(Name of labor organization)		, has pic	keted the E	mployer since (I	Month, Day, Year)				
10. Organizations or individuals other than Pe known to have a representative interest in an						resentatives and	d other organizations and individuals		
10a. Name	10b. Add	droco			10c. Tel. No.		10d. Cell No.		
Ioa. Name	TOD. AUC	1622							
					10e. Fax No.		10f. E-Mail Address		
 Election Details: If the NLRB conducts a any such election. 	an election in this	s matter, state you	ur position	with respect to	11a. Election Type	: 🗸 Manual	Mail Mixed Manual/Mail		
11b. Election Date(s):		ection Time(s):	0.00		11d. Election Loca				
April 8, 2019 12a. Full Name of Petitioner (including loc	al name and nu			m.	12b. Address (stre	et and number, a	spital located in Marysville, CA city, state, and ZIP code)		
International Union of Operating Engineers 12c. Full name of national or international lab				ate or constituen	1620 North Marke t (if none, so state)	t Bivo., Sacram	iento, CA 95834		
International Union of Operating Engineers 12d. Tel No.	AFL-CIO 12e. Cell No.		12f. Fax	No		12g. E-M (ii A)	dress		
(916) 928-0399						jklein@lo	org		
13. Representative of the Petitioner who w	•								
^{13a. Name and Title} Gary P. Prov	encher, /	Attorney			d number, city, state, ramento, CA 95814	and ZIP code)			
13c. Tel No. (916) 443-6600	13d. Cell No.		13e. Fa: (916) 44			13f. E-Mail Ad	dress Junioncounsel.net		
I declare that I have read the above petition	n and that the s	tatements are tr			ledge and belief.				
Name (Print) Sign	ature		Title			Date			
Gary P. Provencher) m 1. 11	TITION CAN BE	-	for Local 39	IMPRISONMENT (U	3/20/19	E 18 SECTION 1001)		

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.