

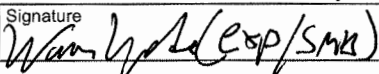
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE

Case No.
20-RM-244704Date Filed
7/11/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer/Petitioner: Hansel Ford, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3075 Corby Avenue, Santa Rosa, CA 95407	
3a. Employer/Petitioner Representative - Name and Title: Justin Hansel, Vice President		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (707) 543-7353	3d. Cell No. (707) 753-1075	3e. Fax No. (707) 546-3941	3f. E-Mail Address jhansel@gohansel.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Automotive Dealership		4b. Principal Product or Service New and Used Vehicles	
5a. Description of Unit Involved: Included: All full- and regular part-time journeymen and maintenance technicians Excluded: All other classifications, including supervisory personnel			5b. City and State where unit is located: Santa Rosa, CA
6. Number of Employees in Unit: 37			
Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable <input type="checkbox"/> 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____ <input checked="" type="checkbox"/> 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.			
8a. Name of Recognized or Certified Bargaining Agent - Name Steve Older, Local Lodge 1596, IMAW		8b. Affiliation, if any: District Lodge 190	
8c. Address: 4210 Petaluma Blvd. North, Petaluma, CA 94952		8d. Tel. No. (925) 687-6421	8e. Cell No. (510) 409-5849
		8f. Fax No. (925) 685-4116	8g. E-Mail Address solder1546@sbcglobal.net
9. Date of Recognition or Certification Unknown		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 03/31/2018	
11. 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) _____			
12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name and affiliation if any	12b. Address	12c. Tel. No.	12d. Cell No.
		12e. Fax No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s): July 27, 2019	13c. Election Time(s): 2:00 p.m. - 3:30 p.m.	13d. Election Location(s): Conference Room	
14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.			
14a. Name and Title: Warren Nelson, Labor Counsel		14b. Address (street and number, city, State and ZIP code): 2050 Main Street, Ste. 1000, Irvine, CA 92614	
14c. Tel. No. (949) 798-2111	14d. Cell No. (949) 212-3701	14e. Fax No. (949) 851-0152	14f. E-Mail Address wnelson@fisherphillips.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) Warren Nelson	Signature 	Title Labor Counsel	Date 07/11/19

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

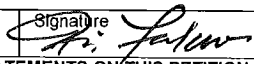
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses 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-245104	Date Filed July 18, 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 Alutiiq Commercial Enterprises, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 737 Volvo Park Way - Suite 150, Chesapeake, VA., 23320	
3a. Employer Representative - Name and Title Phil Colgan - President		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 808-488-368	3d. Cell No. 808-741-0990	3e. Fax No.	3f. E-Mail Address pcolgan@alutiiq.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Facility Maintenance Services		4b. Principal product or service Maintenance Services	
5a. City and State where unit is located: Aiea, Wahiawa, Kaneohe, Hawaii		5b. Description of Unit Involved Included: Housekeeping, Floor Care, Janitor Excluded: Any and all Managers, Supervisor, Superintendent, Watchmen, and Security Personnel	
6a. No. of Employees in Unit: 15		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>7/18/2019</u> and Employer declined recognition on or about <u>none</u> (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).		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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): July 30, 2019	11c. Election Time(s):		11d. Election Location(s):
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 ast@hawaiiteamsters.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Asi Fakaosi	Signature 	Title Assistant to the President/ Organizer	Date 7/18/2019

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.

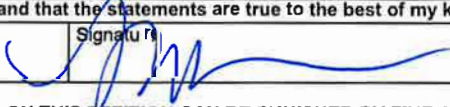
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
20-RC-245557Date Filed
7/26/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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: Redwood Memorial Hospital		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3300 Renner Drive, Fortuna, CA 95540	
3a. Employer Representative - Name and Title: Amy Dinsmore, HR Manager		3b. Address (if same as 2b - state same): 2700 Dolbeer Street, Eureka, CA 95501	
3c. Tel. No. 707-445-8121	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Amy.Dinsmore@stjoe.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute Care Hospital		4b. Principal Product or Service Healthcare	5a. City and State where unit is located: Fortuna, CA
5b. Description of Unit Involved: Included: See Attachment Excluded: See Attachment		6a. Number 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Ballots mailed by Region 8/2/19		11c. Election Time(s): Ballots returned to Region 8/9/19	
11d. Election Location(s): Ballot count at Region 8/12/19			
12a. Full Name of Petitioner (including local name and number): California Nurses Association/National Nurses United (CNA/NU)		12b. Address (street and number, city, State and ZIP code): 155 Grand Avenue, Oakland, CA 94612	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)			
12d. Tel. No. 510-273-2200	12e. Cell No.	12f. Fax No. 510-663-4822	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: Marie Walcek, Legal Counsel		13b. Address (street and number, city, State and ZIP code): 155 Grand Avenue, Oakland, CA 94612	
13c. Tel. No. 510-433-2742	13d. Cell No.	13e. Fax No. 510-663-4822	13f. E-Mail Address mwalcek@calnurses.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Marie Walcek		Signature 	Title Legal Counsel
			Date 07/26/19

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.

Attachment

**RC Petition – Self-Determination Election
Redwood Memorial Hospital
20-RC-___**

by California Nurses Association/National Nurses United (CNA/NNU)

5b. Description of Unit Involved

Existing Unit:

INCLUDED: All full-time, regular part-time, and per diem (known as floaters or casuals) Registered Nurses, including relief charge nurses and relief house supervisors, and RNFAs employed by the Employer at its facility located at 3300 Renner Drive, Fortuna, California.

EXCLUDED: All other employees, confidential employees, physicians, employees of outside registries and other agencies supplying labor to the Employer, all other professionals, already represented employees, managerial employees, guards, and clinical coordinators, non-relief charge nurses, non-relief house supervisors, quality manager/infection control, and other supervisors within the meaning of the Act.

Voting Group:

All full-time, regular part-time, and per diem charge nurses, including Charge Nurse IV, employed by the Employer at its facility located at 3300 Renner Drive, Fortuna, California.

Eligibility date is pay period ending July 20, 2019.

Per diem charge nurses are eligible to vote if they have regularly averaged four hours or more per week in the 13 weeks before July 20, 2019, eligibility date. *Davison-Paxon Co.*, 185 NLRB 21 (1970).

Resulting Unit:

INCLUDED: All full-time, regular part-time, and per diem (known as floaters or casuals) Registered Nurses, including charge nurses, relief charge nurses, and relief house supervisors, and RNFAs employed by the Employer at its facility located at 3300 Renner Drive, Fortuna, California.

EXCLUDED: All other employees, confidential employees, physicians, employees of outside registries and other agencies supplying labor to the Employer, all other professionals, already represented employees, managerial employees, guards, and clinical coordinators, non-relief house supervisors, quality manager/infection control, and other supervisors within the meaning of the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 20-RC-245641	Date Filed 7/29/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by 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 Chinese Hospital of San Francisco		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 845 Jackson St., San Francisco, CA 94133	
3a. Employer Representative - Name and Title Jian Zhang, CEO		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (415) 982-2400	3d. Cell No.	3e. Fax No. (415) 217-4188	3f. E-Mail Address jinyaol@chasf.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute Care Hospital		4b. Principal product or service Healthcare	5a. City and State where unit is located: San Francisco, California
5b. Description of Unit Involved Included: See Attachment A Excluded: See Attachment A			6a. No. of Employees in Unit: 88 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). 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? _____ 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): August 13, 2019	11c. Election Time(s): 6:00am-8:30am & 6:00pm-8:30pm	11d. Election Location(s): 1st Floor Conference Room by the Pharmacy	
12a. Full Name of Petitioner (including local name and number) California Nurses Association/National Nurses United (CNA/NNU)		12b. Address (street and number, city, state, and ZIP code) 155 Grand Ave., Oakland, CA 94612	

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)

12d. Tel No. 510-273-2200	12e. Cell No.	12f. Fax No. 510-663-4822	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 Marie Walcek, Legal Counsel		13b. Address (street and number, city, state, and ZIP code) 155 Grand Ave., Oakland, CA 94612	
13c. Tel No. 510-433-2742	13d. Cell No.	13e. Fax No. 510-663-4822	13f. E-Mail Address mwalcek@calnurses.org

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

Name (Print) Marie Walcek	Signature 	Title Legal Counsel	Date July 29, 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

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

Attachment A

RC Petition Chinese Hospital of San Francisco

by California Nurses Association/National Nurses United (CNA/NNU)

5. Unit Involved

Included:

All full-time, regular part-time, and per diem Registered Nurses, including those who serve as relief charge nurses, employed by the Employer at its facility located at 845 Jackson St, San Francisco, California.

Excluded:

All other employees, confidential employees, physicians, residents, employees of outside registries and other agencies supplying labor to the Employer, traveling nurses, all other professionals, already represented employees, managerial employees, guards, and supervisors within the meaning of the Act.

Eligibility date is pay period ending Saturday, July 14, 2019.

Per diem charge nurses are eligible to vote if they have regularly averaged four hours or more per week in the 13 weeks before July 14, 2019, eligibility date. *Davison-Paxon Co.*, 185 NLRB 21 (1970).

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


20-RC-245707

Date Filed

7/30/2019

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 Medical Foundation Cardiology & Electrophysiology Cardiology		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3941 J Street #260 and #350, Sacramento, CA 95819	
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: Sacramento, CA
5b. Description of Unit Involved: All regular and part-time Medical Assistants including Leads, Included: Medical Office Receptionists I, II, & Floats, Surgery Schedulers, Echo/Stress Technicians, Monitor Technicians, Receptionists, and Pacemaker Device Technicians. Excluded: All other classifications, including but not limited to guards, managers, employees and supervisors as defined by the Act.			6a. Number of Employees in Unit: 31 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <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>By this petition</u> and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
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.	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): August 12 and 14	11c. Election Time(s): 7:30am to 9:00am	11d. Election Location(s): 2nd Floor Breakroom in Suite 260	
12a. Full Name of Petitioner (including local name and number): Service Employees International Union, United Healthcare Workers-West		12b. Address (street and number, city, State and ZIP code): 1911 F Street, Sacramento, CA. 95814	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union			
12d. Tel. No. (916) 326-5850	12e. Cell No. 916-291-1987	12f. Fax No. (916) 447-9405	12g. E-Mail Address mross@seiu-uhw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Bruce A. Harland, Attorney		13b. Address (street and number, city, State and ZIP code): Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel. No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address bharland@unioncounsel.net; nlrbotices@unioncounsel.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Bruce A. Harland	Signature 	Title Attorney	Date 07/29/19

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.

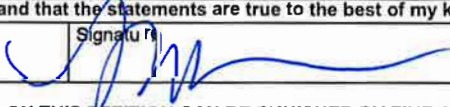
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
20-RC-245557Date Filed
7/26/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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: Redwood Memorial Hospital		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3300 Renner Drive, Fortuna, CA 95540	
3a. Employer Representative - Name and Title: Amy Dinsmore, HR Manager		3b. Address (if same as 2b - state same): 2700 Dolbeer Street, Eureka, CA 95501	
3c. Tel. No. 707-445-8121	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Amy.Dinsmore@stjoe.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute Care Hospital		4b. Principal Product or Service Healthcare	5a. City and State where unit is located: Fortuna, CA
5b. Description of Unit Involved: Included: See Attachment Excluded: See Attachment		6a. Number 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Ballots mailed by Region 8/2/19		11c. Election Time(s): Ballots returned to Region 8/9/19	
		11d. Election Location(s): Ballot count at Region 8/12/19	
12a. Full Name of Petitioner (including local name and number): California Nurses Association/National Nurses United (CNA/NU)		12b. Address (street and number, city, State and ZIP code): 155 Grand Avenue, Oakland, CA 94612	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)			
12d. Tel. No. 510-273-2200	12e. Cell No.	12f. Fax No. 510-663-4822	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: Marie Walcek, Legal Counsel		13b. Address (street and number, city, State and ZIP code): 155 Grand Avenue, Oakland, CA 94612	
13c. Tel. No. 510-433-2742	13d. Cell No.	13e. Fax No. 510-663-4822	13f. E-Mail Address mwalcek@calnurses.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Marie Walcek		Signature 	Title Legal Counsel
			Date 07/26/19

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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Attachment

**RC Petition – Self-Determination Election
Redwood Memorial Hospital
20-RC-___**

by California Nurses Association/National Nurses United (CNA/NNU)

5b. Description of Unit Involved

Existing Unit:

INCLUDED: All full-time, regular part-time, and per diem (known as floaters or casuals) Registered Nurses, including relief charge nurses and relief house supervisors, and RNFAs employed by the Employer at its facility located at 3300 Renner Drive, Fortuna, California.

EXCLUDED: All other employees, confidential employees, physicians, employees of outside registries and other agencies supplying labor to the Employer, all other professionals, already represented employees, managerial employees, guards, and clinical coordinators, non-relief charge nurses, non-relief house supervisors, quality manager/infection control, and other supervisors within the meaning of the Act.

Voting Group:

All full-time, regular part-time, and per diem charge nurses, including Charge Nurse IV, employed by the Employer at its facility located at 3300 Renner Drive, Fortuna, California.

Eligibility date is pay period ending July 20, 2019.

Per diem charge nurses are eligible to vote if they have regularly averaged four hours or more per week in the 13 weeks before July 20, 2019, eligibility date. *Davison-Paxon Co.*, 185 NLRB 21 (1970).

Resulting Unit:

INCLUDED: All full-time, regular part-time, and per diem (known as floaters or casuals) Registered Nurses, including charge nurses, relief charge nurses, and relief house supervisors, and RNFAs employed by the Employer at its facility located at 3300 Renner Drive, Fortuna, California.

EXCLUDED: All other employees, confidential employees, physicians, employees of outside registries and other agencies supplying labor to the Employer, all other professionals, already represented employees, managerial employees, guards, and clinical coordinators, non-relief house supervisors, quality manager/infection control, and other supervisors within the meaning of the Act.