

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RD PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

20-RD-253631

Date Filed

12/20/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

**2a. Name of Employer**  
ACCENTCARE HOME HEALTH

**2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)**  
2590 GOODWATER AVE REDDING CA. 96002 #100

**3a. Employer Representative - Name and Title**  
NANCY CLIFFORD

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

**3c. Tel. No.**  
530-223-3696

**3d. Fax No.**  
530-223-3627

**3e. Cell No.**  
832-577-5654

**3f. E-Mail Address**  
NClifford@bxhha.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
HOME HELTH CARE

**4b. Principal product or service**  
PROFESSIONAL SERVICES

**5a. Description of Unit Involved**  
**Included:**  
THERAPY & NURSING & MEDICAL SOCIAL SERVICES & OFFICE STAFF  
**Excluded:**  
ADMINISTRATION

**5b. City and State where unit is located:**  
REDDING CA.

**6. No. of Employees in Unit** 17

**7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?** ☒ Yes ☐ No

**8a. Name of Recognized or Certified Bargaining Agent**  
TEAMESTERS LOCAL 137

**8b. Affiliation, if any**

**8c. Address**  
3540 S. MARKET STREET REDDING CA. 96001

**8d. Tel. No.**  
530-243-0232

**8e. Cell No.**

**8f. Fax No.**

**8g. E-Mail Address**

**9. Date of Recognition or Certification**  
OCT 2018

**10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
NO CONTRACT

**11a. Is there now a strike or picketing at the Employer's establishment(s) involved?** ☐ Yes ☒ No

**11b. If so, approximately how many employees are participating?**

**11c. The Employer has been picketed by or on behalf of (Insert Name)**  
(Insert Address)

a labor organization, of since (Month, Day, Year)

**12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)**

**12a. Name**  
NONE

**12b. Address**

**12c. Tel. No.**

**12d. Fax No.**

**12e. Cell No.**

**12f. E-Mail Address**

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

**13a. Election Type:** ☐ Manual ☐ Mail ☒ Mixed Manual/Mail

**13b. Election Date(s)**

**13c. Election Time(s)**

**13d. Election Location(s)**

**14. Full Name of Petitioner**  
(b) (6), (b) (7)(C)

RECEIVED  
NLRB, REGION 20

**14a. Address (Street and number, city, state, ZIP code)**  
(b) (6), (b) (7)(C) 2019 DEC 19 PM 2:30  
SAN FRANCISCO, CA

**14b. Tel. No.**  
(b) (6), (b) (7)(C)

**14c. Fax No.**  
(b) (6), (b) (7)(C)

**14d. Cell No.**  
(b) (6), (b) (7)(C)

**14e. E-Mail Address**  
(b) (6), (b) (7)(C)

**14f. Affiliation, if any**

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

**15a. Name**  
(b) (6), (b) (7)(C)

**15b. Title**  
(b) (6), (b) (7)(C)

**15c. Address (Street and number, city, state, ZIP code)**  
(b) (6), (b) (7)(C)

**15d. Tel. No.**  
(b) (6), (b) (7)(C)

**15e. Fax No.**  
(b) (6), (b) (7)(C)

**15f. Cell No.**  
(b) (6), (b) (7)(C)

**15g. E-Mail Address**  
(b) (6), (b) (7)(C)

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)**  
(b) (6), (b) (7)(C)

**Title**  
(b) (6), (b) (7)(C)

**Date Filed**  
12/16-2019

WILLFUL FALSE STATEMENT

AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>20-RC-253812</b>	Date Filed <b>12/26/2019</b>

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

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> PODS		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 799 Kahelu Avenue, Mililani, Hawaii 96789	
<b>3a. Employer Representative - Name and Title</b> George Easley - Senior VP Corporate Operations		<b>3b. Address (If same as 2b - state same)</b> 13535 Feather Sound Drive, Clearwater, Florida 33760	
<b>3c. Tel. No.</b> (727) 538-6597	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Geasley@pods.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Self Storage/ Moving		<b>4b. Principal product or service</b> Container Storage and Delivery	
<b>5b. Description of Unit Involved</b> <b>Included:</b> Customer Service Relations (CSR), Driver <b>Excluded:</b> Any and all Managers, Supervisors, Superintendents, Watchmen, and Security Personnel			<b>5a. City and State where unit is located:</b> Mililani, Hawaii
			<b>6a. No. of Employees in Unit:</b> 8
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) none 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**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)

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

**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

<b>11b. Election Date(s):</b> January 13, 2020	<b>11c. Election Time(s):</b> 3:30pm - 4:00pm	<b>11d. Election Location(s):</b> Break room - 799 Kahelu Ave., Mililani, HI. 96789
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<b>12a. Full Name of Petitioner (Including local name and number)</b> Hawaii Teamsters and Allied Workers, Local 996	<b>12b. Address (street and number, city, state, and ZIP code)</b> 1817 Hart Street, Honolulu, Hawaii 96819
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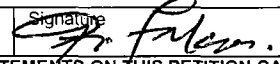
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Brotherhood of Teamsters
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<b>12d. Tel. No.</b> 808-847-6633	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 808-842-4575	<b>12g. E-Mail Address</b> loc996@hawaii.rr.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Asi Fakaosi, Assistant to the President/ Organizer	<b>13b. Address (street and number, city, state, and ZIP code)</b> 1817 Hart Street, Honolulu, Hawaii 96819
<b>13c. Tel. No.</b> 808-847-6633	<b>13d. Cell No.</b> 808-940-3540
<b>13e. Fax No.</b> 808-842-4575	<b>13f. E-Mail Address</b> asi@hawaiiteamsters.com

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

<b>Name (Print)</b> Asi Fakaosi	<b>Signature</b> 	<b>Title</b> Assistant to the President/ Organizer	<b>Date</b> December 26, 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.

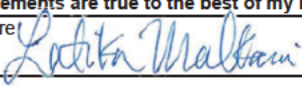
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
20-RC-253866Date Filed  
12/27/2019

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

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer:</b> Turning Point Community Programs Pathway to Success After Homelessness		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, City, State, ZIP code): 3810 Rosin Court, Suite 180 Sacramento CA 95384	
<b>3a. Employer Representative - Name and Title:</b> Al Rowlett-CEO		<b>3b. Address (if same as 2b - state same):</b> 10850 Gold Center Drive, Suite 325 Rancho Cordova CA 95670	
<b>3c. Tel. No.</b> (916) 364-8395	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> alrowlett@tpcp.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Healthcare Center		<b>4b. Principal Product or Service</b> Mental health & supportive svcs.	<b>5a. City and State where unit is located:</b> Sacramento, CA
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See Attachment A <b>Excluded:</b> See Attachment A			<b>6a. Number of Employees in Unit:</b> 28
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input 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.			
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state) None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.</b> (If none, so state) None			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b>
			<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> Jan. 16, 2020		<b>11c. Election Time(s):</b> NA	<b>11d. Election Location(s):</b> NA
<b>12a. Full Name of Petitioner</b> (including local name and number): National Union of Healthcare Workers		<b>12b. Address</b> (street and number, city, State and ZIP code): 5801 Christie Avenue, Suite 525 Emeryville, CA 94608	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state): None			
<b>12d. Tel. No.</b> (510) 834-2009	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (510) 834-2019	<b>12g. E-Mail Address</b> rdraper@nuhw.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Latika Malkani, Esq.		<b>13b. Address</b> (street and number, city, State and ZIP code): SIEGEL LEWITTER MALKANI 1939 Harrison Street, Suite 307, Oakland, CA 94612	
<b>13c. Tel. No.</b> 510-452-5000	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-452-5004	<b>13f. E-Mail Address</b> lmalkani@sl-employmentlaw.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name</b> (Print) Latika Malkani		<b>Signature</b> 	<b>Title</b> Counsel for NUHW
			<b>Date</b> 12/27/19

**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 A**

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

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

**Included:** All full-time, regular part-time and per diem employees in the following job classifications employed by the employer at 3810 Rosin Court, Suite 180, Sacramento CA 95384, in the following job classifications:

Family Coordinator, Personal Service Coordinator I, Personal Service Coordinator II, Personal Service Coordinator III, Quality Assurance Coordinator, Assessment Team Coordinator I, Psych Nurse

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