| | | | | DO NOT WRITE IN THIS SPACE | | | | | |
|--|---|---|----------------------------|---|---------------------------------------|---------------------------------------|---------------------------------------|--|--|
| FORM NLRB-502 (RD) UNITED STATES OF AMERICA (2-18) NATIONAL LABOR RELATIONS BOARD | | | | Case No. | | Date Filed | | | |
| (2-10) | 10 DONAD | | 20- | RD-253631 | | 12/20/2019 | | | |
| 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 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 I | TEALTH | | | | (Street and number, ING CA 96002 | | ode) | | |
| 3a. Employer Representative - N NANCY CLIFFORD | | WATER AVE REDDING CA. 96002 #100 ame as 2b - state same) | | | | | | | |
| 3c. Tel. No. 530-223-3696 | 3d. Fax No. 530-223-3627 | | 3f. E-Mail | | | | | | |
| 4a. Type of Establishment (Factor | | 832-577-5654 | | | rd@txhha.com al product or service | | | | |
| HOME HELTH CARE | | | | PROFE | SSIONAL SER | | | | |
| 5a. Description of Unit Involved Included: | | | ····· | | | 5b. City an is local | d State where unit ted: | | |
| THERAPY & NURSING | & MEDICAL SOCIAL SI | ERVICES & OF | FICE STAF | FF | | | NG CA. | | |
| Excluded: | | | | | | | | | |
| ADMINISTRATION | | | | | | | | | |
| 6. No. of Employees in Unit 17 | Do a substantial number recognized bargaining recognized bargaining | | | the unit no | longer wish to be re | presented by the | certified or currently | | |
| 8a. Name of Recognized or Certifi | | | | | 8b. Affiliation, if any | | | | |
| TEAMESTERS LOCAL | 137 | | | | | | | | |
| 8c. Address 3540 S. MARKET STRE | ET REDDING CA. 96001 | | 8d. Tel. No. 530-243-02 | 8e. Cell No. | | | | | |
| | | | 8f. Fax No. | 8g. E-Mail Address | | | | | |
| 9. Date of Recognition or Certificat | tion | | | fost Recen | t Contract, if any (Mo | nth, Day, Year) | | | |
| OCT 2018 | | NO CONTRA | | | | | | | |
| 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes XNo 11b. If so, approximately how many employees are participating? | | | | | | | | | |
| | 11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of | | | | | | | | |
| (Insert Address) 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 | | | | | | | | | |
| | a representative interest in any en 12b, Address | | lescribed in iten | | (If none, so state) | 12d. Fax No. | | | |
| NONE | 120. Autress | | 1 | 120. 10. 1 | | 120.1 84 140. | | | |
| | | | | | ło. | 12f. E-Mail Addr | f. E-Mail Address | | |
| 13. Election Details: If the NLRB matter, state your position with | | | | 13a. Election Type: 🚺 Manual 🔲 Mail 🔀 Mixed Manua | | | | | |
| 13b. Election Date(s) | | 13d. Election Location(s) | | | | | | | |
| | | RECEIVED | | | | | | | |
| 14. Full Name of Petitioner | NL | RB, REGIO | 120 | | | | | | |
| (b) (6), (b) (7)(C) 14a. Address (Street and number, | | | | 14b. Tel. N | lo | 14c. Fax No. | | | |
| (b) (6), (b) (7)(C) | | EC 19 PM | 2:30 | (b) (6), (b 14d. Cell N |) (7)(C) | (b) (6), (b) (7)(0 14e, E-Mail Add | | | |
| 14f. Affiliation, if any | SAN FRANCISCO, CA | | | (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) | | | | | |
| 14. Admission, if any 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | | | | | | | |
| 15a. Name | | | | 15b.Title | | | · · · · · · · · · · · · · · · · · · · | | |
| (b) (6), (b) (7)(C) | | | | | (b) (6), (b) (7)(C) | | | | |
| 15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C) | | | | 15d. Tel. N (b) (6), (b) | | 15e. Fax No. (b) (6), (b) (7)(C) | | | |
| | | | | 15f. Cell N | | | 5g. E-Mail Address | | |
| I declare that I have read the abo | ove petition and that the stateme | nts are true to the | | (b) (6), (b) wledge an | | (b) (6), (b) (7 |)(C) | | |
| Name (Print) | | | | Title | | · · · · · | Date Filed | | |
| (b) (6), (b) (7)(C) | (b) (6), | (D)(7) | | | (b) (7)(C) | | 12/16-2019 | | |
| WILLFUL FALSE ST | | | AND | mrki50 | NMENT (U.S. CODE | , 111 LE 18, SEC | | | |

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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.

FORM NLRB-502 (RC) (4-15)

| INNTIONAL LADOR RELATIONS BOARD Case No. 20-RC-253812 Table Field 12/26/2019 INSTRUCTIONS: Unless - Filed using the Agency's website, www.niht.goy. submit an original of this Patition to the Region in which the employer concerned is locatad. The patition nust 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 patition of: (1) the petition; (2) Steament of Position form (Form NLR8-56); and (2) Description of Regressination Case Proceedings (Form NLR8-46); and (2) Description of Regressination Case Proceedings (Form NLR8-66); and (2) Description of Regressination Case Proceedings (Form NLR8-66); and (2) Description of Regressination Case Proceedings (Form NLR8-66); and (2) Description of Regressination case Networks of Statistication (Statistication); and (Statisticaticat | UNITED STATE | Г | | DO NOT WRITE IN THIS SPACE | | | | | |
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| In which the employer concerned is located. The pattion 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 and anneed in the paties of efficiency of the set of the obsidion form (from MLRB 4512). The showing of interest should only be filed with the NLRB 4512). The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of interest should only be filed with the NLRB 4512. The showing of the showing at the should be service of the showing at the should be service of the showing at the showing th | | | v's website, ww | w.nlrb.gov. submit a | an original of this | Petition to a | n NLRB office in the Region | | |
| of service showing service on the employer and all other parties named in the petition of (1) the petition (2) the served on the employer or any other party. (Form NLRS-1675); and (3) Description of Representation Case Proceedures (Form NLRS-4712). The showing of interest should only be filed with the NLRB and should got be served on the employer or any other party. (FURPOSE CENCERCENTION OF REPERSENTATIVE (5 + a babrink tamber of analyses with to be represented to prove a state of the origines. The Petitioner alleges that the following discussion of the origines. The Petitione (3) Rest and number (3) Rest (3 - 3) Rest (3 - | | | | | | | | | |
| (Form NLR8-505); and (3) Description of Representation Case Procedures (Form NLR8 432); The showing of interest should only be filed with the NLR8-505); and (3) Description of Representation Case Procedures (Form NLR8 432); The showing of interest should only be filed with the NLR8-505); and (3) Description and Pathodic Baserpeatantaking of the proposes. The Stational Autore of Stational Autore of Stational Autore (Stational Autore Cases); bit account of the proposes of classics bit account data regulation and Pathodic Autore (Stational Autore Cases); bit accounts and the proposes. The Stational Autore (Stational Autore Cases); bit accounts and the proposes. The Stational Autore (Stational Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of the appropriate (Stational Autore Cases); bit accounts and the proposes of the appropriate (Stational Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of classics (Form Autore Cases); bit accounts and the proposes of cl | | | | | | | | | |
| with the VLRB and should not be served on the employer or any other party. • PURPOSE OF THIS PETTION. RECERTIFICATION OF REPRESENTATIVE - A submaint number of analoyees with to be represented for purposes at and regulate that its National Labor Relations Bate presentative of the submaint Section 4 of the National Labor Relations Bate presentative of the submaint Section 4 of the National Labor Relations Bate presentative of the submaint Section 4 of the National Labor Relations Bate presentative of the submaint Section 4 of the National Labor Relations Bate presentative of the submaint Section 4 of the National Labor Relations Act. 30 Employer Approximative Advances and Policy Presentative Advances Advances and Policy Presentative Predictor Presentative Presentative Predictor Presentative Predictor Presentative Predictor Presentative Predictor Presentative Predictor Presentative Presentative Predictor Presentative Predictor Presentative Predictor Presentative Predictor Presentative Predictor Presentative Predictor Predictor Presentative Predictor Presentative Presenta | | | | | | | | | |
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| Imaging the National Labor Relations Board proceed under its proper authority jurisuant to Section 9 of the National Labor Relations Act. 2a Name of Breingiver [2b Address Mathematics] in of Kellabilismed[s] involved (Breing and under, Rule State) of Stabilismed[s) involved (Breing and State) State) 3a Employer Representative - Name and Tille [3b Acids State] State Author State (State) State) 3a Employer Representative - Name and Tille [3b Acids State] State] State) [3b Acids State] State] 3a Cent No. [3b Acids State] State] [3b Acids State] State] [3b Acids State] 3b Cent No. [3b Acids State] [3b Acids State] [3b Acids State] 3b Orage Moving [3b Acids State] [3b Acids State] [3b Acids State] State Autor [3b Acids State] [3b Acids State] [3b Acids State] State Autor [3b Acids State] [3b Acids State] [3b Acids State] State Autor [3b Acids State] [3b Acids State] [3b Acids State] State Autor [3b Acids State] [3b Acids State] [3b Acids State] State Autor [3b Acids State] [3b Acids State] [3b Acids State] State Autor [3b Acids State] [3b Acids State] [| 1. PURPOSE OF THIS PETITION: RC-CE | RTIFICATION O | F REPRESENTATIV | /E - A substantial number | | | | | |
| 2a. Name of Employer [2b. Addresses] of Establishment(s) involved (Street and number, city, State, Z/P code) 79.DDS 798 Kahelu Avenue, Milliani, Hawaii 96789 3a. Employer Representative - Name and Tele Georgie Establishment (Pactor), miles, underster, etc.) 3b. Rahelu Avenue, Milliani, Hawaii 96789 3b. Tai. No. 3b. Est No. State State States (272) 533-6597 3d. Cel No. State State States 12b. State States Moving Milliani, Hawaii 9b. Description of Unit Involved Included: Coustomer Service Relations (CSR), Driver State States 8. Excludes: Any and all Managers, Supervisors, Supervisor, Supervisors, Supervisors, Supervisor, Supervisors, Sup | | | | | | | | | |
| PODS [79 Raheliu Åvenue, Milliani, Havaili 96789 3a. Employre Representative – Name and Tite George Easley - Senior VP Corporate Operations [15355 Feather Sound Drive, Clearwate same) 3a. Employre Representative – Name and Tite George Easley - Senior VP Corporate Operations [15355 Feather Sound Drive, Clearwate same) 3a. Type of Easley - Senior VP Corporate Operations [15355 Feather Sound Drive, Clearwate same) 3a. Type of Easley (Moving [16 Principle of Corporate Operations 3b. Address [16 Storage/ Moving 3b. Description of Unit Involved [16 Principle of Corporate Statement in Boched Included: Customer Service Relations (CSR), Driver [16 Da substimit number (30%)] Forek One: [17] [17] 7a. Request for incognition as Bargaining Representative was made on (Date) and Employee recined recognition on or about <u>Done</u> Done [10 Date) (fin one reprivereaved, as atalu). [18]. Address 8a. Name of Recognized or Certified Bargaining Representative and delines certification under the Act. 8a. Name of Recognized or Certified Bargaining Representative and delines certification [18]. Address 8g. Attiliation, if any [19]. Dote of Recognize and Certified Bargaining Representative and delines certification on a blout Dote or and the Act. 10. Operatization or indiv | | tions Board pro | | | | | | | |
| George Easley - Senior VP Corporate Operations 13535 Feather Sound Drive, Clearwater, Florida 33750 Ar, Tei, No. 34. CeMA 34. EAMA address (727) 538-6597 34. CeMA 34. EAMA address Ar, Type of Easley (@pods.com) 34. EAMA address Self Starge/ Moving 45. Previous of Starge/ Moving 45. Previous of Starge/ Moving Star Starge/ Moving 45. Previous of Starge/ Moving 65. No. 61 Employees in Unit. Starge of Starge/ Moving 65. No. 61 Employees in Unit. 8. Do as substantial number (20% or more) of the employees in Unit. Starge of Starge / Moving 70. Request for recognition as Bargaining Representative was matic on (Date) and Employeer accile detecomition or about more work of the employees in the unit with to be regressite by the Petitioner' Ves (2 No. 1) Check One: 70. Request for recognition as Bargaining Representative was matic on (Date) and Employeer accile detecomition or about 1000000000000000000000000000000000000 | , | | | | • • | | , | | |
| a. Tel No. 3d. Cell No. 3e. Fax No. 3e. EAMI Address C2721 533-6597 Call Storage of Establishment (Factory, mine, wholesafer, etc.) A. Principal product or service Sc. City and State where unit a localed. Sell Storage Advanced Container Storage and Delivery Sci. City and State where unit a localed. Sell Storage Advanced Container Storage and Delivery Sci. City and State where unit a localed. Second Container Storage and Delivery Sci. City and State where unit a localed. Sci. City and State where unit a localed. Excluded: Any and all Managers, Supervisors, Superintendents, Watchmen, and Security Personnell Sci. City and Yes. (Yes.) Sci. City and Yes. (Yes.) Check One: 7a. Request or recognition as Bargaining Representative was made on (Dale). and Employer declined recognition on or about On a bout Diff. 7b. Petitioneris currently recognition as Bargaining Representative and detress conflication under the Act. Ba. Adress Bo. Tel No. 8d Cell No. Sci. Tel No. Sci. Example and Contract. (Factory Yes.) Bg. Affination. if any Sh. Date of Recognition or Certification Sci. Expration Date of Current or Most Recent. Contract. if any (Month, Day, Yes.) Sh. Date of Recognition or Certification Sci. Expration Date of Curent or Most Recent. | 3a. Employer Representative - Name and | d Title | / | 3b. Address (If same as | s 2b - state same) | | | | |
| (127) 533-6597 Geasley@pods.com (127) Top of Stabilishment (#circy, mice, wholesaler, etc.) (b. Principal product or service Self Storage / Moving Milliani, Hawali 5b. Description of Unit Involved Included: Customer Service Relations (CSR), Driver (b. Principal product or service Container Storage and Delivery (b. Relations) 7b. Request for recognition as Sarpaining Representative was made on (Date) (b. Relations) (b. Relations) Check One: 7a. Request for recognition as Sarpaining Representative was made on (Date) (b. Relations) (b. Relations) 7b. Description Sarpaining Representative was made on (Date) (c. Relations) (b. Relations) 7b. Description Sarpaining Representative was made on (Date) (c. Relations) (c. Relations) 7b. Request for recognition as Sarpaining Representative and desires certification under the Act. (c. Tel No. Sarpaining Representative and desires certification (c. Relations) 8. Name of Recognitized or Certified Braghing Regresentative and desires certification (c. Relations) (c. Relations) (c. Relations) 9. Affiliation, if any (Date of Recognition or Certification (Name of labor organization) (c. Relations) (c. Relations) (c. Relations) 10. Togenizations or individuation of the tham Petitioner and those named in homes famed recognition as repre | George Easley - Senior VP Corpo | orate Operation | ons " | 13535 Feather Sou | und Drive, Clear | water, Florid | a 33760 | | |
| Tay Tope of Establishment (Factory, mine, wholesaler, etc.) A. Principal product or survice Container Storage and Delivery 56. City and State where unit is located Milliam, Hawaiii Sa. Does Establishment (Factory, mine, wholesaler, etc.) Self Storage/Moving Container Storage and Delivery 56. City and State where unit is located Milliam, Hawaiii Sa. No. of Employees in Unit Sto. Doe subdistrial number (SUR). So. Description of Unit Involved Included: Customer Service Relations (CSR), Driver 56. City and State where unit is located Milliam, Hawaii Concert Customer Service Relations (CSR), Driver 56. City and State where unit is located the employees in Unit To Deliver (Internet Customer Kneeping). Check One: 7a. Request for recognition as Bargahing Representative was made on (Date) and Employer declined recognition on or about DDDE Check One: 7a. Request for recognition as Bargahing Representative was made on (Date) and Employer declined recognition on or about DDDE Check One: 7a. Request for recognition as Bargahing Representative was made on (Date) and Employeer declined recognition on or about DDDE Ba. Name of Recognitized or Certified Bargahing Agent (frione, so state) 8b. Address 8c. Fax No. 8f. E-Mail Address Bg. Athliation, if any Bib Date of Recognition or Certification 8f. E-Mail Address 0. Contrainer or Mast Recont 10. Organizations or individuatis on or picketing at the Employer's establishment(s) | | 3d. Cell No. | | 3e. Fax No. | | | | | |
| Self Storage/ Moving Container Storage and Delivery Milliani, Hawaii Sb. Description of Unit Involved | · · · | <u> </u> | , | | | | | | |
| Bb. Description of Unit Involved Included: Ea. No. of Employees in Unit: Bb. Date of Description of Unit Involved: Bb. Date of Description of Unit: Excluded: Any and all Managers, Supervisors, Superintendents, Watchmen, and Security Personnel Excluded: Any and all Managers, Supervisors, Superintendents, Watchmen, and Security Personnel Check One: Image: The Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition or about DDM (Date) (if no representative and desires certification under the Act. Bb. Enders Ba. Name of Recognition or Certified Bargaining Agent (if none, so state). Bb. Enders Bb. Enders Bg. Affiliation, if any Bb. Date of Recognition or Certification Bl. Enders Bl. Enders Bg. Affiliation, if any Bb. Date of Recognition or Certification Bl. Enders Bl. Enders 10. Organization Bi. Barling at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Nome of labor organization) | | wholesaler, etc.) | | | | - | | | |
| Included: Customer Service Relations (CSR), Driver ⁸ ⁶ ⁶ ⁶ ⁷ ⁸ ⁶ ⁸ ⁶ ⁷ ⁸ | <u> </u> | | Container Stor | age and Delivery | | | · · | | |
| Excluded: Any and all Managers, Supervisors, Superintendents, Watchmen, and Security Personell Check One: or more) of the employees in the unitwith to be represented by the Patitioner? Yes [] No] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) | · · | | | | | | | | |
| Any and all Managers, Supervisors, Superintendents, Watchmen, and Security Personnel unit wish to be represented by the petitioner? Yes, Manual Not Determined by the petitioner? Yes, Manual Not Not Recent Contract, If any Month, Day, Year B. String of Manual Not Determined by the petitioner of Manual Not Not Recent Contract, If any Month, Day, Year Bit. 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? 10. Organization or individuals other than Petitioner and those named in tems 8 and 9, which have claimed recognition as representatives and other organizations and individuals for the unit described in item 5b above. (If none, so state) 10c. Tei. No. 10d. Ceil No. 110. Extension Detects: If the NLRB conducts an election in this matter, state your position with respect to any state and and multical in the State Point on 798 Kahelu Ave, Milliani, Hi. 95789 11d. Election Detection(s): 111. Election Detects: If the NLRB conducts an election in this matter, state your position with respect to another, city, state, and ZIP code) | Customer Service | Relations | s (CSR), Driv | ver | | | 6b. Do a substantial number (30% | | |
| Any and all Managers, Supervisors, Supervisor, Superviso | Excluded: | | | | | | | | |
| Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) | Any and all Managers | s, Supervisor | s, Superintend | lents, Watchmen, | and Security P | Personnel | | | |
| DOTE Cloable (If no reply received, so state). Tb. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8b. Address 8c. Tel No. 8d Cell No. 8b. Fax No. 8f. E-Mail Address 8g, Affiliation, if any 8h. Date of Recognized or Certified Bargaining Agent (// none, so state). 8b. Address 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) hs picketed the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) hs picketed the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) hs picketed the Employer's ince (Month, Day, Year) If oo, approximately how many employees are presentatives and other organizations and individuals Nown to have a representative interest in any employees in the unit described in item 5b above. (// fone, so state) 10d. Cell No. 10d. Cell No. 10. Organization participating Agent (fine on so state) 11a. Election Type: Manual Mall Middless Mixed Manual/Mall 11a. Election Deteijs): 111. Election Time(s): 1114. Election tocasion(s): 10d. Cell No. | Check One: 72 Request for r | | azinina Representati | ivo was mado on (Date) | | od Employer dec | | | |
| Image: Tb. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (// none, so state). Bb. Address Bc. Tel No. Bd Cell No. Be. Fax No. Bf. E-Mail Address Bg. Affiliation, if any Bh. Date of Recognition or Certification Bi. 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) | 1 1 1 1 | | | | ai | to Employer dec | med recognition of or about | | |
| Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). Bb. Address Bc., Tel No. Bd Cell No. Be, Fax No. Bf. E-Mail Address Bg, Affiliation, if any Bh. Date of Recognition or Certification Bi. 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's establishment(s) involved? If so, approximately how many employees are participating? 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition estimatives and other organizations and individuals formore to have a representative interest in any employees in the unit described in item 50 above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 11b. Election Details: If the NLRB conducts an election in this matter, state your position with respect to in the street, honobale(s): 11a. Election Type: (Manual Mail Mixed Manual/Mail 11b. Election Details: If the NLRB conducts an election in the is matter, state your position with respect to intake and number, rolly, state, and 2JP code) 11a. Election Type: (Manual Mail (Mixed Manual/Mail 1b) 11b. Election Details: If the NLRB conducts an election in the smatter, state your position with respect to inta time for participating is | | | | · · | certification under the | e Act. | | | |
| 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Morith, 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) | | | | | | | | | |
| 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Morith, 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) | | | | | | | | | |
| 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) | 8c. Tel No. | 8d Cell No. | ļ | 8e. Fax No. | No. 8f. E-Mail Address | | | | |
| 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) | 8g. Affiliation, if any | . I | | h Data of Passanition o | e of Recognition or Certification 8i Expiration Date of Current or Most Rece | | | | |
| (Name of labor organization) | | | r Certification | I OL EXPLIATION L | | | | | |
| (Name of labor organization) | | | | Sh. Date of Recognition o | rCentification | | | | |
| 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. (<i>If none, so state</i>) 10a. Name 10b. Address 10a. Name 10b. Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 10c. Tel. No. 10f. E-Mail Address 11. Election Details: Joint the state of the petition of the state | | | | | | Contract, if an | y (Month, Day, Year) | | |
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| 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 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 Mail Mixed Manual/Mail 11b. Election Data(s): 11c. Election Time(s): 11d. Election Location(s): 3anuary 13, 2020 3:30pm - 4:00pm Break room - 799 Kahelu Ave., Mililani, HI. 96789 12c. Full Name of PetitioneTincluding local name and number) 12b. Address (street and number, city, state, and ZIP code) Hawaii Teamsters and Allied Vorkers, Local 996 12c. Full Address (street and number, city, state, and ZIP code) 12c. Full Fam of nBitonal of Infernational labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address 10d. Self-B633 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 00d-B42+B633 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 13d. Felfsa 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 13d. Rame and Title_Asi Fakaosi, Assistant to the President/ Organizer 13b. Address (street and number, city, state, and ZIP code) 13d. Cell No. 13d. Cell No. 13d. Felfsa 13d. Felfsa 13d. Cell No. 13d. Cell No. 13d. Felfsa 13d. Felfsa <td></td> <td></td> <td>shment(s) involved?</td> <td>lf so, appro</td> <td>kimately how many e</td> <td>Contract, if an mployees are pa</td> <td>y (Month, Day, Year)</td> | | | shment(s) involved? | lf so, appro | kimately how many e | Contract, if an mployees are pa | y (Month, Day, Year) | | |
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| January 13, 2020 3:30pm - 4:00pm Break room - 799 Kahelu Ave., Miillani, HI. 96789 12a. Full Name of DetitionErrincluding local name and number) 12b. Address (street and number, city, state, and ZIP code) Hawaii Teamsters and AlliedtWorkers, Local 996 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national orinemational labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12e. Full name of national orinemational labor organization of which Petitioner is an affiliate or constituent (if none, so state) 11eternational Brotherhood of Teamsters 12e. Cell No. 12f. Fax No. 808-847-6533 12e. Cell No. 12f. Fax No. 808-847-6533 12e. Cell No. 12f. Fax No. 13c. Rame and Title Asi Fataosi, Assistant to the President/ Organizer 13b. Address (street and number, city, state, and ZIP code) 13d. Cell No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 808-847-6533 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 808-847-653 808-940-3540 808-842-4575 13d. Cell No. 13c. Tel,No. 808-940-3540 808-842-4575 asi@hawaiiteamsters.com 1declare that I have fread the above petition and that the statements are true to the best of my knowledge and belief. Date | (Name of labor organization) 10. Organizations or individuals other than known to have a representative interest in a 10a, Name | Petitioner and thc any employees in 10b. Ad | shment(s) involved? , has picke ose named in items 8 the unit described in Idress | If so, approved the Employer since (and 9, which have claim item 5b above. (If none | kimately how many e Month, Day, Year) _ ed recognition as rep , so state) 10c. Tel. No. 10e. Fax No. | Contract, if an mployees are pa | y (Month, Day, Year) rticipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address | | |
| 12a. Full Name of Petitioner Tuncluding local name and number) 12b. Address (street and number, city, state, and ZIP code) Hawaii Teamsters and Allied Workers, Local 996 1817 Hart Street, Honolulu, Hawaii 96819 12c. Full Frame of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12d. Full Frame 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. 12f. Fax No. 808-847-46533 12e. Cell No. 13d. Rame and Title Asi Fakaosi, Assistant to the President/ Organizer 13b. Address (street and number, city, state, and ZIP code) 13d. Cell No. 13e. Fax No. 808-847-6633 13d. Cell No. 808-842-4575 13f. E-Mail Address 808-847-6633 808-940-3540 808-842-4575 13f. E-Mail Address 808-842-4575 asi@hawaliteamsters.com I declare that I have read the ab | (Name of labor organization) 10. Organizations or individuals other than known to have a representative interest in a 10a, Name 11. Election Details: If the NLRB conduct | Petitioner and thc any employees in 10b. Ad | shment(s) involved? , has picke ose named in items 8 the unit described in Idress | If so, approved the Employer since (and 9, which have claim item 5b above. (If none | kimately how many e Month, Day, Year) _ ed recognition as rep , so state) 10c. Tel. No. 10e. Fax No. | Contract, if an mployees are pa | y (Month, Day, Year) rticipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address | | |
| Hawaii Teamsters and Allied Workers, Local 996 1817 Hart Street, Honolulu, Hawaii 96819 12c. Full name of indional ocinternational labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>) International Brotherhood of Teamsters 12d, Tel-No. 12e. Cell No. 12d, Tel-No. 12e. Cell No. 808-847-6533 12e. Cell No. 13d, Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13d. Name and Title Asi Fakaosi, Assistant to the President/ Organizer 13b. Address (street and number, city, state, and ZIP code) 13c. Tel-No. 13d. Cell No. 13e. Fax No. 808-847-6533 808-940-3540 808-842-4575 13d. Cell No. 13e. Fax No. 808-847-6533 808-940-3540 808-842-4575 asi@hawaiiteamsters.com 1declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Statament Title Date Asi Fakaosi Title Date WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) | (Name of labor organization) 10. Organizations or individuals other than known to have a representative interest in a 10a. Name 11. Election Details: If the NLRB conduct any such election. 11b. Election Date(s): | Petitioner and tho any employees in 10b. Ad s an election in th 11c. E | shment(s) involved? , has picke use named in items 8 the unit described in idress is matter, state your lection Time(s): | If so, approved the Employer since (and 9, which have claim item 5b above. (If none | kimately how many e Month, Day, Year) led recognition as rep , so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca | Contract, if an mployees are pa presentatives and e: Manual ation(s): | y (Month, Day, Year) rticipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail | | |
| 12c. Full rame of national of international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>) 12d. Tell No. 12e. Cell No. 12d. Tell No. 12f. Fax No. 808-847-6533 12e. Cell No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13. American and Title Asi Fakaosi, Assistant to the President/ Organizer 13. Cell No. 13. Tel. No. 13. Tel. No. 13. Tel. No. 13. Tel. No. 13. Cell No. 13. Tel. No. 13. Tel. No. 13. Cell No. 13. Tel. No. 13. Cell No. 13. Cell No. 13. Tel. No. 808-847-6633 808-940-3540 808-842-4575 808-847-6633 808-940-3540 808-842-4575 13. Cell No. 808-940-3540 808-842-4575 13. Cell No. 808-842-4575 13. Cell No. 808-842-6633 808-940-3540 808-842-4575 808-842-675 | (Name of labor organization) 10. Organizations or individuals other than known to have a representative interest in a 10a. Name 11. Election Details: If the NLRB conduct any such election. 11b. Election Date(s): January 13, 2020 | Petitioner and thc any employees in 10b. Ad s an election in th 11c. E 3:30pm | shment(s) involved? , has picke use named in items 8 the unit described in idress is matter, state your lection Time(s): n - 4:00pm | If so, approved the Employer since (and 9, which have claim item 5b above. (If none | kimately how many e Month, Day, Year) led recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca Break room - 799 | Contract, if an mployees are pa presentatives and e: Manual tition(s): Kahelu Ave., Mi | y (Month, Day, Year) rticipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail lilani, Hl. 96789 | | |
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| 808-827-6533 808-842-4575 loc996@hawaii.rr.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address of the representation proceeding. 13.6. Name and Title Asi Fakaosi, Assistant to the President/ Organizer 13b. Address (street and number, city, state, and ZIP code) 13.7. Tel-No. 13d. Cell No. 13e. Fax No. 808-847-6633 808-940-3540 808-842-4575 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. 13tle Name (Print) Title Date Asi Fakaosi Title Date WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) 1001 | (Name of labor organization) 10. Organizations or individuals other than known to have a representative interest in a 10a. Name 11. Election Details: If the NLRB conduct any such election. 11b. Election Date(s): January 13, 2020 12a. Full Name of Petitioner Uncluding Io Hawaii Teamsters and Allied Workers, Lo | Petitioner and tho any employees in 10b. Ad s an election in th 11c. E 3:30pm cocal name and n bocal 996 | shment(s) involved? , has picke ose named in items 8 the unit described in Idress is matter, state your lection Time(s): n - 4:00pm umber) | If so, approvements of the second sec | kimately how many e Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca Break room - 799 12b. Address (stre 1817 Hart Street, | Contract, if an mployees are pa presentatives and e: Manual ation(s): Kahelu Ave., Mi eet and number, d | y (Month, Day, Year) rticipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail lilani, HI. 96789 city, state, and ZIP code) | | |
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13. Name and Title Asi Fakaosi, Assistant to the President/ Organizer 13b. Address (street and number, city, state, and ZIP code) 13. Tel.No. 13d. Cell No. 13e. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13. Tel.No. 13d. Cell No. 13e. Fax No. 808-847-6633 808-940-3540 808-842-4575 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Title Date Asi Fakaosi Title Date WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) | (Name of labor organization) 10. Organizations or individuals other than known to have a representative interest in a 10a. Name 11. Election Details: If the NLRB conduct any such election. 11b. Election Date(s): January 13, 2020 12a. Full Name of Detitioner Uncluding Io Hawaii Teamsters and Allied Workers, Lo 12c. Full name of national or international Io | Petitioner and tho any employees in 10b. Ad s an election in th 11c. E 3:30pm cocal name and n bocal 996 | shment(s) involved? , has picke ose named in items 8 the unit described in Idress is matter, state your lection Time(s): n - 4:00pm umber) | If so, approvements of the second sec | kimately how many e Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca Break room - 799 12b. Address (stre 1817 Hart Street, | Contract, if an mployees are pa presentatives and e: Manual ation(s): Kahelu Ave., Mi eet and number, d | y (Month, Day, Year) rticipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail lilani, HI. 96789 city, state, and ZIP code) | | |
| 136-Name and Title Asi Fakaosi, Assistant to the President/ Organizer 13b. Address (street and number, city, state, and ZIP code) 136-Name and Title Asi Fakaosi, Assistant to the President/ Organizer 13b. Address (street and number, city, state, and ZIP code) 136-Tel-No. 13d. Cell No. 136-Barren Asistant I have: read the above petition and that the statements are true to the best of my knowledge and belief. 13f. E-Mail Address Name (Print) Signame Title Date Asi Fakaosi Title Date WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) 1001 | (Name of labor organization) 10. Organizations or individuals other than known to have a representative interest in a 10a. Name 11. Election Details: If the NLRB conduct any such election. 11b. Election Date(s): January 13, 2020 12a. Full Name of Petitionert including la Hawaii Teamsters and Allied Workers, Lo 12c. Full frame of national oc international la International Brotherhood of Teamsters 12d, Tiel-No. | Petitioner and tho any employees in 10b. Ad s an election in th 11c. E 3:30pm ocal name and n ocal 996 abor organization | shment(s) involved? , has picke ose named in items 8 the unit described in idress is matter, state your lection Time(s): n - 4:00pm umber) of which Petitioner is | If so, approved beted the Employer since (and 9, which have claim item 5b above. (If none position with respect to s an affiliate or constituer | kimately how many e Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca Break room - 799 12b. Address (stre 1817 Hart Street, | Contract, if an mployees are pa presentatives and ation(s): Kahelu Ave., Mi teet and number, of Honolulu, Hawa | y (Month, Day, Year) rticipating? | | |
| 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 808-847_6633 808-940-3540 808-842-4575 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. asi@hawaiiteamsters.com Name (Print) Signature Title Date Asi Fakaosi WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) | (Name of labor organization) 10. Organizations or individuals other than known to have a representative interest in a 10a. Name 11. Election Details: If the NLRB conduct any such election. 11b. Election Date(s): January 13, 2020 12a. Full Name of Petitioner Uncluding Id Hawaii Teamsters and Allied Workers, Lo 12c. Full mame of mational oc international Is International Brotherhood of Teamsters 12a, Tel-No. 808-847-8533 | Petitioner and tho any employees in 10b. Ad s an election in th 11c. E 3:30pm ocal name and n ocal 996 abor organization 12e. Cell No. | shment(s) involved? , has picke ose named in items 8 the unit described in idress is matter, state your lection Time(s): 1 - 4:00pm umber) of which Petitioner is | If so, approvements of the solution of the sol | kimately how many e Month, Day, Year) red recognition as rep , so state) 10c. Tei. No. 10e. Fax No. 11a. Election Type 11d. Election Loca Break room - 799 12b. Address (stre 1817 Hart Street, ht (if none, so state) | Contract, if an mployees are pa presentatives and e: Manual titon(s): Kahelu Ave., Mi Honolulu, Hawa 12g. E-Mail Ac loc996@hawa | y (Month, Day, Year) rticipating? | | |
| 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 808-847_6633 808-940-3540 808-842-4575 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. asi@hawaiiteamsters.com Name (Print) Signature Title Date Asi Fakaosi WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) | (Name of labor organization) 10. Organizations or individuals other than known to have a representative interest in a 10a. Name 11. Election Details: If the NLRB conduct any such election. 11b. Election Date(s): January 13, 2020 12a. Full Name of Detitioner Uncluding lo Hawaii Teamsters and Allied Vorkers, Lo 12c. Full name of national of international lo International Brotherhood of Teamsters 12a. Tel No. 808-847-6533 13. Representative of the Petitioner who | Petitioner and thc any employees in 10b. Ad s an election in th 11c. E 3:30pm ocal name and m ocal 996 abor organization 12e. Cell No. will accept serv | shment(s) involved? , has picke use named in items 8 the unit described in dress is matter, state your lection Time(s): n - 4:00pm umber) of which Petitioner is ice of all papers for | If so, approvements of the second sec | kimately how many e Month, Day, Year) ted recognition as rep , so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Type 11d. Election Loca Break room - 799 12b. Address (street) 1817 Hart Street, tt (if none, so state) sentation proceeding | Contract, if an mployees are pa presentatives and e: Manual titon(s): Kahelu Ave., Mi eet and number, Honolulu, Hawa 12g. E-Mail Ac loc996@hawa g. | y (Month, Day, Year) rticipating? | | |
| 808-847-6633 808-940-3540 808-842-4575 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. Image: Crime of the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature of the above petition and that the statements are true to the President/ Organizer Date Asi Fakaosi Title Assistant to the President/ Organizer Date WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) | (Name of labor organization) 10. Organizations or individuals other than known to have a representative interest in a 10a. Name 11. Election Details: If the NLRB conduct any such election. 11b. Election Date(s): January 13, 2020 12a. Full Name of Petitioner Uncluding Id Hawaii Teamsters and Allied Vorkers, Lo 12c. Full mame of Petitioner Uncluding Id International Brotherhood of Teamsters 12a, Tel-No. 808-847-8633 13. Representative of the Petitioner who 136. Name and Title Asi Fakaosi. Assist | Petitioner and thc any employees in 10b. Ad s an election in th 11c. E 3:30pm ocal name and m ocal 996 abor organization 12e. Cell No. will accept serv | shment(s) involved? , has picke use named in items 8 the unit described in dress is matter, state your lection Time(s): n - 4:00pm umber) of which Petitioner is ice of all papers for | If so, approved beted the Employer since (and 9, which have claim item 5b above. (If none position with respect to s an affiliate or constituer 12f. Fax No. 808-842-4575 r purposes of the represent | kimately how many e Month, Day, Year) red recognition as rep , so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca Break room - 799 12b. Address (stre 1817 Hart Street, 1817 Hart Street, it (if none, so state) Sentation proceedin d number, city, state, | Contract, if an mployees are pa presentatives and e: Manual titon(s): Kahelu Ave., Mi eet and number, Honolulu, Hawa 12g. E-Mail Ac loc996@hawa g. | y (Month, Day, Year) rticipating? | | |
| Name (Print) Signature Title Date Asi Fakaosi Muture Asistant to the President/ Organizer December 26, 2019 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) | (Name of labor organization) 10. Organizations or individuals other than known to have a representative interest in a 10a. Name 11. Election Details: If the NLRB conduct any such election. 11b. Election Date(s): January 13, 2020 12a. Full Name of Petitioner Tincluding loc Hawaii Teamsters and Allied: Workers, Loc 12c. Full Trame of national of international is International Brotherhood of Teamsters 123, Tel-No. 808 84 7-6533 13, Representative of the Petitioner who 134. Name and Title Asi Fakaosi, Assist | Petitioner and tho any employees in 10b. Ad s an election in th 11c. E 3:30pm ocal name and n ocal 996 abor organization 12e. Cell No. will accept serv ant to the Presid | shment(s) involved? , has picke use named in items 8 the unit described in dress is matter, state your lection Time(s): n - 4:00pm umber) of which Petitioner is ice of all papers for | If so, approvements of the second sec | kimately how many e Month, Day, Year) red recognition as rep , so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca Break room - 799 12b. Address (stre 1817 Hart Street, 1817 Hart Street, it (if none, so state) Sentation proceedin d number, city, state, | Contract, if an mployees are pa presentatives and e: Manual titon(s): Kahelu Ave., Mi Honolulu, Hawa 12g. E-Mail Ac loc996@hawa g. and ZIP code) | y (Month, Day, Year) rticipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail Illani, HI. 96789 city, state, and ZIP code) ii 96819 Idress ii.rr.com | | |
| Asi Fakaosi Assistant to the President/ Organizer December 26, 2019 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) | (Name of labor organization) 10. Organizations or individuals other than known to have a representative interest in a 10a. Name 11. Election Details: If the NLRB conduct any such election. 11b. Election Date(s): January 13, 2020 12a. Full Name of Petitioner Uncluding lo Hawaii Teamsters and Allied Workers, Lo 12c. Full name of national of international le International Brotherhood of Teamsters 12d. Tel No. 808-847-6633 | Petitioner and tho any employees in 10b. Ad s an election in th 11c. E 3:30pm ocal name and m ocal 996 abor organization 12e. Cell No. will accept serv ant to the Presid 13d. Cell No. 808-940-3540 | shment(s) involved? , has picke use named in items 8 the unit described in idress is matter, state your lection Time(s): n - 4:00pm umber) of which Petitioner is ice of all papers for dent/ Organizer | If so, approved beted the Employer since (and 9, which have claim nitem 5b above. (If none position with respect to s an affiliate or constituer 12f. Fax No. 808-842-4575 r purposes of the represe 13b. Address (street an 1817 Hart Street, Honolulu, 13e. Fax No. 808-842-4575 | kimately how many e Month, Day, Year) led recognition as rep. so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca Break room - 799 12b. Address (stree 1817 Hart Street, tt (if none, so state) sentation proceedind d number, city, state, Hawaii 96819 | Contract, if an mployees are pa presentatives and e: Manual tion(s): Kahelu Ave., Mi Honolulu, Hawa 12g. E-Mail Ac loc996@hawa g. and ZIP code) 13f. E-Mail Ad | y (Month, Day, Year) rticipating? d other organizations and individuals 10d. Čell No. 10f. E-Mail Address Mail Mixed Manual/Mail Iilani, HI. 96789 Sity, state, and ZIP code) ii 96819 Idress ii.rr.com | | |
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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.

| | | | ATES OF AMERICA | | | DO NOT WRITE IN THIS SPACE | | | | | |
|--|----------------------|--------------------|---|--|---------------------------------------|---|--|--|------------------|----------|-------------|
| FORM NLRB-502 (RC) UNITED STATES OF AMERICA (2-18) NATIONAL LABOR RELATIONS BOARD RC PETITION | | | | | | Ise No. Date Filed 12/27/2019 | | | | | |
| 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: 2b. Address(es) of Establishment(s) involved (Street and | | | | | | | Street and n | umber, City | State, ZIP code | e): | |
| | | | | 3810 Rosin Court, Suite 180 Sacramento CA 95384 | | | | | | | |
| Al Rowlett-CEO | | | 1085 | 3b. Address (if same as 2b - state same): 10850 Gold Center Drive, Suite 325 Rancho Cordova CA 95670 | | | | | | | |
| 3c. Tel. No. | 3d, Cell No | | | 3e. Fax | | | 3f. E-Mail A | ddress | | | |
| (916) 364-8395 | | | | alrowlett | | | | t@tpcp.o | t@tpcp.org | | |
| 4a. Type of Establishment (Factory, I Healthcare Center | nine, wholes | aler, etc) | | 4b. Principal Product or Service Mental health & supportive svcs | | | e svcs. | 5a. City and State where unit is located: Sacramento, CA | | | |
| 5b. Description of Unit Involved: Included: See Attachment A | | | | | | | | 6a. Numbe 28 | r of Employees | in Unit: | |
| Excluded: See Attachment A | | | | | | | 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ⊠ Yes No | | | | |
| Check One: 7a. Request for rec on or about (Date) | - | (If | no reply | received, | so state). | | | | leclined recogni | | |
| 8a. Name of Recognized or Certifie | , , | <u> </u> | <u> </u> | | e and desires cer ificati Address: | ion und | ier the Act. | | | | |
| None | g | .a . a | | | | | | | | | |
| 8c. Tel. No. | el. No. 8d. Cell No. | | | 8e. Fax No. 8 | | 8f. E-Mail Address | | | | | |
| 8g. Affiliation, if any: 8 | | | | | | | on Date of Current or Most ntract, if any <i>(Month, Day, Year)</i> | | | | |
| 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) | | | | | | | ar) | | | | |
| 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. (<i>If none, so state</i>) None | | | | | | | | | | | |
| 10a. Name 10b. Address | | | | 10c. | | | 10c. Tel. No. 1 | | 10d. Cell No. | | |
| | | 10e. I | | | 10e. Fax No | lo. 10f. E-Mail Addr | | tress | | | |
| 11. Election Details: If the NLRB co | nducts and e | election in this r | matter, sta | ate your po | osition with respect to a | any such | h election: | 11a. Election | | Mixed | Manual/Mail |
| 11b. Election Date(s): 11c. Election Time(s): Jan. 16, 2020 NA | | | Time(s): | | | | 11d. Election Location(s): | | | | |
| 12a. Full Name of Petitioner (including local name and number): 12b. / | | | | | 12b. Address (stree 5801 Christie | Address (street and number, city, State and ZIP code): 11 Christie Avenue, Suite 525 | | | | | |
| | | | | | Emeryville, C | | | | | | |
| 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>): None | | | | | | | | | | | |
| 12d. Tel. No. (510) 834-2009 | | | | 12f. Fax No.12g. E-Mail Address(510) 834-201912g. mail Addressrdraper@nuhw.org | | | | | | | |
| 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): Latika Malkani, Esq. SIEGEL LEWITTER MALKANI | | | | | | | | | | | |
| | | | | 1939 | Harrison Street, St | uite 3 | 07, Oakla | - | 94612 | | |
| 13c. Tel. No. 510-452-5000 13d. Cell No. | | | 13e. Fax No.13f. E-Mail Address510-452-50041malkani@sl-employment | | | ploymentla | w.con | 1 | | | |
| I declare that I have read the above Name (Print) | e petition an | | | are true to | o the best of my know | /ledge a | | | | | Date |
| Latika Malkani | | Signatu | La | tita | Malbani | | unsel for | r NUHW | , | | 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 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 A

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

5b. <u>Description of Unit Involved</u>:

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.