

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

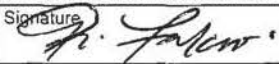
20-RC-254022

Date Filed

Jan. 2, 2020

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: PODS		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 799 Kahelu Avenue, Mililani, Hawaii 96789	
3a. Employer Representative - Name and Title: George Easley - Senior Vice President Corporate Operations		3b. Address (if same as 2b - state same): 13535 Feather Sound Drive, Clearwater, Florida 33760	
3c. Tel. No. (727) 538-6597	3d. Cell No.	3e. Fax No.	3f. E-Mail Address geasley@pods.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Self Storage/Moving		4b. Principal Product or Service Container Storage and Delivery	
5b. Description of Unit Involved: Included: See attached Excluded: See attached		5a. City and State where unit is located: State of Hawaii	
		6a. Number of Employees in Unit: 8	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) <u>None</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) 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	
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) _____		8i. Expiration Date of Current or Most Recent Contract, if any (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 type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): January 17, 2020	11c. Election Time(s): 3:30pm-4:00pm	11d. Election Location(s): Break room: 799 Kahelu Ave., Mililani, HI	
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, HI 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, HI 96819	
13c. Tel. No. 808-847-6633	13d. Cell No. 808-940-3540	13e. Fax No. 808-842-4575	13f. E-Mail Address asi@hawaiiitemsters.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 1/2/20

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 to RC Petition in PODS

5b. Description of Unit Involved

Included: All full-time and regular part-time Customer Service Relations (CSR) employees and Drivers employed by the Employer in the State of Hawaii.

Excluded: All other employees including Watchmen and Security Personnel, Managers, Superintendents and Supervisors as defined by the Act.

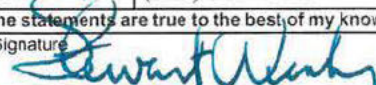
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NLRB SUB-REGION 37
2020 JAN -2 AM 10:50
HONOLULU, HAWAII

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 20-RC-254317	Date Filed 1/8/2020

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: Hard Rock Hotel and Casino		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3317 Forty Mile Road, Wheatland, CA 95692	
3a. Employer Representative - Name and Title: Maria Trejo, Human Resources		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (916) 943-3519	3d. Cell No.	3e. Fax No.	3f. E-Mail Address maria.trejo@HRHCSAC.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel and Casino		4b. Principal Product or Service Hotel and Casino	
5a. City and State where unit is located: Wheatland, California		5b. Description of Unit Involved: Included: Slot Machine Technicians Excluded: All other employees, clerical employees, guards and supervisors	
6a. Number of Employees in Unit: 10		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>01/07/20</u> and Employer declined recognition on or about (Date) <u>no reply</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): within 7 days		11c. Election Time(s): day shift and night shift	
11d. Election Location(s): Employee's lunch room			
12a. Full Name of Petitioner (including local name and number): Eddie Ramirez Stationary Engineers Local 39		12b. Address (street and number, city, State and ZIP code): 1620 North Market Blvd. Sacramento, CA 95834	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, AFL/CIO			
12d. Tel. No. (916) 928-0399	12e. Cell No. (916) 804-8759	12f. Fax No.	12g. E-Mail Address eramirez@local39.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Stewart Weinberg, Attorney		13b. Address (street and number, city, State and ZIP code): 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel. No. (510) 337-1001	13d. Cell No. (510) 719-0862	13e. Fax No. (510) 337-1023	13f. E-Mail Address sweinberg@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) Stewart Weinberg		Signature 	Title Attorney
		Date 01/07/20	

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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No 20-RC-254321	Date Filed 1/8/2020
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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 Vertex Aerospace LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 640 E St. Bldg. P-1, Travis AFB, CA 94535
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3a. Employer Representative Name and Title Jeff Goerke	3b. Address (If same as 2b state same) 555 Industrial Drive South, Madison, MS 39110
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3c. Tel. No 601-607-6406	3d. Cell No 769-231-9977	3e. Fax No. 601-607-6348	3f. E-Mail Address Jeffrey.goerke@vtxaero.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor	4b. Principal product or service Military Support	5a. City and State where unit is located: Travis AFB, CA
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5b. Description of Unit Involved Included: All hourly employees including; Material Coordinators, GSE Service Reps, Field Service Reps, QA Inspectors and Stock Clerks. Excluded: All Guards and Supervisors as defined in the Act.	6a. No. of Employees in Unit: 25 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"/>
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition 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
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8c. Tel No.	8d. Cell No	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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): Mail Ballot to be mailed out on January 17, 2020	11c. Election Time(s): n/a	11d. Election Location(s): n/a
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 725	12b. Address (street and number, city, state, and ZIP code) 8233 Rochester Ave, Rancho Cucamonga, CA 91730
--	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL CIO

12d. Tel No 619 906 0394	12e. Cell No	12f. Fax No.	12g. E-Mail Address jmauldin@iam725.org
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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 Caroline N. Cohen, Attorney	13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
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13c. Tel No 510-337-1001	13d. Cell No	13e. Fax No. 510 337 1023	13f. E Mail Address nlrnotices@unioncounsel.net
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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) Caroline N. Cohen, Attorney	Signature 	Title Attorney	Date January 8, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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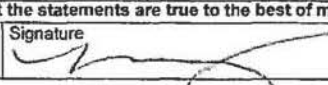
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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 20-RC-254327	Date Filed 1/8/2020

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: Queens Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1301 Punchbowl St. Honolulu, HI 96813	
3a. Employer Representative - Name and Title: Nona Tamanaha, Vice President, HR		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 808-691-1000	3d. Cell No. n/a	3e. Fax No. n/a	3f. E-Mail Address ntamanaha@queens.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal Product or Service Healthcare	5a. City and State where unit is located: Honolulu, HI
5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A		6a. Number of Employees in Unit: 8 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? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 1/15/20		11c. Election Time(s): 12:00 - 12:30 pm	
		11d. Election Location(s): Queens Medical Center	
12a. Full Name of Petitioner (including local name and number): Hawaii Nurses' Association OPEIU Local 50		12b. Address (street and number, city, State and ZIP code): 3375 Koapaka St. Suite B217 Honolulu, HI 96819	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Office and Professional Employees International Union			
12d. Tel. No. 1800-346-7348	12e. Cell No. n/a	12f. Fax No. n/a	12g. E-Mail Address n/a
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Merideth Cleary, Labor Relations Specialist		13b. Address (street and number, city, State and ZIP code): 3375 Koapaka St. Suite B217 Honolulu, HI 96819	
13c. Tel. No. 808-531-1628	13d. Cell No. 808-561-5061	13e. Fax No. 808-524-2760	13f. E-Mail Address mcleary@hinurse.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) Merideth Cleary	Signature 		Title Labor Relations Specialist
			Date 1/8/20

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Attachment A

BACKGROUND

HNA seeks an Armour-Globe election including a new voting unit of 8 employees who work in the Utilization Management Department at Queens Medical Center. They are all Registered Nurses (RNs)

DESCRIPTION OF UNIT INVOLVED

Included: All full-time and regular part-time Clinical Reviewers employed by the Employer. These employees are petitioning to join the existing HNA-represented bargaining unit of full-time and part-time Inpatient Case Managers employed at Queen's Medical Center, but excluding any and all managerial employees, security personnel and call-in registered nurses as described under the Act.

RECEIVED
NLRB SUB-REGION 37
2020 JAN 8 PM 2:52
HONOLULU, HAWAII

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

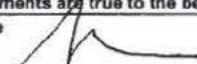
20-RC-254670

Date Filed

1/15/2020

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

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2a. Name of Employer: MV Transportation		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 121 Main Street, Half Moon Bay, CA 94019	
3a. Employer Representative - Name and Title: Santos Orellana, General Manager		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (650) 560-0360	3d. Cell No. (415) 297-7688	3e. Fax No. (650) 560-0397	3f. E-Mail Address sorellana@mvtransit.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal Product or Service Transportation	5a. City and State where unit is located: Half Moon Bay, California
5b. Description of Unit Involved: Included: See attached Excluded:		6a. Number of Employees in Unit: See attached.	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ by this petition and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.		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	
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) Teamsters Local 287		8b. Address: 1452 North Fourth Street San Jose, CA 95112-4778	
8c. Tel. No. (408) 453-0287	8d. Cell No. (408) 642-9448	8e. Fax No. (408) 453-2034	8f. E-Mail Address Organize@mail.com
8g. Affiliation, if any: International Brotherhood of Teamsters		8h. Date of Recognition or Certification 2006	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) June 30, 2019
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None.			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: if the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): January 31, 2020		11c. Election Time(s): 9:00 - 9:30 a.m.	11d. Election Location(s): 121 Main Street, Half Moon Bay, CA 94019
12a. Full Name of Petitioner (including local name and number): Teamsters Local 287		12b. Address (street and number, city, State and ZIP code): 1452 North Fourth Street San Jose, CA 95112-4778	
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. (408) 453-0287	12e. Cell No. (408) 642-9448	12f. Fax No. (408) 453-2034	12g. E-Mail Address Organize@mail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Sheila K. Sexton, Attorney		13b. Address (street and number, city, State and ZIP code): 483 Ninth Street, Ste. 200, Oakland, CA 94607	
13c. Tel. No. (510) 625-9700	13d. Cell No.	13e. Fax No. (510) 625-8275	13f. E-Mail Address eaviva@beesontayer.com ssexton@beesontayer.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Sheila K. Sexton		Signature 	Title Attorney for Petitioner
			Date 01/15/20

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 TO RC PETITION

MV TRANSPORTATION

Petitioner seeks a “Globe” self-determination election to be held, so as to ascertain the desires of the clerical employees to be included in the existing unit.

5b. Description of Unit Involved:

Current Unit.

Included: All full-time and regular part-time Bus Drivers, Bus Attendants (or “aides”), Utility Workers and similar employees employed by the Employer under any contract between the Employer and all clients under contract employed at the Employer’s 121 Main Street, Half Moon Bay, CA 94019, GGRC and Mission Bay facilities.

Excluded: All office clerical employees, professional employees, road supervisors, dispatchers, guards, and supervisors as defined in the Act.

Proposed Unit.

Included: All full-time and regular part-time Bus Drivers, Bus Attendants (or “aides”), Utility Workers, **Office Clerical Employees**, and similar employees employed by the Employer under any contract between the Employer and all clients under contract employed at the Employer’s 121 Main Street, Half Moon Bay, CA 94019, GGRC and Mission Bay facilities.

Excluded: All professional employees, road supervisors, dispatchers, guards, and supervisors as defined in the Act.

6a. Number of Employees in Unit:

Current Unit – 45

Proposed Unit - 47

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

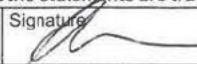
20-RC-254889

Date Filed

1/21/2020

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: Survive Engineering Company LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Sierra Army Depot, 74 Currant St., Herlong CA. 96113	
3a. Employer Representative - Name and Title: Greg Thompson		3b. Address (if same as 2b - state same): 4695 Millenium Dr., Belcamp MD 21017	
3c. Tel. No. 410-273-7722	3d. Cell No.	3e. Fax No.	3f. E-Mail Address greg.thompson@survice.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor		4b. Principal Product or Service Military Support	
5b. Description of Unit Involved: Included: All full-time and regular part-time Non Destructive Test Equipment (NDTE) Technicians. Excluded: All Guards and Supervisors as defined in the Act.		5a. City and State where unit is located: Herlong, CA	
		6a. Number of Employees in Unit: 2	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ By petition and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts and 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): Tuesday, March 3, 2020		11c. Election Time(s): 9:00 -9:20 am	
		11d. Election Location(s): 308N Break Area at Employer location	
12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace Workers, District Lodge 725		12b. Address (street and number, city, State and ZIP code): 2749 Sunrise Blvd. Rancho Cordova, CA 95742	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Machinists and Aerospace Workers, AFL-CIO			
12d. Tel. No. (916) 477-4668	12e. Cell No.	12f. Fax No.	12g. E-Mail Address darrendo@iam725.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Caren P. Sencer, Attorney		13b. Address (street and number, city, State and ZIP code): Weinberg, Roger & Rosenfeld 1001 Marina Village Pkwy, Ste 200, Alameda CA 94501	
13c. Tel. No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address NLRBnotices@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) Caren P. Sencer		Signature 	Title Attorney
			Date 1/21/2020

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

PRIVACY ACT STATEMENT

1065384

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-254979

Date Filed
1/22/2020

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

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

2a. Name of Employer
Dignity Health d/b/a Mercy San Juan Medical Center

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
6501 Coyle Ave, Carmichael, CA 95608

3a. Employer Representative - Name and Title
Judy S. Coffin, V.P. & Associate General Counsel

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

Included: All full-time and regular part time Nuclear Medicine Technicians employed by the Employer at its facilities located at 6501 Coyle Avenue, Carmichael, California.

Excluded: All other employees, professional employees, confidential employees, managers, guards and supervisors as defined in the Act, as amended.

6a. No. of Employees in Unit:

6

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) by this petition and Employer declined recognition on or about (Date) (If no reply received, so state).**

☐ **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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
2/3/20, 2/4/20, 2/10/20, 2/11/20

11c. Election Time(s):
1:30pm

11d. Election Location(s): Mercy San Juan Medical Center
6501 Coyle Ave. Carmichael, CA 95608 Nuclear Med. Dept., Rm. 3

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.

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 William T. Hanley, Attorney

13b. Address (street and number, city, state, and ZIP code)
1001 Marina Village Parkway, Suite 200, Alameda CA 94501

13c. Tel. No.
(510) 337-1001

13d. Cell No.

13e. Fax No.
(510) 337-1023

13f. E-Mail Address
whanley@unioncounsel.net; nlrnotices@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)
William T. Hanley

Signature

Title
Attorney

Date
January 21, 2020

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

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 20-RC-255389	Date Filed Jan. 29, 2020

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 Southern Glazer's Wine and Spirits of Hawaii		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 91-210 Hanua St. Kapolei, HI 96707-1725	
3a. Employer Representative - Name and Title Cecil Hunt		3b. Address (if same as 2b - state same) SAME	
3c. Tel. No. 808-682-3739	3d. Cell No.	3e. Fax No. 808-593-0985	3f. E-Mail Address chunt@southernwine.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Wholesaler		4b. Principal product or service Beverage Distribution	
5b. Description of Unit Involved Included: DRIVERS		5a. City and State where unit is located: Kapolei, HI	
6a. No. of Employees in Unit: 16		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"/>	
Excluded: ANY AND ALL MANAGERS, SUPERVISORS, SUPERINTENDENTS, WATCHMEN, AND SECURITY PERSONNEL			

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____
☐ 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? **NONE**. 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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): **February 13, 2020**
11c. Election Time(s): **4:30AM - 6:00AM**
11d. Election Location(s): **91-210 Hanua St. Kapolei, HI 96707-1725**

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

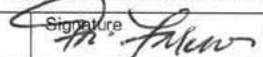
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. 808-847-6633	12e. Cell No.	12f. Fax No. 808-842-4575	12g. E-Mail Address loc996@hawaii.rr.com
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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 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 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.

Name (Print) Asi Fakaosi	Signature 	Title Assistant to the President/ Organizer	Date January 29, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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RECEIVED
NLRB SUB-REGION 37
HONOLULU HAWAII
2020 JAN 29 AM 10:17