# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	20-RC-254022	Jan 2 2020					

					20-1	10-20-1	Jan. 2,	, 2020 _	
INSTRUCTIONS: Unless e-Filed employer concerned is located, the employer and all other parti Case Procedures (Form NLRB 4	The petition must be accomes named in the petition of:	npanied by bo (1) the petitio	oth a showing of interest on; (2) Statement of Positi	(see 6b l	below) and (Form NLF	l a certificat RB-505); and	ffice in the Region in which te of service showing servic d (3) Description of Represe	the ce on entation	
PURPOSE OF THIS PETITION     bargaining by Petitioner and Perequests that the National La	etitioner desires to be certified	as representa	tive of the employees. The	Petition	er alleges t	that the follo	owing circumstances exist		
2a. Name of Employer: PODS			s(es) of Establishment(s) in nelu Avenue, Milila				, State, ZIP code):		
3a. Employer Representative - N George Easley - Senior Corporate Operations		3b. Address 13535 F	s (if same as 2b - state sam Seather Sound Drive	ne): e, Clea	irwater,	Florida 3	33760		
3c. Tel. No. (727) 538-6597	3d. Cell No.	3e.	. Fax No.		3f. E-Mail A geasley(	ddress @pods.co	om		
4a. Type of Establishment (Factor) Self Storage/Moving			. Principal Product or Service ontainer Storage an		ivery		nd State where unit is located: f Hawaii	8	
5b. Description of Unit Involved: Included: See attached						8	er of Employees in Unit:		
Excluded: See attached						of the e represe	ubstantial number (30% or mo employees in the unit wish to be ented by the Petitioner? X	be	
	e) None (If currently recognized as Bargai	no reply recei- ining Represer	ved, so state). ntative and desires certifica	ation unde			declined recognition	ENT.	
8a. Name of Recognized or Certi None	fied Bargaining Agent (If nor	ne, so state)	8b. Address:				JMN -2 DLULU	SUB-R	
8c. Tel. No.	8d. Cell No.	8e.	. Fax No.	3	8f. E-Mail Address				
8g. Affiliation, if any:	8h. D.	ate of Recognition or Certifi				urrent or Most (Month, Day Year)	<b>№</b>		
<ol> <li>Is there now a strike or picketing (Name of Labor Organization)</li> </ol>	at the Employer's establishm	ent(s) involved	d? No If so, app				es are participating?	37	
10. Organizations or individuals of individuals known to have a re							es and other organizations an	ıd	
10a. Name	10b. Address	10-17-2		1	10c. Tel. No	),	10d. Cell No.		
				1	10e. Fax No	).	10f. E-Mail Address	f. E-Mail Address	
11. Election Details: If the NLRB	conducts and election in this n	natter, state yo	our position with respect to	any such	election:	11a. Election Manua		nual/Mail	
11b. Election Date(s): January 17, 2020	11c. Election T 3:30pm-4:					11d. Election Location(s): Break room: 799 Kahelu Ave., Mililani, HI			
12a. Full Name of Petitioner (incl Hawaii Teamsters and A			12b. Address (stre 1817 Hart St						
12c. Full name of national or intern International Brotherhoo	national labor organization of wood of Teamsters	vhich Petitione	r is an affiliate or constituer	nt (if none	e, so state):	E S			
12d. Tel. No. 12e. Cell No. 808-847-6633			f. Fax No. 08-842-4575	1	12g. E-Mail Address 10c996@hawaii.rr.com				
13. Representative of the Petitio 13a. Name and Title: Asi Fakaosi, Assistant to tl		13	for purposes of the repre- b. Address (street and num 317 Hart Street, Hono	nber, city,	State and	ZIP code):			
13c. Tel. No. 808-847-6633	13d. Cell No. 808-940-3540		13e. Fax No. 13f 808-842-4575 as			13f. E-Mail Address asi@hawaiiteamsters.com			
I declare that I have read the abo	ove petition and that the stat	ements are to	rue to the best of my know	wledge a	ind belief.	7.54			
Name ( <i>Print</i> ) Asi Fakaosi	Signatu	2. J	New.	Title Ass	sistant to	the Pres	sident/Organizer /	/2/20	

#### Attachment to RC Petition in PODS

### 5b. Description of Unit Involved

<u>Included</u>: 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.

NLRB SUB-REGION 3

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

Case No. 20-RC-254317 Date Filed 1/8/2020

DO NOT WRITE IN THIS SPACE

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. 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Hard Rock Hotel and Casino 3317 Forty Mile Road, Wheatland, CA 95692 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Maria Trejo, Human Resources same 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. maria.trejo@HRHCSAC.com (916) 943-3519 4b. Principal Product or Service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Wheatland, California Hotel and Casino Hotel and Casino 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 10 Slot Machine Technicians 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? x Yes No Excluded: All other employees, clerical employees, guards and supervisors Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition 01/07/20 on or about (Date) (If no reply received, so state). no reply 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: none 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. 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? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 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 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 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: x Manual ☐ Mail Mixed Manual/Mail 11c. Election Time(s): 11b. Election Date(s): Employee's lunch room within 7 days day shift and night shift 12b. Address (street and number, city. State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 1620 North Market Blvd. Eddie Ramirez Sacramento, CA 95834 Stationary Engineers Local 39 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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (916) 928-0399 (916) 804-8759 eramirez@local39.org 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). 13a. Name and Title: 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 Stewart Weinberg, Attorney 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 13c. Tel. No. (510) 337-1001 (510) 719-0862 (510) 337-1023 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. Signature Date Name (Print) Title 01/07/20 Stewart Weinberg Attorney

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

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE								
Case No 20-RC-254321	Date Filed 1/8/2020							

RC PETITION

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. 1. PURPOSE OF THIS PETITION: RC CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 640 E St. Bldg. P-1, Travis AFB, CA 94535 Vertex Aerospace LLC 3b Address (If same as 2b state same) 3a. Employer Representative Name and Title 555 Industrial Drive South, Madison, MS 39110 Jeff Goerke 3c Tel. No 3d. Cell No 769-231-9977 601-607-6406 601-607-6348 Jeffrey.goerke@vtxaero.com 4a Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a City and State where unit is located: Military Contractor Travis AFB, CA Military Support 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All hourly employees including; Material Coordinators, GSE Service Reps, Field Service Reps, QA 6b Do a substantial number (30% Inspectors and Stock Clerks. or more) of the employees in the All Guards and Supervisors as defined in the Act. unit wish to be represented by the Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about Check One: (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). 8b Address 8c Tel No 8d Cell No 8e. Fax No 8f F-Mail Address 8h Date of Recognition or Certification 8g Affiliation, if any 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 10c Tel. No. 10b. Address 10a Name 10d. Cell No 10f. E-Mail Address 10e. Fax No. 11, Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b Election Date(s): 11c Election Time(s): 11d. Election Location(s): Mail Ballot to be mailed out on January 17, 2020 n/a 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 12e Cell No 12f Fax No. 12g. E-Mail Address 619 906 0394 jmauldin@iam725.org 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 13d Cell No 13e. Fax No. 13f. E Mail Address 13c. Tel No 510-337-1001 510 337 1023 nlrbnotices@unioncounsel net I declare that I have read the above petition of Orat the statements are true to the best of my knowledge and belief. Title Caroline N Cohen, Attorney January 8, 2020 Attorney

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

#### PRIVACY ACT STATEMENT

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

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

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

RC PETITION						20	)-RC-2	25432	7	1/8/202	.0	
INSTRUCTIONS: Unless e-Filed employer concerned is located, the employer and all other partie Case Procedures (Form NLRB 4	The petition must to s named in the pet	e accompanied lition of: (1) the	by bo	th a sh n; (2) S	owing of interest (se tatement of Position	e 6b l	below) and (Form NLF	a certificat 2B-505); an	e of servic d (3) Descr	e showi ription o	ng service of f Represent	on ation
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Pet     requests that the National Lab	itioner desires to be	certified as repre	esentat	ive of t	e employees. The Pe	tition	er alleges t	hat the foll	owing circ	umstan	es exist and	d
2a. Name of Employer: Queens Medical Center		100 CONTRACTOR   100 CO			Establishment(s) invol wl St. Honolulu, H			umber, City	, State, ZIP	code):		
3a. Employer Representative - Na Nona Tamanaha, Vice Pres		3b. A San		(if san	ne as 2b - state same):							
3c, Tel. No.	3d. Cell No.	ell No. 3e. Fax No. 3f. E-				Bf. E-Mail A	ddress					
808-691-1000	n/a		n/a				ntamanah	a@queer				
4a. Type of Establishment (Fectory, Hospital	, mine, wholesaler, e	etc.)	1000	Princip	al Product or Service			5a. City an Honolulu	d State who i, HI	ere unit i	s located;	
5b. Description of Unit Involved:				Clave garbe				6a. Numbe	or of Employ	ees in U	Init:	
Included: See Attachment A								8				
Excluded:							1	6h Do a si	ubstantial n	umber /	30% or more	1
See Attachment A								of the s	mployees i	n the uni	it wish to be	
Check One: 7a. Request for re	ecognition as Bargai	ning Representa	tive wa	s made	on (Date)		and	Employer			er? × Yes	☐ No
on or about (Date	)	(If no reply	y receiv	ed, so	state).					===	3	
			-	_	and desires certification	n unde	er the Act			0	-33	5
8a. Name of Recognized or Certif None	ied Bargaining Age	ent (if none, so s	tate)	8b. Ad	dress:					-/	<u></u>	W
None										0		USS
												=:
8c. Tel. No.	8d. Cell No.		8e.	Fax No	),	18	Bf. E-Mail A	ddress		C	c.	20.7
8g. Affiliation, if any:	1		8h. Da	te of R	ecognition or Certificat		Bi. Expiration Recent Con	n Date of Co tract, if any	urrent or Mo (Month, Da)	st y, Year)		000
9. Is there now a strike or picketing	at the Employer's es	stablishment(s) In	nvolved	1?	If so, approx	imate	ly how man	y employee	s are partici	pating?	·>	2
(Name of Labor Organization)				8.70		, ha	as picketed	the Employ	er since (M	onth, Da	v. Year)	cus
Organizations or individuals oth individuals known to have a rep     None									es and othe	r organiz	ations and	
10a. Name	10b. A	Address	100			1	IOc. Tel. No		10d, Cell N	Vo.		_
	N. COLON											
						1	10e. Fax No. 10f. E-Mail Address			\$		
11. Election Details: If the NLRB of	onducts and election	n in this matter, s	tate yo	ur posi	ion with respect to any	y such	election:					
11b. Election Date(s):	I tto E	lection Time(s):		-		-12	11d Floation	Location(s		IV	fixed Manua	al/Maii
1/15/20		0 -12:30 pm				- 1		ledical Ce	•			
12a. Full Name of Petitioner (incl.) Hawaii Nurses' Association					12b. Address (street 3375 Koapaka S	and n	umber, city,	State and 2	ZIP code):	19		
12c. Full name of national or internal Office and Professional Empl			etitione	is an a	Iffiliate or constituent (i	if none	e, so state):					
12d. Tel. No. 1800-346-7348	12e. Cell No.		2000	. Fax N	0.	1	12g. E-Mail	Address		-		
13. Representative of the Petition	n/a	comics of all	n/a		anan of the		n/a	-				
13a. Name and Title:	ier who will accept	service or all pa			ooses of the represen ess (street and number							
Merideth Cleary, Labor Rel	ations Specialis	t			papaka St. Suite E				19			
13c. Tel. No.	13d. Cell No.		136	. Fax N	lo.	1	13f. E-Mail	Address	-			
808-531-1628	808-561-5061		80	8-524	-2760		mcleary@	hinurse.o	rg			
I declare that I have read the abo	ve petition and that		are tr	ue to ti	ne best of my knowle		nd belief.	-				
Name (Print)		Signature		1,00		Title			10.76		Date	
Merideth Cleary			Lal			Lab	Labor Relations Specialist				1/8/2	0

### 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 REGION 37

HONOLULU, HAWAII

75

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
20-RC-254670	1/15/2020						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.htrb.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 number, City, State, ZIP code): MV Transportation 121 Main Street, Half Moon Bay, CA 94019 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Santos Orellano, General Manager same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (650) 560-0360 (415) 297-7688 (650) 560-0397 sorellana@mvtransit.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Transportation Transportation Half Moon Bay, California 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See attached See attached. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No Excluded: 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) 8b. Address: Teamsters Local 287 1452 North Fourth Street San Jose, CA 95112-4778 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mall Address (408) 642-9448 (408) 453-0287 (408) 453-2034 Organize@mail.com 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) June 30, 2019 International Brotherhood of Teamsters 2006 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. 10d. Cell No. 10a, Name 10b. Address 10c. Tel. 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: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): January 31, 2020 9:00 - 9:30 a.m. 121 Main Street, Half Moon Bay, CA 94019 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 1452 North Fourth Street Teamsters Local 287 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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (408) 453-0287 (408) 642-9448 (408) 453-2034 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: 13b. Address (street and number, city, State and ZIP code): 483 Ninth Street, Ste. 200, Oakland, CA 94607 Sheila K. Sexton, Attorney 13f. E-Mail Address eaviva@beesontayer.com 13c. Tel. No. 13d. Cell No. 13e. Fax No. (510) 625-9700 (510) 625-8275 ssexton@beesontayer.com I declare that I have read the above petition and that the statements and true to the best of my knowledge and belief. Name (Print) Date Attorney for Petitioner 01/15/20 Sheila K. Sexton

#### 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 Date Filed 1/21/2020 Case No. 20-RC-254889

INSTRUCTIONS: Unless e-Fi employer concerned is locat the employer and all other pa Case Procedures (Form NLR	ed. The petition arties named in	must be accomp the petition of: (	panied by both a 1) the petition; (2	showing of interest Statement of Pos	st (see 6b be sition form (F	low) and	f a certifica RB-505); an	te of service sho d (3) Description	wing service on of Representation	
PURPOSE OF THIS PETITI bargaining by Petitioner and requests that the National	Petitioner desire	s to be certified a	s representative o	f the employees. Th	ne Petitioner	alleges	that the foll	owing circumsta	ances exist and	
2a. Name of Employer:			2b. Address(es)	of Establishment(s)	involved (Str	eet and	number, City	, State, ZIP code,	);	
Survice Engineering	g Company	LLC	Sierra Arn	ny Depot, 74	Currant S	t., Her	long CA	. 96113		
3a. Employer Representative - Name and Title: 38			3b. Address (if sa	ame as 2b - state sa	ame):					
Greg Thompson			4695 N	fillenium Dr.,	Belcamp	MD 2	21017			
3c. Tel. No. 410-273-7722				No.	3f.	E-Mail A		son@survice	e.com	
4a. Type of Establishment (Fact Military Contracto	or	saler, etc.)	4b. Princ	cipal Product or Ser Military Su			CONTRACTOR OF THE PARTY OF THE	d State where un long, CA	it is located:	
5b. Description of Unit Involve							6a, Numbe	er of Employees in	unit:	
Included: All full-time		part-time	Non Destruc	ctive Test Eq	luipment		2			
Excluded: (NDTE) Tech All Guards at	nnicians. nd Supervi	sors as defi	ned in the A	\ct.			of the	ubstantial number employees in the ented by the Petiti	unit wish to be	
Check One: x 7a. Request for	or recognition as	Bargaining Repre	sentative was ma	de on (Date)	By petition	and		declined recogniti		
on or about (D		The second secon	o reply received, s	so state).						
8a. Name of Recognized or Co				e and desires certifi Address:	cation under	ine Act.				
None										
8c. Tel. No.	8d. Cell No	C	8e. Fax	No.	8f.	E-Mail A	ddress			
8g. Affiliation, if any:			8h. Date of	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					ir)	
9. Is there now a strike or picket	ing at the Employ	er's establishme	nt(s) involved?	Jo If so, ar	pproximately	how mar	y employee	s are participating	1?	
(Name of Labor Organization					, has	picketed	the Employ	er since (Month, I	Day, Year)	
10. Organizations or individuals individuals known to have a								es and other orga	nizations and	
None		106 444			110	- T-I NI		10d. Cell No.		
10a. Name		10b. Address			10c. Tel. N					
					10	10e. Fax No.		10f. E-Mail Addr	ess	
11. Election Details: If the NLR	B conducts and e	election in this ma	itter, state your po	sition with respect t	to any such e	lection:	11a. Electio			
							Manua Manua	I Mail	Mixed Manual/Mail	
11b. Election Date(s): Tuesday, March 3,	2020	11c. Election Tin 9:00 -9:20 a					l. Election Location(s): 8N Break Area at Employer location			
12a. Full Name of Petitioner (in	The state of the s		N as	12b. Address (s		nber, city	, State and I	ZIP code):		
International Association District Lodge 725	n of Machinis	sts and Aeros	pace Workers	, 2749 Sunris Rancho Cor		95742				
12c. Full name of national or inte					ent (if none,	so state).				
International Association			space Worker		140	- E Mad	A -1-1			
12d. Tel. No. (916) 477-4668	12e. Cell N	ο.	121. Fax	NO.	129	g. E-Mail darre	ndo@iam	725.org		
13. Representative of the Petit	ioner who will a	ccept service of					2000 CO			
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.	13d. Cell No	D.	13e. Fax	- 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		E-Mail		CA 94301		
510-337-1001				37-1023	1000000			inioncounse	l.net	
I declare that I have read the a	bove petition an	1	-	the best of my kn	-	belief.				
Name (Print) Caren P. Sencer		Signature			Attor	Title D Attorney				
Caren P. Sencer				A			Auomey			

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) 1065384

1065384 PRIVACY ACT STATEMENT
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

13a. Name and Title William T. Hanley, Attorney

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

William T. Hanley

13d. Cell No.

1

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

Case No. 20-RC-254979

DO NOT WRITE IN THIS SPACE
Date Filed
1/22/2020

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. 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6501 Coyle Ave, Carmichael, CA 95608 Dignity Health d/b/a Mercy San Juan Medical Center
3a. Employer Representative – Name and Title 3b. Address (If same as 2b - state same) Dignity Health Judy S. Coffin, V.P. & Associate General Counsel 185 Berry Street, Suite 300 San Francisco, CA 94107 3c. Tel. No. 3d Cell No. 3f. E-Mail Address (415) 438-5755 (415) 438-5726 judy.coffin@dignityhealth.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Medical Facility Health Care Sacramento, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part time Nuclear Medicine Technicians employed by the Employer at its 6b. Do a substantial number (30% facilities located at 6501 Coyle Avenue, Carmichael, California. or more) of the employees in the Excluded: All other employees, professional employees, confidential employees, managers, guards and supervisors as defined in unit wish to be represented by the the Act, as amended. Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) by this petition and Employer declined recognition on or about Check One: (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 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 10b. Address 10c. Tel. No. 10d. Cell No. 10a Name 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 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): Mercy San Juan Medical Cente 11c. Election Time(s): 11b Election Date(s): 2/3/20, 2/4/20, 2/10/20, 2/11/20 6501 Coyle Ave. Carmichael, CA 95608 Nuclear Med. Dept., Rm. 3 1:30pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code, Service Employees International Union. United Healthcare Workers-West 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. 12e. Cell No. 12f Fax No 12g. E-Mail Address (916) 326-5850 (916) 447-9405 mross@seiu-uhw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

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

13e. Fax No.

(510) 337-1023

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

13f. E-Mail Address

January 21, 2020

whanley@unioncounsel.net; nirbnotices@unioncounsel.net

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

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

RC PETITION 20-RC-255389 Jan. 29, 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. 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 91-210 Hanua St. Kapolei, HI 96707-1725 Southern Glazer's Wine and Spirits of Hawaii 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) Cecil Hunt SAME 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address 3d. Cell No. 808-682-3739 808-593-0985 chunt@southernwine.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Wholesaler Beverage Distribution Kapolei, HI 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: DRIVERS 16 6b. Do a substantial number (30% or more) of the employees in the Excluded: ANY AND ALL MANAGERS, SUPERVISORS, SUPERINTENDENTS, WATCHMEN, AND SECURITY unit wish to be represented by the PERSONNEL Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) \_ and Employer declined recognition on or about [Date] (If no reply received, so state). none 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 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? NONF 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 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): February 13, 2020 4:30AM - 6:00AM 91-210 Hanua St. Kapolei, HI 96707-1725 12a. Full Name of Petitioner (including 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 name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12e. Cell No. 12g. E-Mail Address 12f. Fax No. 808-847-6633 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. 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 m 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address Soc 808-847-6633 808-940-3540 808-842-4575 asi@hawaiiteamsters.com FIT I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. 0 Name (Print) Title Date year. Asi Fakaosi Assistant to the President/ Organizer January 29,2020 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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