

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

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
20-RC-251113	11/4/2019

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

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> AECOM Management Services		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> Andersen Airforce Base, Guam	
<b>3a. Employer Representative - Name and Title</b> Lester Jordan		<b>3b. Address (if same as 2b - state same)</b> 11832 Rock Landing Dr. Suite 306, Newport News, VA 23606-4278	
<b>3c. Tel. No.</b> (757) 383-6223	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> lester.jordan@aecom.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Government Contractor		<b>4b. Principal product or service</b>	
<b>5a. City and State where unit is located:</b>			
<b>5b. Description of Unit Involved</b> <b>Included:</b> All Full Time, Avionics/Com Techs, ASD Techs, Quality Assurance Reps, Supply Techs 1,2,3, Avionics Techs 1,2,3, and Aircraft Mechanics 1,2,3 employed by the employer at Anderson Air Force Base, Guam <b>Excluded:</b> All managers, Production Superintendents, Site Leads and all other Leads, all other professional employees, guards and supervisors as defined by the Act.			<b>6a. No. of Employees in Unit:</b> 30 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a.</b> Request for recognition as Bargaining Representative was made on (Date) <u>11/1/2019</u> and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <b>No Reply</b> <input type="checkbox"/> <b>7b.</b> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b> None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to why such election.		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> <small>Subject to the revised rule on Monday 11/19/2019 returned and counted on Friday 12/06/2019</small>		<b>11c. Election Time(s):</b> Mail	
<b>11d. Election Location(s):</b> Mail		<b>12a. Full Name of Petitioner (including local name and number)</b> International Association of Machinists and Aerospace Workers, Local Lodge 1998	
<b>12b. Address (street and number, city, state, and ZIP code)</b> Mail		<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Association of Machinists and Aerospace Workers, AFL-CIO	
<b>12d. Tel No.</b>	<b>12e. Cell No.</b> 916-235-0123	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> jsolis@iamaw.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Jason Hardwick, Grand Lodge Representative		<b>13b. Address (street and number, city, state, and ZIP code)</b> 820 Coolidge Rd., Suite 130, Folsom, CA 95630	
<b>13c. Tel No.</b> 916-985-8101	<b>13d. Cell No.</b> 916-936-6013	<b>13e. Fax No.</b> 916-985-8121	<b>13f. E-Mail Address</b> jhardwick@iamaw.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Jason Hardwick	<b>Signature</b> 	<b>Title</b> Grand Lodge Representative	<b>Date</b> 11/1/2019

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

**PRIVACY ACT STATEMENT**

Solidification 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  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **20-RC-251842** Date Filed **11/15/2019**

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

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

2a. Name of Employer <b>The Kahala Hotel &amp; Resort</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>5000 Kahala Avenue, Honolulu, HI 96816</b>	
3a. Employer Representative - Name and Title <b>Joe Ibarra, general manager</b>		3b. Address (If same as 2b - state same) <b>same</b>	
3c. Tel. No. <b>808-739-8603</b>	3d. Cell No.	3e. Fax No. <b>808-739-8606</b>	3f. E-Mail Address <b>jibarra@kahalaresort.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Hotel</b>		4b. Principal product or service <b>Lodging</b>	
5b. Description of Unit Involved <b>Included: See attachment A</b> <b>Excluded: See attachment A</b>		5a. City and State where unit is located: <b>Honolulu, HI</b>	
		6a. No. of Employees in Unit: <b>4</b>	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **By this petition**  
☐ 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). <b>None</b>		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? <b>No</b> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) <b>None</b>			

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.

11b. Election Date(s): <b>12/4/2019</b>	11c. Election Time(s): <b>4p - 7p</b>	11d. Election Location(s): <b>The Kahala Hotel &amp; Resort</b>
--	--	--

12a. Full Name of Petitioner (including local name and number) <b>UNITE HERE! Local 5</b>	12b. Address (street and number, city, state, and ZIP code) <b>1516 South King Street Honolulu, HI 96826</b>
--	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**UNITE HERE!**


12d. Tel No. <b>808.941.2141</b>	12e. Cell No.	12f. Fax No. <b>808.941.2166</b>	12g. E-Mail Address <b>jcynn@5.unitehere.org</b>
-------------------------------------	---------------	-------------------------------------	---

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

13a. Name and Title <b>Jennifer Cynn</b>	13b. Address (street and number, city, state, and ZIP code) <b>1516 South King Street, Honolulu, HI 96826</b>
---	--

13c. Tel No. <b>808.941.2141</b>	13d. Cell No.	13e. Fax No. <b>808.941.2166</b>	13f. E-Mail Address <b>jcynn@5.unitehere.org</b>
-------------------------------------	---------------	-------------------------------------	---

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

Name (Print) <b>Jennifer Cynn</b>	Signature 	Title <b>In-House Counsel</b>	Date <b>November 14, 2019</b>
--------------------------------------	--	----------------------------------	----------------------------------

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

**PRIVACY ACT STATEMENT**

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

Attachment A  
RC Petition for The Kahala Hotel & Resort Concierges

Included: All concierges employed by the Employer at its hotel in Honolulu, Hawaii.

Excluded: All other employees of the Employer, including all other classifications of employees, all Japanese Guest Service Manager; Senior Japanese Guest Service Manager; Japanese Guest Service Assistant Manager, and all managers, supervisors and guards as defined in the National Labor Relations Act.

RECEIVED  
NLRB SUB-REGION 37  
2019 NOV 15 AM 9:36  
HONOLULU, HAWAII



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

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-251954

Date Filed

11/18/2019

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

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

**2a. Name of Employer**  
Dignity Health Mercy General Hospital and Mercy San Juan Medical Center

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
4001 J Street Sacramento, CA 95819; and 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)**  
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:** Exercise Technicians

**Excluded:** All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.

**6a. No. 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?** 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):**  
November 26, 2019

**11c. Election Time(s):**  
11 am - Noon; 13:00 - 14:00 pm

**11d. Election Location(s):**  
Mercy San Juan Hospital Room 218B; Mercy General Hospital Break RM

**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)**  
560 Thomas L. Berkley Way, Oakland, CA 94612

**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, United Healthcare Workers-West

**12d. Tel No.**  
(510) 251-1250

**12e. Cell No.**

**12f. Fax No.**  
(510) 763-2680

**12g. E-Mail Address**

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

**13a. Name and Title** **Bruce A. Harland**

**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**  
bharland@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)**  
Bruce A. Harland

**Signature**  
*Bruce A. Harland*

**Title**  
Attorney

**Date**  
November 18, 2019

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

**PRIVACY ACT STATEMENT**

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

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



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

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-251965

Date Filed

11/18/2019

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

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

<b>2a. Name of Employer</b> Dignity Health dba Mercy General Hospital		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 4001 J Street, Sacramento, CA 95819	
<b>3a. Employer Representative - Name and Title</b> Judy S. Coffin, V.P. & Associate General Counsel		<b>3b. Address</b> (If same as 2b - state same) 185 Berry Street, Suite 300 San Francisco, CA 94107	
<b>3c. Tel. No.</b> (415) 438-5755	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (415) 438-5726	<b>3f. E-Mail Address</b> judy.coffin@dignityhealth.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Medical Facility		<b>4b. Principal product or service</b> Health Care	
<b>5b. Description of Unit Involved</b> <b>Included:</b> Senior Office Assistant  <b>Excluded:</b> All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.			<b>5a. City and State where unit is located:</b> Sacramento, CA
			<b>6a. No. of Employees in Unit:</b> 1
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 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.

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

**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

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

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

<b>11b. Election Date(s):</b> 11/06/2019	<b>11c. Election Time(s):</b> 11:00 to 11:15 am	<b>11d. Election Location(s):</b> 4001 J Street, Sacramento, CA 95819 - Distribution office
---	--	--

**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)**  
560 Thomas L. Berkley Way, Oakland, CA 94612

**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, United Healthcare Workers-West

<b>12d. Tel No.</b> (510) 251-1250	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (510) 763-2680	<b>12g. E-Mail Address</b>
---------------------------------------	----------------------	---------------------------------------	----------------------------

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

**13a. Name and Title** **Bruce A. Harland**

**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**  
bharland@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)** **Bruce A. Harland**

**Signature** *Bruce A. Harland*

**Title** **Attorney**

**Date** **November 18, 2019**

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

**PRIVACY ACT STATEMENT**

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

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

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

DO NOT WRITE IN THIS SPACE

Case No. 20-RC-252405 Date Filed 11/25/2019

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

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

2a. Name of Employer: Chenega Security International California 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): 16349 Shasta Dam Blvd, Shasta Lake California 9601

3a. Employer Representative - Name and Title: Jesus Vergel, Director of Operations 3b. Address (if same as 2b - state same): 14295 Park Meadow Drive, Chantilly Virginia

3c. Tel. No.: 571-291-7600 3d. Cell No.: 703-689-1280 3e. Fax No.: 703-729-4175 3f. E-Mail Address: jvergel@chenega.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Federal Infrastructure, Bureau of Reclamation 4b. Principal product or service: SECURITY 5a. City and State where unit is located: Shasta Lake California

5b. Description of Unit Involved: Included: all fulltime and part time armed and unarmed security officers employed by the employer

Excluded: clerical, managerial, salaried, and supervisory personnel as defined by the act

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

☒ 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): LEOSU 8b. Address: 1155 F Street NW #1050, Washington DC

8c. Tel. No.: 202-595-3510 8d. Cell No.: 202-486-8558 8e. Fax No.: NA 8f. E-Mail Address: Leosunions@gmail.com

8g. Affiliation, if any: LEOSU 8h. Date of Recognition or Certification: 11/15/18 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): None

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NA If so, approximately how many employees are participating? NA (Name of labor organization) NA has picketed the Employer since (Month, Day, Year) NA

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) NA

10a. Name: NA 10b. Address: NA 10c. Tel. No.: NA 10d. Cell No.: NA 10e. Fax No.: NA 10f. E-Mail Address: NA

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): first available 11c. Election Time(s): NA 11d. Election Location(s): NA

12a. Full Name of Petitioner (including local name and number): United Government Security Officers of America and its Local 223 12b. Address (street and number, city, state, and ZIP code): 2879 Cranberry Highway East Wareham, MA 02538

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

12d. Tel. No.: 617-620-7225 12e. Cell No.: 617-620-7225 12f. Fax No.: NA 12g. E-Mail Address: Mleblanc@ugsoa.com

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

13a. Name and Title: Mike LeBlanc DHS Vice President UGSOA International Union 13b. Address (street and number, city, state, and ZIP code): 2879 Cranberry Highway East Wareham, MA 02538

13c. Tel. No.: 617-620-7225 13d. Cell No.: 617-620-7225 13e. Fax No.: 774-678-4858 13f. E-Mail Address: Mleblanc@ugsoa.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): Mike LeBlanc Signature: [Signature] Title: DHS Vice President UGSOA International Union Date: 11/25/2019

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

PRIVACY ACT STATEMENT

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



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

DO NOT WRITE IN THIS SPACE

Case No. 20-RC-252582 Date Filed 11/27/2019

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

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

2a. Name of Employer **Shasta Regional Medical Center** 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) **1100 Butte Street, Redding CA 96001**

3a. Employer Representative - Name and Title **Laura Van Winkle, Director of HR** 3b. Address (if same as 2b - state same) **same**

3c. Tel. No. **(530) 244-5150** 3d. Cell No. 3e. Fax No. 3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) **Hospital and Medical Office Building** 4b. Principal product or service **Maintenance Repair Preventative Maintenance & Service** 4c. City and State where unit is located: **Redding, California**

5a. Description of Unit involved **Included: Engineer** 5b. No. of Employees in Unit **9**

5c. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐ **Excluded: Office/Clerical, Security Guards, Janitorial Workers, Housekeepers, Culinary**

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **10/10/2019** 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. Anticipation, 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 6 and 8, 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): **12/4/19** 11c. Election Time(s): **7:00-7:30 a.m.; 5:30-6:00 p.m.** 11d. Election Location(s): **Employer Conference Room**

12a. Full Name of Petitioner (including local name and number) **International Union of Operating Engineers, Stationary Engineers Local 38 AFL-CIO** 12b. Address (street and number, city, state, and ZIP code) **337 Valencia Street San Francisco CA 94103**

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. **(415) 861-1135** 12e. Cell No. **(415) 418-0317** 12f. Fax No. **(415) 861-5284** 12g. E-Mail Address **smortensen@local38.org**

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title **Shane Mortensen, District Representative** 13b. Address (street and number, city, state, and ZIP code)

13c. Tel. No. **(415) 861-1135** 13d. Cell No. **(415) 418-0317** 13e. Fax No. **(415) 861-5284** 13f. E-Mail Address **smortensen@local38.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) **Shane Mortensen** Title **District Representative** Date **11/27/19**

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 will cause the NLRB to decline to invoke its processes.