UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
R.C. P.F.T.L.O.N

	DO NO	OT WRITE I	N THIS SPA	CE		
Case No.			Date Filed			
	20-RC-25	1113		-11/4/	2019 -	

RC PE				20-NO-231			
INSTRUCTIONS: Unless e-Filed us							
in which the employer concerned i							
of service showing service on the							
(Form NLRB-505); and (3) Descript				RB 4812). The sl	nowing of inti	erest snould only be filed	
with the NLRB and should not be s	erved on the employe	er or an	y other party.		: : T. : :::::::::::::::::::::::::::::::		
bargaining by Petitioner and Petitioner de requests that the National Labor Relation	esires to be certified as repr	resentativ	re of the employees. The l	Petitioner alleges th	at the following	g circumstances exist and	
2a. Name of Employer	·····	2b. Ad	dress(es) of Establishment	(s) involved (Street a			
AECOM Management Services		Ande	rsen Airforce Base, C			<u> </u>	
3a. Employer Representative - Name and Lester Jordan	Title		3b. Address (If same as 11832 Rock Landin		Newport Ne	ws, VA 23606-4278	
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	4	
(757) 383-6223			<u> </u>			n@aecom.com	
4a. Type of Establishment (Factory, mine, vi Government Contractor	vholesaler, etc.)   4b. Prin	ncipal pro	duct or service		5a. City i	and State where unit is located:	
5b. Description of Unit Involved	<del></del>					6a. No. of Employees In Unit:	
Included: All Full Time, Avionics/Con					ics Techs	30	
1,2,3, and Aircraft Mechani Excluded: All managers, Production Superina the Act.					ors as defined by	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No	
Check One: / 7a. Request for re	condition as Barnelnina Re	nresenta	tive was made on (Date) 1	1/1/2019 an	d Employer ded	lined recognition on or about	
		y receive	d, so state). No Rep	ĺv	-		
8s. Name of Recognized or Certified Bar			8b. Address	Cerunicadon unuer une	7 / 101.		
None							
8c. Tel No.	Bd Cell No.		Se. Fax No.	_	8r. E-Mail Addi	ress	
8g. Affiliation, if any			8h. Date of Recognition of	r Certification		Date of Current or Most Recent y (Month, Day, Year)	
9. Is there now a strike or picketing at the E					nployees are pa	rticipating?	
(Name of labor organization)							
Seganizations or individuals other than boom to have a representative interest in a trong.					resentatives and	other organizations and individuals	
More	10b. Address			10c. Tel. No.		10d. Cell No.	
176 170 170 170				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conduct	an election in this matter,	state you	r position with respect to	11a. Election Type	Manual _	/ Mail Mixed Manual/Mail	
11b. Election Date(s):		п <b>е</b> (s):		Mail	11d. Election Location(s): letl		
12a. Full Name of Petitioner (Including Id International Association of Machinists ar	id Aerospace Workers, Lo			12b. Address (street and number, city, state, and ZIP code) Mail			
12c. Full name of national or international la International Association of Machinists an			is an affiliate or constituen	t (if none, so state)		·	
12d. Tel No.	12e, Cell No. 916-235-0123		12f. Fax No.		12g. E-Mail Ad jsolis@iamaw.		
13. Representative of the Petitioner who	will accept service of all	papers fo	or purposes of the repres	entation proceedin	<b>4</b>		
13a. Name and Title Jason Hardwick, Grand Lodge Representative  13b. Address (street and number, city, state, and ZIP code) 820 Coolidge Rd., Suffe 130, Fotsom, CA 85630							
13c. Tel No. 13d. Cell No. 916-985-8101 918-936-6013			13e. Fax No. 916-985-8121	13f. E-Mail Address jhardwick@iamaw.org			
I declare that I have read the above petition and that the statements are true to the bast of my knowledge and belief.							
Name (Print) Si Jason Hardwick	mature 1		Title Grand Lodge Represen	fative	Date 11/1/2019		
I Jasuri Fialuwick	IXM While						

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of 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 WHITE	IN THIS SPAC	E
ase No.	20-RC-251842	Date Filed	11/1

5/2019 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) The Kahala Hotel & Resort 5000 Kahala Avenue, Honolulu, HI 96816 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Joe Ibarra, general manager 3e. Fax No. 3c. Tel. No. 3f F-Mail Address 3d. Cell No. 808-739-8603 808-739-8606 iibarra@kahalaresort.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Honolulu, HI 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See attachment A 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See attachment A Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (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). 8h Address B 0 None S. Fr 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification 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) 10b. Address 10c. Tel. No. 10a. Name 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 Mail Mixed Manual/Mail 11a. Election Type: V Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 4p - 7p 12/4/2019 The Kahala Hotel & Resort 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) UNITE HERE! Local 5 1516 South King Street Honolulu, HI 96826 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. 12e. Cell No. 12f Fax No. 12g. E-Mail Address 808.941.2141 808.941.2166 icvnn@5.unitehere.org

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

13e Fax No.

808.941.2166

In-House Counsel

13b. Address (street and number, city, state, and ZIP code) 1516 South King Street, Honolulu, HI 96826

13f. E-Mail Address

icvnn@5.unitehere.org

November 14, 2019

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

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

13d. Cell No.

13a. Name and Title Jennifer Cvnn

13c Tel No

Name (Print) Jennifer Cynn

808.941.2141

#### 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 seg. 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.

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

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

#### RC PETITION

DO NOT W	RITE IN THIS SPACE	
Case No. 20-RC-251954	Date Filed 11/18/2019	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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) Dignity Health Mercy General Hospital and Mercy San Juan Medical Center 4001 J Street Sacramento, CA 95819; and 6501 Coyle Ave, Carmichael, CA 95608 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 185 Berry Street, Suite 300 San Francisco, CA 94107 Judy S. Coffin, V.P. & Associate General Counsel 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address judy.coffin@dignityhealth.org (415) 438-5755 (415) 438-5726 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Health Care Sacramento, CA Medical Facility 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Exercise Technicians 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined unit wish to be represented by the by the Act. Petitioner? Yes V 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). 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) (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: V Manual Mixed Manual/Mail Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): November 26, 2019 11 am - Noon: 13:00 - 14:00 pm Mercy San Juan Hospital Room 218B; Mercy General Hospital Break RM 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 560 Thomas L. Berkley Way, Oakland, CA 94612 Service Employees International Union, United Healthcare Workers-West 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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (510) 251-1250 (510) 763-2680 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 13d. Cell No. 13e. Fax No. 13c. Tel No. 13f. E-Mail Address (510) 337-1001 (510) 337-1023 bharland@unioncounsel.net; 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) Title Signature Date A. Harlan Bruce A. Harland Bruce Attorney 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

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# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

### RC PETITION

DO NOT V	VRITE IN THIS SPACE	
Case No.	Date Filed	
20-RC-251965	11/18/2019	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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) Dignity Health dba Mercy General Hospital 4001 J Street, Sacramento, CA 95819 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Judy S. Coffin, V.P. & Associate General Counsel 185 Berry Street, Suite 300 San Francisco, CA 94107 3c. Tel. No. 3d. Cell No. 3e. Fax 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: Health Care Sacramento, CA Medical Facility 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Senior Office Assistant 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined unit wish to be represented by the by the Act. Petitioner? Yes V 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). 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) (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: V Manual Mixed Manual/Mail Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 11/06/2019 11:00 to 11:15 am 4001 J Street, Sacramento, CA 95819 - Distribution office 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 560 Thomas L. Berkley Way, Oakland, CA 94612 Service Employees International Union, United Healthcare Workers-West 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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (510) 251-1250 (510) 763-2680 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 13d. Cell No. 13e. Fax No. 13c. Tel No. 13f. E-Mail Address (510) 337-1001 (510) 337-1023 bharland@unioncounsel.net; 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) Title Signature Date Bruce A. Harland Bruce A. Harland Attorney 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

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Mike LeBianc

UNITED STATES GI VERNMENT NATIONAL LABOR REL LITIONS BOARD

DO NOT WE	RITE IN THIS SPACE
Case No.	Date Filed
20-RC-252405	11/25/2019
gov, submit an original of this Pe	tition to an NLRB office in the Region

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb. in which the employer concerned is it cated. 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 sen ed on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTII ICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner doctor a to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Chenega Security International California 16349 Shasta Dam Blvd, Shasta Lake California 9601 3a. Employer Representative - Name and Tit 3b. Address (if same as 2b – state same Jesus Vergel, Director of Operations 14295 Park Meadow Drive, Chantilly Virginia 3r Cell No. 3e. Fex No. 3f. E-Mall Address 571-291-7600 7(3-689-1280 703-729-4175 jvergel@chenega.com 4a. Type of Establishment (Fectory, mine, whol seler, etc.) 4b. Principal product or sorvice Se. City and State where unit is located: Federal Infrastructure, Bureau of Rei lamation SECURITY Shasta Lake California 5b. Description of Unit Involved Ba. No. of Employees in Unit: Included: all fulltime and part time armed and unarmed security officers employed by the employer 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the clerical, managerial, : alaried, and supervisory personel as defined by the act Petitioner? Yes V No Check One: and Employer declined recognition on or about 7a. Request for recog ittion as Bargetning Representative was made on (Date) NA (Date) (If no reply received, so state). NA 7b. Petitioner is currer thy recognized as Bergaining Representative and desires certification under the Act. 8s. Name of Recognized or Certified Bargain ng Agent (if none, so stata). 8b. Address LEOSU 1155 F Street NW #1050, Washington DC 8c. Tel No. & Cell No. 8e. Fax No. 8f. E-Mail Address 202-595-3510 20 -486-8558 Leosunions@gmail.com 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) LEOSU 11/15/18 None \_\_\_\_tf so, approximately how many employees are participating? NA 9. Is there now a strike or picketing at the Empk yer's establishment(s) involved? NA , has picketed the Employer since (Month, Day, Year) NA (Name of labor organization) NA 10. Organizations of individuals other than Patk oner and those named in Items 6 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any comployees in the unit described in item 5b above. (If none, so state) 10a, Namo 10b. Address 10c, Tel. No. 10d. Cell No. NA 10f, E-Mail Address 109. Fax No. NA NΑ 11. Election Dataits: 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 Dato(s): 11c. Election Time(s); 11d. Election Location(s): NA first available NA 12a. Full Name of Petitioner (including local, ome and number) 125. Address (street and number, city, state, and ZIP code) United Government Security Officers of Amer :a and its Local 223 2879 Cranborry Highway East Wareham, MA 02538 12c. Full name of national or international labor riganization of which Petitioner is an affiliate or constituent (if none, so state) United Government Security Officers of America International Union 12g. E-Mell Address 12 i. Cell No. 12f. Fax No. 617-620-7225 Mleblanc@ugsoa.com 61; -620-7225 13. Representative of the Petitioner who will iccept service of all papers for purposes of the representation proceeding 13a. Name and Title Mike LeBlanc DHS vice Pres tent UGSOA International Union 13b. Address (street and number, city, state, and ZIP code) 2879 Cramberry Highway East Wareham, MA 02538 13 I. Cell No. 13e. Fax No. 13f. E-Mail Address 617-620-7225 617 -620-7225 774-678-4658 Mieblanc@ugsoa.com I declare that I have read the above polition and that the statements are true to the best of my knowledge and belief.

DHS Vice President UG\$QA International Union 11/25/2019 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1861) PRIVACY ACT STATEMENT

Solicitation of the information on this form is author and by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to essist 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 Faderal Register, 71 Fed. Reg. 74942-43 (Dac. 13, 2008). The NLRB will further explain t ese 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 W	THE SPACE
20-RC-252582	Date Filed 11/27/2019

RC PE	TITION		20-RC	-252582	· 1	1/27/2019
INSTRUCTIONS: Unless e-Filed u	sing the Agency's	website, www.	.nlrb.gov, submit	an original of thi	s Petition to	an NLRB office In the Region
in which the employer concerned						
of service showing service on the						
(Form NLR8-505); and (3) Descrip				LRB 4812). The s	howing of in	terest should only be filled
with the NLRB and should not be	served on the emp	loger or any o	ther party.	· Y.		
1. FURPOSE OF THIS PETITION: RC-CI	EKTIPICATION OF (IEE	PRESENTATIVE	- A substantial number	r of employees wish	to be represent	ed for purposes of collective
pargaring by Peasoner and Peasoner a	searce to pe connect to	nager pa grants a tablesolibitos e	the employees. The	4		ng circumstances exist and
PURPOSE OF THIS PETITION: RC-Cl bargaining by Politioner and Politioner requests that the Mallonal Labor Rule 20, Name of Employer	and a second	2b. Addre	os(os) al Establishmo	nt(e) involved (Street	and number, el	y, State, ZIP code)
Snasta Kegional Madical Cent	Ter Yer	11700 BL	me Street, Red	ding CA 98001		•
10. Employer Representative - Name on Laura Van Winkle, Director of	d YNo		b. Address (if same a	no 26 – chato como)		
			iwe			
3c. Tel. No. (530) 244-5150	2d. Cell No.	3	a. Fest No.		2/. E-Mail Ad	dress
4a. Type of Establishment (Pectory, mine,	whetereter etc.) I die	-			1 60 000	
Hospital and Medical Office Bu	ilding Ma	intenence Ren	eir Preventative I	Volntenance & Sc		and State where unit is located:
45. Peseription of Unit Involved	inential inte	morning roop	- TOVOILLEAVO	VIZ. 100 100 100 10 01	111000	0s. No. of Employees in Unit
Included: Engineer						9
						6b. Do a substantial number (30%
Office/Clerical, Sec	musika Camada	lesitedal l	Madean Has	ookoonom C	dines	or more) of the employees in the
4						or more) of the employees in the unit wish to be empresented by the Palitioner? Yes 7 No
Cheat One: J 7s. Request for re	ocognition as Bargainin	g Representative	vas made on (Date)	0/10/2019 ==	nd Employer de	allried recognition on or about
	(Date) (W no	reply received, as	eloto).			
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PRIVACY ACT STATEMENT

Solicitation of the Information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the Information is to sests the National Labor Relations Board (NLRB) in proceedings representation and related proceedings or itigation. The multine 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.