

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

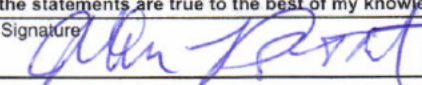
20-RC-228448

Date Filed

10/1/2018

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: Accent Care, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2590 Goodwater Avenue, Suite 100 Redding, CA 96002	
3a. Employer Representative - Name and Title: Executive Director Kerri Brest-Landry		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 530-223-3696	3d. Cell No. 530-209-3465	3e. Fax No. 530-223-3627	3f. E-Mail Address kerribrest-landry@accentcare.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Health care		4b. Principal Product or Service Home healthcare services	5a. City and State where unit is located: Redding and Corning, California
5b. Description of Unit Involved: Included: All field staff and office staff employees designated to the Employer's Redding and Corning California locations. Excluded: All guards and supervisors defined in the Act			6a. Number of Employees in Unit: 44
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): October 23 and 24, 2018	11c. Election Time(s): 8:30 to 9:30 a.m. each day	11d. Election Location(s): Conference room at each location	
12a. Full Name of Petitioner (including local name and number): Teamsters Local 137		12b. Address (street and number, city, State and ZIP code): 3540 South Market Street Redding, CA 96001	
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. 530-243-0232	12e. Cell No.	12f. Fax No. 530-243-3115	12g. E-Mail Address dave@teamsters137.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: John Provost Attorney		13b. Address (street and number, city, State and ZIP code): Beeson, Tayer & Bodine, 520 Capitol Mall, Suite 300 Sacramento, CA 95814	
13c. Tel. No. 916-325-2100	13d. Cell No. 916-718-4841	13e. Fax No. 916-325-2120	13f. E-Mail Address jprovost@beeson-tayer.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) John Provost	Signature 	Title Attorney	Date 10/1/2018

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-228482

Date Filed

10/2/2018

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:
Marin General Hospital

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

(1) 250 Bon Air Rd., Greenbrae, CA 94904
(2) 2 Bon Air Rd., Larkspur, CA 94939

3a. Employer Representative - Name and Title:
See Attachment

3b. Address (if same as 2b - state same):
See Attachment

3c. Tel. No.
See Attachment

3d. Cell No.
See Attachment

3e. Fax No.
See Attachment

3f. E-Mail Address
See Attachment

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Hospital

4b. Principal Product or Service
Healthcare

5a. City and State where unit is located:
Greenbrae & Larkspur, CA

5b. Description of Unit Involved:

Included:
See Attachment

Excluded:
See Attachment

6a. Number of Employees in Unit
12

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) _____ 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)
National Union of Healthcare Workers

8b. Address:
5801 Christie Avenue, Suite 525
Emeryville, CA 94608

8c. Tel. No.
(510) 834-2009

8d. Cell No.

8e. Fax No.
(510) 834-2019

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):
Tuesday, October 30, 2018

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

11d. Election Location(s):
250 Bon Air Rd. Greenbrae (Magnolia Rm)

12a. Full Name of Petitioner (including local name and number):
National Union of Healthcare Workers

12b. Address (street and number, city, State and ZIP code):
5801 Christie Avenue, Suite 525
Emeryville, CA 94608

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

12d. Tel. No.
(510) 834-2009

12e. Cell No.

12f. Fax No.
(510) 834-2019

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:
Latika Malkani

13b. Address (street and number, city, State and ZIP code):
1939 Harrison St. #307, Oakland CA 94612

13c. Tel. No.
510-452-5000

13d. Cell No.

13e. Fax No.
510-452-5004

13f. E-Mail Address
lmalkani@sl-employmentlaw.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)
Latika Malkani

Signature

Latika Malkani

Title
Attorney for NUHW

Date
10/2/2018

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

PRIVACY ACT STATEMENT

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

Attachment 3a-3f, 5b

to RC Petition filed on 10/2/2018 by National Union of Healthcare Workers (NUHW)
for *Armour-Globe* election to add residual Cardiac Sonographer and Lead Cardiac Sonographer
employees to existing unit

Attachment 3a-3f: Employer Representatives

Lee Domanico (Chief Executive Officer)
100B Drake's Landing Rd. #250
Greenbrae, CA 94904
Work: 415-464-2090
Fax 415-464-2094
Email: lee.domanico@maringeneral.org

Jennifer Levinson (Manager, Employee and Labor Relations)
300A Drakes Landing Road, Suite 110
Greenbrae, CA 94904
Work: 415-925-7044
Mobile: 415-497-3263
Fax: 415-461-4407
Email: jennifer.levinson@maringeneral.org

Mark Hyde (Manager, Employee and Labor Relations)
300A Drakes Landing Road, Suite 110
Greenbrae, CA 94904
Work: 415-925-7046
Mobile: 415-342-4420
Fax: 415-461-4407
Email: mark.hyde@maringeneral.org

Attachment 5b, Description of unit involved:

Included: All full-time, part-time and per diem unrepresented (residual) CARDIAC SONOGRAPHERS AND LEAD CARDIAC SONOGRAPHERS employed by the employer at all the locations listed in Attachment 2b.

These employees are petitioning to join the existing NUHW-represented unit of radiology techs, and request an *Armour-Globe* election.

Excluded: All other employees, confidential employees, guards and supervisors as defined by the National Labor Relations Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
20-RC-228993

Date Filed
10/11/2018

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

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

2a. Name of Employer Chenaga Corporation DBA Chenaga Security International California	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 14295 Park Meadow Dr VA Chantilly 20151-2220
--	---

3a. Employer Representative - Name and Title Peggy O'Keefe	3b. Address (if same as 2b - state same) 3000 C St Ste 301 AK Anchorage 99503-3975
--	---

3c. Tel. No. (907) 277-5706	3d. Cell No. (907) 952-1144	3e. Fax No. (703) 822-8868	3f. E-Mail Address pokeefe@chenagacorp.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Systems & Services	4b. Principal product or service Security	5a. City and State where unit is located: Shasta Lake, CA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 28 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).
☐ 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. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
--------------------------------	---	--

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

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--	--

11b. Election Date(s): 10/30/18	11c. Election Time(s): 6:30 to 7:30 am and 2:30 to 3:30 pm	11d. Election Location(s): Shasta Dam 16349 Shasta Dam Blvd, Shasta Lake, CA 96019
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12a. Full Name of Petitioner (including local name and number) Steve Maritas Law Enforcement Officers Security Unions LEOSU, LEOS-PBA	12b. Address (street and number, city, state, and ZIP code) 1155 F St NW Ste 1050 DC Washington 20004-1329
--	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA

12d. Tel No. (800) 516-0094	12e. Cell No. (516) 499-2681	12f. Fax No. (202) 595-3510	12g. E-Mail Address LEOSUNIONS@GMAIL.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)
--	--

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
---------------------	----------------------	---------------------	----------------------------

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) Steve Maritas	Signature Steve Maritas	Title Organizing Director	Date 10/11/2018 00:25:14
--------------------------------------	-----------------------------------	-------------------------------------	------------------------------------

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

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 20-RC-228993	Date Filed 10/11/2018

Employees Included

All regular part-time and regular full-time armed security officers performing guard duties as defined in Section 9(b)(3) of the Act employed by the Employer at its location noted in 11d

Employees Excluded

All other employees, office clerical employees, professional employees and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
20-RC-229571

Date Filed
October 18, 2018

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

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

2a. Name of Employer
Advance Management Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
198 Adrian Sanchez St., Suite #3, Barrigada, Guam 96913-4456

3a. Employer Representative - Name and Title

3b. Address (If same as 2b - state same)
198 Adrian Sanchez St., Suite #3, Barrigada, Guam 96913-4456

3c. Tel. No.
671-649-6488

3d. Cell No.

3e. Fax No.
671-646-3739

3f. E-Mail Address
mary.toves@amiguam.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Janitorial and Maintenance services

4b. Principal product or service
Janitorial and Maintenance services

5a. City and State where unit is located:
Barrigada Guam

5b. Description of Unit Involved

Included: Janitors, Housekeepers, Hourly only for Military facilities Guam

Excluded: Supervisors, Managers, professional, engineering

6a. No. of Employees in Unit:
35

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) _____ 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? _____ 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.

None

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):
Asap

11c. Election Time(s):
Any

11d. Election Location(s):
Mail in ballots to eligible voters

12a. Full Name of Petitioner (including local name and number)
Ibew 1260

12b. Address (street and number, city, state, and ZIP code)
700 Bishop St. Suite 1600 Honolulu Hawaii 96813

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

12d. Tel No.
808-941-9445

12e. Cell No.
671-777-6264

12f. Fax No.
808-946-1260

12g. E-Mail Address
klaguana@ibew1260.org

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

13a. Name and Title
Kenneth Laguana ibew 1260 Asst. Business Manager

13b. Address (street and number, city, state, and ZIP code)
PO. BOX 326428 HAGATNA GUAM 96932

13c. Tel No.
671-472-4028

13d. Cell No.
671-777-6264

13e. Fax No.

13f. E-Mail Address
klaguana@ibew1260.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)
Kenneth J Laguana

Signature

Title
Ibew 1260 Asst. Business Manager

Date
10-19-2018

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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FORM NLRB-502 (RC)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-229814

Date filed

10/23/2018

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 5b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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2a. Name of Employer:
Dignity Health - Mercy San Juan Medical Center

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

3a. Employer Representative - Name and Title:
Will Owens, Director of Human Resources

3b. Address (if same as 2b - state same):
Same

3c. Tel. No.
(844) 236-5068

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
will.owens@dignity.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.):
Hospital

4b. Principal Product or Service
Medical Services

5a. City and State where unit is located:
Carmichael, California

5b. Description of Unit Involved:

Included:

Plant Operations Division - Performs skilled maintenance at Medical Center

Excluded:

Supervisors

6a. Number of Employees in Unit:
16

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ 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:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

9g. Affiliation, if any:

9h. Date of Recognition or Certification

9i. 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)

10a. Name

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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):

As soon as possible

11c. Election Time(s):

11d. Election Location(s):

Hospital Conference Room

12a. Full Name of Petitioner (including local name and number):

International Union of Operating Engineers, Stationary Engineers, Local 39

12b. Address (street and number, city, State and ZIP code):

1620 North Market Blvd, Sacramento, CA 95834

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

International Union of Operating Engineers, AFL-CIO

12d. Tel. No.

(916) 928-0399

12e. Cell No.

12f. Fax No.

(916) 928-1216

12g. E-Mail Address

jklein@local39.org

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

13a. Name and Title:

Gary Provencher, Attorney

13b. Address (street and number, city, State and ZIP code):

431 I Street, Suite 202, Sacramento, CA 95814

13c. Tel. No.

(916) 443-6600

13d. Cell No.

13e. Fax No.

(916) 442-0244

13f. E-Mail Address


gprovencher@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)

Gary P. Provencher

Signature



Title

Attorney

Date

10-22-18

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
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 20-RC-230305	Date Filed 10/29/2018
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer Dignity Health Medical Foundation, d/b/a/ Mercy Medical Group		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 8220 Wymark Dr, Elk Grove, Ca., 95757	
3a. Employer Representative - Name and Title AyChoy Saechao		3b. Address (if same as 2b - state same) 3400 Data Drive, Rancho Cordova, Ca., 95670	
3c. Tel. No. (530) 515-9094	3d. Cell No. (530) 515-9094	3e. Fax No. (916) 858-7062	3f. E-Mail Address ac.saechao@dignityhealth.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health Care Provider		4b. Principal product or service Health Care Services	5a. City and State where unit is located: Elk Grove, Ca.
5b. Description of Unit Involved Included: (See attachment A) Excluded: (See attachment A)			6a. No. of Employees in Unit: 2 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 8/31/18 and Employer declined recognition on or about 9/10/18 (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. 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)

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): 11/15/18	11c. Election Time(s): 10am	11d. Election Location(s): 8220 Wymark Dr., Elk Grove, Ca., 95757
12a. Full Name of Petitioner (including local name and number) California Nurses Association-National Nurses United			12b. Address (street and number, city, state, and ZIP code) 770 L Street, #1480, Sacramento, Ca., 95814


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

AFL-CIO			
12d. Tel No. (916) 446-5021	12e. Cell No.	12f. Fax No. (916) 446-6319	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 Michael Unimuke, Labor Representative		13b. Address (street and number, city, state, and ZIP code) 770 L Street, #1480, Sacramento Ca., 95814	
13c. Tel No. (916) 491-3210	13d. Cell No. (916) 398-0244	13e. Fax No. (916) 446-6319	13f. E-Mail Address munimuke@calnurses.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) Michael Unimuke	Signature 	Title Labor Representative	Date October 29, 2018
--	---	--------------------------------------	---------------------------------

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 Dignity Health, d/b/a Dignity Health Medical Foundation by California Nurses Association (CNA)

5. Description of the Unit Involved

Existing Unit:

Included:

All full-time and regular part-time direct care registered nurses and non-manager registered nurses employed by the Employer at its facilities located at 406 ½ Sunrise Avenue, Roseville, CA; 6555 Coyle Avenue, Carmichael, CA; 4400 Duckhorn Drive, Suite 100, Sacramento, CA; 3000 Q Street (formerly 3160 Folsom Blvd.), Sacramento, CA; 8120 Timberlake Way, Sacramento, CA.

Excluded:

All other employees, managers, guards and supervisors as defined by the Act.

Voting Group:

Included:

All Registered Nurses employed by the Employer as Primary Care Liaisons at 8220 Wymark Dr, Elk Grove, CA 95757.

Excluded:

All other employees, managers, guards and supervisors as defined by the Act.

Resulting Unit:

Included:

All full-time and regular part-time direct care registered nurses and non-manager registered nurses employed by the Employer at its facilities located at 406 ½ Sunrise Avenue, Roseville, CA; 6555 Coyle Avenue, Carmichael, CA; 4400 Duckhorn Drive, Suite 100, Sacramento, CA; 3000 Q Street (formerly 3160 Folsom Blvd.), Sacramento, CA; 8120 Timberlake Way, Sacramento, CA; and all Registered Nurses employed by the Employer as Primary Care Liaisons at 8220 Wymark Dr. Elk Grove, CA.

Excluded:

All other employees, managers, guards and supervisors as defined by the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

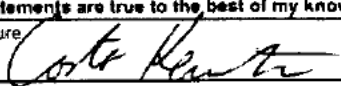
DO NOT WRITE IN THIS SPACE

Case No.
20-RC-230308

Date Filed
10/31/2018

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 5b 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: Pine Creek Care Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code) 1139 Cirby Way, Roseville, CA 95661	
3a. Employer Representative - Name and Title: Ryan McCormack		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (916) 782-7007	3d. Cell No.	3e. Fax No. (916) 782-1007	3f. E-Mail Address rmccormack@plum.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Skilled nursing facility for long-term care and short-term rehab		4b. Principal Product or Service Nursing care	
5a. City and State where unit is located: Roseville, CA		5b. Description of Unit Involved: Included: All full-time, Regular part-time, On-call and Per diem Nursing Assistants, Certified Nursing Assistants, Restorative Nursing Assistants, Activities Assistants, Dietary employees, employed by the Employer at its facility. Excluded: Registered Nurses, Licensed Vocational Nurses, Maintenance employees, Laundry employees, Housekeeping employees, managers, guards and supervisors as defined in the Act.	
6a. Number of Employees in Unit Approx. 60		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input type="checkbox"/> 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)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): November 12, 13, 14		11c. Election Time(s): 6:00 - 7:00 a.m.; 2:00 - 3:00 p.m.	
11d. Election Location(s): Conference Room at Worksite			
12a. Full Name of Petitioner (including local name and number): Teamsters Local 150		12b. Address (street and number, city, State and ZIP code): 7120 East Parkway, Sacramento, CA 95823	
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. (916) 392-7070	12e. Cell No.	12f. Fax No. (916) 392-7675	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: Costa Kerestenzis		13b. Address (street and number, city, State and ZIP code): Beeson, Tayer & Bodine, 520 Capitol Mall, Suite 300, Sacramento, CA 95814	
13c. Tel. No. (916) 325-2100	13d. Cell No.	13e. Fax No. (916) 325-2120	13f. E-Mail Address ckkerestenzis@beesontayer.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Costa Kerestenzis		Signature 	Title Attorney
			Date 10/31/18

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.
20-RD-228714

Date Filed
October 5, 2018

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

1. **PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Charter Communications, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
200 Akamaiul St
HI Mililani 96789-3999

3a. Employer Representative - Name and Title

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

3c. Tel. No.

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Communications Services

4b. Principal product or service
Cable/Internet/Phone

5a. City and State where unit is located:
Mililani, HI

5b. Description of Unit Involved
Included: See Attached Page 2 for additional details
Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
9

6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? 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).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent
IBEW Local 1186

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)
OCT 1 2018

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 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)

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):
ASAP

11c. Election Time(s):
Unsure

11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11d. Election Location(s):
Unsure

12a. Full Name of Petitioner Nicol Danganan Sales Coordinator

12b. Address (street and number, city, state, and ZIP code)
(b) (6), (b) (7)(C)

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C)

12d. Tel No.
(b) (6), (b) (7)(C)

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
(b) (6), (b) (7)(C)

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)

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

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

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

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

Date
10/4/2018 21:08:40

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.

DO NOT WRITE IN THIS SPACE

Case

20-RD-228714

Date Filed

October 5, 2018

Attachment

Employees Included
Business Class Sales Coordinators

Employees Excluded
All other employees

RECEIVED
MLRB SUB-REGION 37
2018 OCT -5 AM 8:11
HONOLULU, HAWAII

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

20-RD-228807

10/9/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION:** RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Nice Mutual Water Co.	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 3246 Lakeshore Blvd Nice CA 95464
3a. Employer Representative - Name and Title DAVE FULTZ Manager	3b. Address (If same as 2b - state same) P.O. Box 578 Nice CA 95464
3c. Tel. No. 707-274-1149	3d. Fax No. 707-274-3345
3e. Cell No. 707-349-1020	3f. E-Mail Address Nice.mw@ng.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Water Co.	4b. Principal product or service

5a. Description of Unit Involved Included: Water Treatment and Distribution Operators. Excluded:	5b. City and State where unit is located: Nice CA. 95464
--	--

6. No. of Employees in Unit: **2** 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent Distict 10 Operating Engineers Local #3	8b. Affiliation, if any Salvador Flores
8c. Address 6225 State Farm Drive, Ste 100 Bohnert Park CA. 94928	8d. Tel. No. 707-585-2487
	8e. Cell No. 707-292-9653
	8f. Fax No. 707-585-3511
	8g. E-Mail Address SFlores@OE3.org

9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
12/31/18

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No 11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13a. Election Type: ☐ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s) 13c. Election Time(s) 13d. Election Location(s)

14. Full Name of Petitioner **(b) (6), (b) (7)(C)**

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No.	14c. Fax No.
	14d. Cell No.	14e. E-Mail Address
	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name	15b. Title
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

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) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Date Filed 10/2/2018
WILLFUL FALSE STATEMENTS BY FINE AND STATEMENT			N 1001

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.
20-RD-229133

Date Filed
10/10/2018

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

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Ethos Energy Group Services, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 14295A Clay East Rd CA Herald 95638	
3a. Employer Representative - Name and Title Brian Pursch HR Director, O&M Services		3b. Address (if same as 2b - state same) 2800 North Loop west TX Houston 77092-	
3c. Tel. No. (713) 812-2417	3d. Cell No. (281) 813-3512	3e. Fax No.	3f. E-Mail Address brian.pursch@ethosenergygroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electric Utilities		4b. Principal product or service Operations & Maintenance	
5a. City and State where unit is located: Herald, CA			

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 43 6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? 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).
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent International Brotherhood of Electrical Worker Local 1245 Lou Mennel Business Represen		8b. Address 30 Orange Tree Cir CA Vacaville 95687-3105	
8c. Tel No. (707) 452-2700	8d Cell No. (916) 591-0590	8e. Fax No.	8f. E-Mail Address lxmr@ibew1245.com
8g. Affiliation, if any		8h. Date of Recognition or Certification 09/26/2017	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 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)

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 11/1/2018	11c. Election Time(s): 10:00am	11d. Election Location(s): TBD	

12a. Full Name of Petitioner (b) (6), (b) (7)(C)	12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C)-
International Brotherhood of Electrical worker Local 1245

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 10/12/2018 08:27:44
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Cosumnes Power Plant, SPA Cogeneration, McClellan GTS, SCA Cogeneration II, &
CVFA Carson IceGen

Employees Excluded

none