

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RM PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 20-RM-249183

Date Filed  
10/1/2019

**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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner:</b> Franzella Produce, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 125 Terminal Ct #55, South San Francisco, CA 94080	
<b>3a. Employer/Petitioner Representative - Name and Title:</b> Carlos A. Torrejon, Esq.		<b>3b. Address (if same as 2b - state same):</b> 49 Market Street, Morristown, NJ 07960	
<b>3c. Tel. No.</b> 973-548-3312	<b>3d. Cell No.</b> 973-280-9029	<b>3e. Fax No.</b> 973-992-9125	<b>3f. E-Mail Address</b> ctorrejon@foxrothschild.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Wholesaler		<b>4b. Principal Product or Service</b> Produce	
<b>5a. Description of Unit Involved:</b> <b>Included:</b> All Street Salesmen, Drivers, Porters, Secretaries, and Invoice Clerks <b>Excluded:</b> All other employees, including supervisors and guards, as defined in the Act			<b>5b. City and State where unit is located:</b> San Francisco, California
			<b>6. Number of Employees in Unit:</b> 10
<i>Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable</i> <input type="checkbox"/> 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____ <input checked="" type="checkbox"/> 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.			
<b>8a. Name of Recognized or Certified Bargaining Agent - Name</b> Freight Checkers, Clerical Employees and Helpers Union, Local 856, I.B.T.			<b>8b. Affiliation, if any:</b> Teamsters
<b>8c. Address:</b> 453 San Mateo Avenue San Bruno, California, 94066		<b>8d. Tel. No.</b> 650-266-7711	<b>8e. Cell No.</b>
		<b>8f. Fax No.</b> 650-635-1632	<b>8g. E-Mail Address</b> mlagomarsino@ibt856.org
<b>9. Date of Recognition or Certification</b> Sometime prior to 2015			<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 02/28/19
<b>11. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)</b> N/A			
<b>12a. Name and affiliation if any</b> N/A	<b>12b. Address</b> N/A	<b>12c. Tel. No.</b> N/A	<b>12d. Cell No.</b> N/A
		<b>12e. Fax No.</b> N/A	<b>12f. E-Mail Address</b> N/A
<b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>13a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>13b. Election Date(s):</b> Friday, October 18, 2019	<b>13c. Election Time(s):</b> 8 AM to 9 AM	<b>13d. Election Location(s):</b> Franzella Produce, Inc. (specific place TBD)	
<b>14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>14a. Name and Title:</b> Carlos A. Torrejon Employer Representative		<b>14b. Address (street and number, city, State and ZIP code):</b> 49 Market Street Morristown, NJ 07960	
<b>14c. Tel. No.</b> 973-548-3312	<b>14d. Cell No.</b> 973-280-9029	<b>14e. Fax No.</b> 973-992-9125	<b>14f. E-Mail Address</b> ctorrejon@foxrothschild.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Carlos A. Torrejon	<b>Signature</b> 	<b>Title</b> Employer Representative	<b>Date</b> 10/01/19

**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 may cause the NLRB to decline to invoke its processes.

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>20-RM-249589</b>	Date Filed <b>10/7/2019</b>

**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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** – One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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/Petitioner</b> SSB Manufacturing Company	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 91-489 Komohana Street HI Kapolei 96707-
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<b>3a. Employer/Petitioner Representative – Name and Title</b> Mark Howard Operations Manager, Simmons Bedding	<b>3b. Address (If same as 2b – state same)</b> 91-489 Komohana Street HI Kapolei 96707-
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<b>3c. Tel. No.</b> (808) 682-7233	<b>3d. Cell No.</b> (808) 282-7507	<b>3e. Fax No.</b> (808) 772-5000	<b>3f. E-Mail Address</b> mhoward@sertasimmons.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Consumer Goods	<b>4b. Principal product or service</b> Bedding
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<b>5a. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>5b. City and State where unit is located:</b> Kapolei, HI <b>6. No. of Employees in Unit:</b> 29
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Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

7a. ☐ A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_

7b. ☒ The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

<b>8a. Recognized or Certified Bargaining Agent - Name</b> Dillon Hultinger Int'l Longshore and Warehouse Union, Local 142	<b>8b. Affiliation, if any</b> None
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<b>8c. Address</b> 451 Atkinson Drive HI Honolulu 96814-_____	<b>8d. Tel. No.</b> (808) 849-4161	<b>8e. Cell No.</b> (808) 864-1296
	<b>8f. Fax No.</b> (808) 941-5867	<b>8g. E-Mail Address</b> dhultinger@ihwlocal142.org

<b>9. Date of Recognition or Certification</b>	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 02/29/2020
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11. 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) \_\_\_\_\_

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded 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)  
Hawaii Teamsters and Allied Workers Union, Local 996

<b>12a. Name and affiliation if any</b> Asimoto Fakaosi None Assistant to the President/Organizer	<b>12b. Address</b> 1817 Hart Street HI Honolulu 96819-_____	<b>12c. Tel. No.</b> (808) 847-6633	<b>12d. Cell No.</b> (808) 940-3540
		<b>12e. Fax No.</b> (808) 842-4575	<b>12f. E-Mail Address</b> asi@hawaiiteamsters.com

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

<b>13b. Election Date(s):</b> October 16, 2019	<b>13c. Election Time(s):</b> TBD	<b>13d. Election Location(s):</b> Kapolei plant
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**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>14a. Name and Title</b> Robert C Long Attorney Littler Mendelson, P.C.	<b>14b. Address (street and number, city, state, and ZIP code)</b> 900 Third Avenue NY NY 10022-3298
<b>14c. Tel No.</b> (212) 583-2661	<b>14d. Cell No.</b> (312) 953-9022
	<b>14e. Fax No.</b> (614) 573-9742
	<b>14f. E-Mail Address</b> rlong@littler.com

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> Robert C Long	<b>Signature</b> Robert C. Long	<b>Title</b> Attorney	<b>Date</b> 10/7/2019 16:47:07
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RECEIVED  
NLRB SOUTHERN REGION 37  
OCT 17 AM 11:04  
HAWAII

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-RM-249589	10/7/2019

**Employees Included**

All historically represented production, maintenance, and truck driver employees of the consolidated Serta and Simmons bargaining units

**Employees Excluded**

All other classifications, including managers, supervisors, confidential employees and guards as defined by the Act

RECEIVED  
NLRB SUB-REGION 37  
2019 OCT -7 AM 11:04  
HONOLULU, HAWAII

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>20-RM-249589</b>	Date Filed <b>10/7/2019</b>

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<b>3a. Employer/Petitioner Representative – Name and Title</b> Mark Howard Operations Manager, Simmons Bedding		<b>3b. Address (If same as 2b – state same)</b> 91-489 Komohana Street HI Kapolei 96707-	
<b>3c. Tel. No.</b> (808) 682-7233	<b>3d. Cell No.</b> (808) 282-7507	<b>3e. Fax No.</b> (808) 772-5000	<b>3f. E-Mail Address</b> mhoward@sertasimmons.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Consumer Goods		<b>4b. Principal product or service</b> Bedding	
<b>5a. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details			<b>5b. City and State where unit is located:</b> Kapolei, HI
			<b>6. No. of Employees in Unit:</b> 29

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

<b>7a.</b> <input type="checkbox"/> A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____			
<b>7b.</b> <input checked="" type="checkbox"/> The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.			
<b>8a. Recognized or Certified Bargaining Agent - Name</b> Dillon Hullinger Int'l Longshore and Warehouse Union, Local 142		<b>8b. Affiliation, if any</b> None	
<b>8c. Address</b> 451 Atkinson Drive HI Honolulu 96814-_____		<b>8d. Tel. No.</b> (808) 849-4161	<b>8e. Cell No.</b> (808) 864-1296
		<b>8f. Fax No.</b> (808) 941-5867	<b>8g. E-Mail Address</b> dhullinger@ilwu.local142.org
<b>9. Date of Recognition or Certification</b>		<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 02/29/2020	
<b>11. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
<b>12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded 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)</b> Hawaii Teamsters and Allied Workers Union, Local 996			
<b>12a. Name and affiliation if any</b> Asimeto Fakaosi None Assistant to the President/Organizer	<b>12b. Address</b> 1817 Hart Street HI Honolulu 96819-_____	<b>12c. Tel. No.</b> (808) 847-6633	<b>12d. Cell No.</b> (808) 940-3540
		<b>12e. Fax No.</b> (808) 842-4575	<b>12f. E-Mail Address</b> asi@hawaiiteamsters.com
<b>13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.</b>		<b>13a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>13b. Election Date(s):</b> October 16, 2019	<b>13c. Election Time(s):</b> TBD	<b>13d. Election Location(s):</b> Kapolei plant	
<b>14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>14a. Name and Title</b> Robert C Long Attorney Littler Mendelson, P.C.		<b>14b. Address (street and number, city, state, and ZIP code)</b> 900 Third Avenue NY NY 10022-3298	
<b>14c. Tel. No.</b> (212) 583-2661	<b>14d. Cell No.</b> (312) 953-9022	<b>14e. Fax No.</b> (614) 573-9742	<b>14f. E-Mail Address</b> rlong@littler.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Robert C Long	<b>Signature</b> Robert C. Long	<b>Title</b> Attorney	<b>Date</b> 10/7/2019 16:47:07

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

**PRIVACY ACT STATEMENT**

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RECEIVED  
HAWAII  
AM 11:09  
OCT 7 2019  
REGION 37

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-RM-249589	10/7/2019

**Employees Included**

All historically represented production, maintenance, and truck driver employees of the consolidated Serta and Simmons bargaining units

**Employees Excluded**

All other classifications, including managers, supervisors, confidential employees and guards as defined by the Act

RECEIVED  
NLP SUB-REGION 37  
2019 OCT -7 AM 11:04  
HONOLULU, HAWAII



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

DO NOT WRITE IN THIS SPACE

Case No.  
20-RC-249616

Date Filed  
10/8/2019

**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 Recology Del Norte		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2675 Lake Earl Drive, Crescent City, California 95531	
3a. Employer Representative - Name and Title Jeremy Herber, General Manager		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. (707) 464-4181	3d. Cell No. (707) 218-4912	3e. Fax No.	3f. E-Mail Address jherber@recology.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste Management		4b. Principal product or service Garbage Collection	5a. City and State where unit is located: Crescent City, California

**5b. Description of Unit Involved**  
Included: All full-time and regular part-time drivers, utility workers, and mechanics.  
Excluded: All other employees, managers, 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) 10/02/2019 and Employer declined recognition on or about 10/04/2019 (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)  
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.

11b. Election Date(s): October 18, 2019	11c. Election Time(s): 5:00 a.m. to 6:00 a.m.	11d. Election Location(s): 2675 Lake Earl Drive, Crescent City, California 95531
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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, California 96001
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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)  
International Brotherhood of Teamsters


12d. Tel No. (530) 243-0232	12e. Cell No.	12f. Fax No.	12g. E-Mail Address russ@teamsters137.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title Sarah S. Kanbar, Attorney at Law	13b. Address (street and number, city, state, and ZIP code) 520 Capitol Mall, Suite 300, Sacramento, California 95814
---	--

13c. Tel No. (916) 325-2100	13d. Cell No.	13e. Fax No. (916) 325-2120	13f. E-Mail Address skanbar@bessontayer.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Sarah S. Kanbar	Signature 	Title Attorney for Petitioner	Date October 8, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-249726

Date Filed

10/10/2019

**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> San Francisco-Marin Food Bank		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 900 Pennsylvania Ave, San Francisco, CA 94107	
<b>3a. Employer Representative - Name and Title:</b> Paul Ash, Executive Director		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (415) 282-1900	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> pash@sfmfoodbank.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Food Bank		<b>4b. Principal Product or Service</b> Non-Profit social services	
<b>5a. City and State where unit is located:</b> San Francisco & Marin County CA		<b>5b. Description of Unit Involved:</b> Included: Please see attachment A Excluded: Please see attachment A	
<b>6a. Number of Employees in Unit:</b> 101		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>N/A</u> on or about (Date) <u>N/A</u> (If no reply received, so state). and Employer declined recognition <input type="checkbox"/> 7b. 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>			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
<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: Please see attachment B			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> Please see attachment B		<b>11c. Election Time(s):</b> Please see attachment B	
<b>11d. Election Location(s):</b> Please see attachment B			
<b>12a. Full Name of Petitioner (Including local name and number):</b> Office & Professional Employees International Union Local 29		<b>12b. Address (street and number, city, State and ZIP code):</b> 7677 Oakport St #480, Oakland, CA 94621	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Office & Professional Employees International Union AFL-CIO			
<b>12d. Tel. No.</b> (510) 746-5960	<b>12e. Cell No.</b> (510) 393-1505	<b>12f. Fax No.</b> (510) 746-5977	<b>12g. E-Mail Address</b> akahsay@opeiu.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
<b>13a. Name and Title:</b>		<b>13b. Address (street and number, city, State and ZIP code):</b>	
<b>13c. Tel. No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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> Andom Kahsay		<b>Signature</b> <i>Andom Kahsay</i>	<b>Title</b> Organizer
		<b>Date</b> 10/10/2019	

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 may cause the NLRB to decline to invoke its processes.

**Attachment A / Unit Description**

**RC Petition San Francisco-Marin Food Bank Filed October 10<sup>th</sup>, 2019**

**OPEIU Local 29 Election Proposal**

**Employees Included:**

All full-time and regular part-time employees employed by the San Francisco-Marin Food Bank in the following classifications;

Annual fund coordinator, Business intelligence developer, CalFresh outreach specialist, CalFresh specialist, CalFresh program coordinator, Campaign project manager, Community engagement manager, corporate giving officer, Custodian, Custodial assistant, Development manager, Distribution assistant, Intake specialist, Distribution clerk, Drivers including Class B driver, Class B driver / Warehouse, Class C driver, Class C driver / Warehouse, Lead Driver, Senior Driver, Senior lead driver, and SF operation driver, Food sourcing and logistics coordinator, Gift processing manager, HDG delivery driver, HDG intake & enrollment program associate, Intake and enrollment program associate, Intake specialist, Lead Dispatcher, Lead distribution clerk, Major gift coordinator, Major gift officer, Manager of foundation partnership, Nutrition & cooking instructor, Order builder, Order builder/Class B driver, Program associate, Program coordinator, Program coordinator / Home-delivered groceries, Programs associate, Project leader, Receiving clerk, Senior accounting associate, Senior allocation coordinator, Senior business analyst, Senior delivery driver, Senior development coordinator, Senior distribution assistant, Senior food sourcing and inventory coordinator, Senior fresh rescue driver, Senior intake specialist, Senior lead order builder, Senior nutrition education coordinator, Senior order builder, Senior program Associate, Senior program coordinator, Senior project leader, Senior receiving clerk, Senior system administrator, SFP lead intake specialist, SFP operations manager, Volunteer services coordinator, and Warehouse workers-Recycle.

**Employees Excluded:**

All other employees, managerial employees, temporary employees, confidential employees, guards and supervisors as defined in the Act.



**Attachment B / Election Proposal**

**RC Petition San Francisco-Marin Food Bank Filed October 10<sup>th</sup>, 2019**

**OPEIU Local 29 Election Proposal**

**Proposed Election Date;** October 22<sup>nd</sup>, 2019

Election to be held at the following locations:

**Location 1:** San Francisco-Marin Food Bank – Volunteers Break Room

San Francisco County

900 Pennsylvania Ave,

San Francisco, CA 94107

Election to be held in three (3) periods;

From - 6:00 A.M. to 9:00 A.M., 10:30 A.M. to 2:00 P.M., 4:00 P.M. to 6:00 P.M

**Location 2:** San Francisco-Marin Food Bank- Conference Room

Marin County

2550 Kerner Blvd,

San Rafael, CA 94901

Election to be held in three (3) periods;

From - 7:00 A.M. to 10:00 A.M., 12:00 P.M. to 3:00 P.M.

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

DO NOT WRITE IN THIS SPACE

Case No.

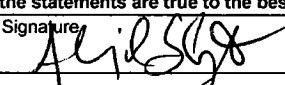
20-RC-250134

Date Filed

10/17/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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.

<b>2a. Name of Employer:</b> JW Marriott San Francisco Union Square		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 515 Mason St, San Francisco, CA 94102	
<b>3a. Employer Representative - Name and Title:</b> John Anderson		<b>3b. Address (if same as 2b - state same):</b> Same as Above	
<b>3c. Tel. No.</b> (415) 771-8600	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hotel		<b>4b. Principal Product or Service</b> Food and Beverage/ Lodging	<b>5a. City and State where unit is located:</b> San Francisco, CA
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See Attached <b>Excluded:</b> See Attached		<b>6a. Number of Employees in Unit:</b> 130 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 10/17/19 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.			
<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> No 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>			
<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 any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 11/15/19	<b>11c. Election Time(s):</b> 7am - 10am and 2pm - 6pm	<b>11d. Election Location(s):</b>	
<b>12a. Full Name of Petitioner (including local name and number):</b> UNITE HERE Local 2		<b>12b. Address (street and number, city, State and ZIP code):</b> 209 Golden Gate Ave, San Francisco, CA 94102	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> UNITE HERE			
<b>12d. Tel. No.</b> 415-864-8770	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<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> Eric Myers		<b>13b. Address (street and number, city, State and ZIP code):</b> McCracken, Stemerman & Holsberry, LLP 595 Market Street, Suite 800, San Francisco, CA 94105	
<b>13c. Tel. No.</b> 415-597-7200	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> ebm@msh.law
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Alejandro Negrete	<b>Signature</b> 	<b>Title</b> Organizer	<b>Date</b> 10/17/19

**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

### 5b. Description of Unit Involved:

**Included:** All full and regular part-time guest room attendants; housepersons; lobby attendants; butlers; uniform attendants; cooks, stewards; purchasing & receiving clerks; banquet servers, banquet housepersons; banquet houseperson supervisors; restaurant servers; bartenders, dining room attendants; hosts; room service servers; AYS employees; bell and door staff; and concierge lounge employees.

Excluding front office employees; rooms controllers; night auditors; engineering & maintenance; loss prevention employees; valet employees; managers, supervisors and guards excluded under the Act.

2019 OCT 17 PM 3:03  
SAN FRANCISCO, CA

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

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-249613

Date Filed

10/8/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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**  
SEE ATTACHMENT

**2b. Address(es) of Establishment(s) involved** (Street and number, city, State, ZIP code)  
SEE ATTACHMENT

**3a. Employer Representative - Name and Title**  
Judy Coffin, VP and Associate General Counsel

**3b. Address** (If same as 2b - state same)  
185 Berry St., 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.)  
Hospital

**4b. Principal product or service**  
Medical Services

**5a. City and State where unit is located:**  
Sacramento, CA

**5b. Description of Unit Involved**

**Included:** All Medical Office receptionists, Patient Account Reps III, Registered Nurses, Radiation Therapists, and Medical Assistants.

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

**6a. No. of Employees in Unit:**  
20

**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 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**

**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):**  
Oct 15 or 16; Oct 21 or 22

**11c. Election Time(s):**  
10 - 11 am & 1 - 2 pm

**11d. Election Location(s):** 3301 C Street, Sacramento, CA 95816; and 6511 Coyle Avenue Carmichael, CA 95608

**12a. Full Name of Petitioner** (including local name and number)  
SEIU, United Healthcare Workers - West

**12b. Address** (street and number, city, state, and ZIP code)  
1911 F Street, Sacramento, CA 95811

**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.**  
(916) 291-1987

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
mross@seiu-uhw.org

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

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

**13b. Address** (street and number, city, state, and ZIP code)

**13c. Tel No.**  
510-337-1001

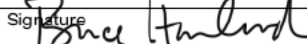
**13d. Cell No.**

**13e. Fax No.**  
510-337-1023

**13f. E-Mail Address** nlrbnotices@unioncounsel.net  
bharland@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**  


**Title**  
Attorney

**Date** 10/7/2019

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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**Attachment to RC Petition**

**Dignity Community Care and its subsidiary  
Dignity Health Medical Foundation**

**2a. Name of Employer**

**2b. Address(es) of Establishment(s)**

Mercy Medical Group  
3301 C Street Suite 550  
Sacramento, CA 95816; and

Radiation Oncology  
6511 Coyle Avenue  
Carmichael, CA 95608

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