

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 20-RC-247613	Date Filed 9/4/2019

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 McDonald Wholesale Company	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1750 Enterprise Blvd, West Sacramento, CA 95691
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3a. Employer Representative - Name and Title Doug Shoemaker, Operations Manager	3b. Address (if same as 2b - state same) same
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3c. Tel. No. 916-754-4604	3d. Cell No.	3e. Fax No.	3f. E-Mail Address DShoemaker@McDonaldWholesale.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Wholesaler	4b. Principal product or service Food and food handling products and equipment	5a. City and State where unit is located: West Sacramento, CA
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5b. Description of Unit Involved Included: All full time and regular part-time Drivers Excluded: All others	6a. No. of Employees in Unit: 6 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"/>
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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
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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)
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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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): Monday, September 16, 2019	11c. Election Time(s): 4:00 - 5:00 p.m.	11d. Election Location(s): Breakroom at 1750 Enterprise Blvd, West Sacramento
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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
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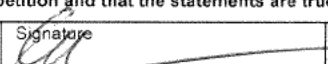
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. 916-822-6961	12e. Cell No. 916-217-0679	12f. Fax No.	12g. E-Mail Address manolcontreras2@gmail.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 Caren P. Sencer, Attorney	13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
13c. Tel No. 510-337-1001	13d. Cell No.
13e. Fax No. 510-337-1023	13f. E-Mail Address csencer@unioncounsel.net nlrbnotices@unioncounsel.net

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

Name (Print) Caren P. Sencer	Signature 	Title Attorney	Date September 3, 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)

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.

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

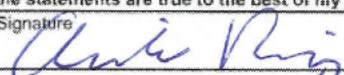
20-RC-248051

Date Filed

9/11/2019

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: Grand Hyatt SFO Hotel		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 55 South McDonnell Road, San Francisco, CA 94128	
3a. Employer Representative - Name and Title: Bobby Walia, Area Director of Labor		3b. Address (if same as 2b - state same): 5 Embarcadero Center, San Francisco, CA 94111	
3c. Tel. No. (415) 291-6568	3d. Cell No. (818) 415-3809	3e. Fax No.	3f. E-Mail Address bobby.walia@hyatt.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Hotel		4b. Principal Product or Service Business and Vacation Accommodation	5a. City and State where unit is located: San Francisco, California
5b. Description of Unit Involved: Included: All full time and regular part time employees working as stationary engineers at the Employer's location at 55 South McDonnell Road, San Francisco, CA Excluded: All other employees			6a. Number of Employees in Unit: 7 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 checked="" 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? <u>N/A</u> (Name of Labor Organization) <u>N/A</u> , 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 N/A		10b. Address N/A	10c. Tel. No. N/A
		10d. Cell No. N/A	10e. Fax No. N/A
		10f. E-Mail Address N/A	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Manual			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): September 25, 2019		11c. Election Time(s): 6:30 a.m. - 7:30 a.m.; Noon to 1:00 p.m.	
		11d. Election Location(s): Worksite	
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): 337 Valencia Street, San Francisco, CA 94103	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers			
12d. Tel. No. (415) 861-1135	12e. Cell No. (415) 350-9851	12f. Fax No. (415) 861-5264	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: Antonio Ruiz, Attorney		13b. Address (street and number, city, State and ZIP code): Weinberg, Roger & Rosenfeld 1001 Marina Village Pkwy, Suite 200, Alameda, CA 94501	
13c. Tel. No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address aruiz@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) Antonio Ruiz		Signature 	Title Attorney
		Date 09/11/19	

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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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 20-RC-248379	Date Filed 09/17/2019

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 Herc Rentals		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 91-209 Kalaeloa Blvd., Kapolei, HI. 96707	
3a. Employer Representative - Name and Title Lawrence Silber - President/ CEO		3b. Address (If same as 2b - state same) 27500 Riverview Center Blvd., Bonita Springs, FL. 34134	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address customercare@hercrentals.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Heavy Equipment Rental		4b. Principal product or service Heavy Equipment	5a. City and State where unit is located: Kapolei, Honolulu, Hawaii
5b. Description of Unit Involved Included: CDL Drivers Excluded: Any and all managers, supervisors, superintendents, watchmen, and security personnel			6a. No. of Employees in Unit: 4 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) 09/17/2019 and Employer declined recognition on or about none (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? _____ 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): 10/07/2019	11c. Election Time(s): 5:30a.m - 5:45a.m.	11d. Election Location(s): Breakroom Herc Kapolei
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12a. Full Name of Petitioner (including local name and number)
Hawaii Teamsters and Allied Workers, Local 996

12b. Address (street and number, city, state, and ZIP code)
1817 Hart Street, Honolulu, Hawaii 96819

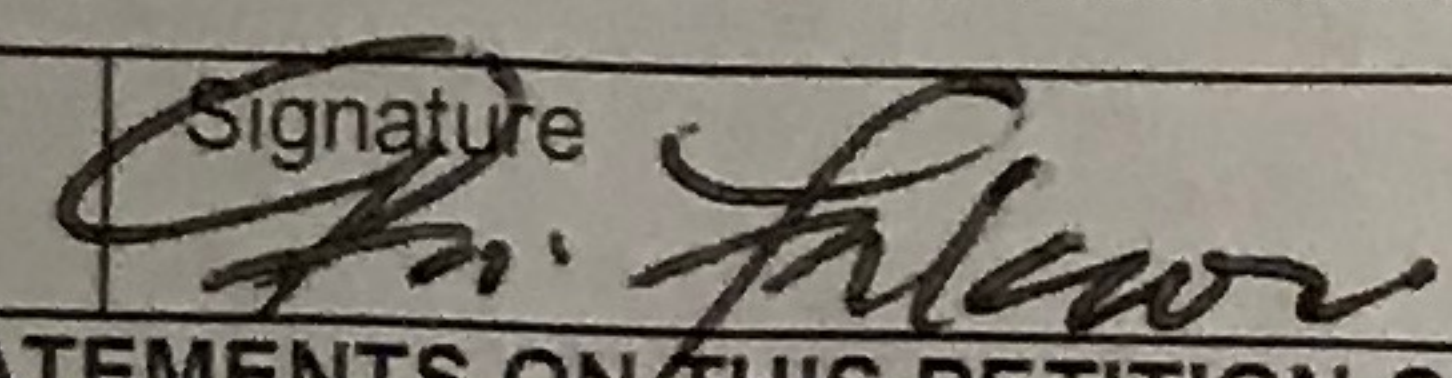
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. 808-847-6633	12e. Cell No.	12f. Fax No. 808-842-4575	12g. E-Mail Address loc996@hawaii.rr.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 Asi Fakaosi, Assistant to the President/ Organizer		13b. Address (street and number, city, state, and ZIP code) 1817 Hart Street, Honolulu, Hawaii 96819	
13c. Tel No. 808-847-6633	13d. Cell No. 808-940-3540	13e. Fax No. 808-842-4575	13f. E-Mail Address asi@hawaii.teamsters.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) Asi Fakaosi	Signature 	Title Assistant to the President/ Organizer	Date 09/17/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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RECEIVED
NLRB SUB-REGION 37UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 20-RC-248463

Date Filed 09/18/2019

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
DynCorp International

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
Kalaeloa FLT DET 55, OSACOM, HAIRNG DET 3, CO C, 2ND BAT, 641 AVN REG Kapolei HI 96707

3a. Employer Representative - Name and Title
Jeffery Grant, Western Regional Manager

3b. Address (If same as 2b - state same)
4102 Constitution Ave, Building 912, Hangar 3, Los Alamitos, CA 90720

3c. Tel. No.
817-844-1566

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
jeffery.grant@dyn-intl.com

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

4b. Principal product or service
Aircraft Service and Repair

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

5b. Description of Unit Involved

Included: All full time and permanent part time Aircraft Mechanics

Excluded: All other employees including office clerical employees, professional employees, managers, supervisors, guards, and other employees as defined in the Act.

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 ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 9/18/2019 and Employer declined recognition on or about** _____ (Date) (If no reply received, so state). **No Reply**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
9/30/2019

11c. Election Time(s):
10:30AM - 11:00AM and 11:30AM - 12:00PM

11d. Election Location(s):
Petrol Room, Kalaeloa FLT DET 55, OSACOM, HAIRNG DET 3, CO C, 2ND BAT, 641 AVN REG Kapolei HI 96707

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

International Association of Machinists and Aerospace Workers, Local Lodge 1998

12b. Address (street and number, city, state, and ZIP code)
2428 Rose St, Honolulu, HI 96819

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

International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No.
(808) 845-1024

12e. Cell No.
808-232-1209

12f. Fax No.

12g. E-Mail Address
organizer@iamaw1998.org

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

13a. Name and Title Jason Hardwick, Grand Lodge Representative

13b. Address (street and number, city, state, and ZIP code)
620 Coolidge Rd., Suite 130, Folsom, CA 95630

13c. Tel No.
916-985-8101

13d. Cell No.
916-936-6013

13e. Fax No.
916-985-8121

13f. E-Mail Address
jhardwick@iamaw.org

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

Name (Print)
Jason Hardwick

Signature

Title
Grand Lodge Representative

Date
9/18/2019

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RECEIVED
NLRB SUB-REGION 37
SEP 18 11:40
HONOLULU
HAWAII

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-248663

Date Filed

9/23/2019

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

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2a. Name of Employer Packaging Corporation of America		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4841 Urbani Ave CA McClellan 95652-	
3a. Employer Representative - Name and Title Mark J Romaniuk Esq.		3b. Address (If same as 2b - state same) One North Field Court IL Lake Forest 60045-	
3c. Tel. No. (224) 268-6474	3d. Cell No.	3e. Fax No.	3f. E-Mail Address MarkRomaniuk@packagingcorp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Paper & Paper Products		4b. Principal product or service Boxes	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: McClellan, CA	
		6a. No. of Employees in Unit: 156	
		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) 09/20/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received
☐ 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): 10-1-19		11c. Election Time(s): 6-7:30am and 2-3:30pm		11d. Election Location(s): Corrugator Conference room upstairs			
12a. Full Name of Petitioner (including local name and number) Miles D Cook Miles D Cook AWPWW Organizing Director 503-709-6132				12b. Address (street and number, city, state, and ZIP code) PO Box 4566 1430 SW Clay Street OR Portland 97208-4566			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Association of Western Pulp and Paper Workers							
12d. Tel No. (503) 228-7486		12e. Cell No. (503) 709-6132		12f. Fax No. (503) 977-7684		12g. E-Mail Address mcook@awppw.net	

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) Miles D Cook	Signature Miles D Cook	Title Organizing Director	Date 09/20/2019 11:32:36
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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

All Full time and Part time production employees including maintenance and Truck drivers.

Employees Excluded

All Temporary employees, 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-247959

Date Filed

9/10/2019

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: Merritt Hospitality LLC, DBA Pullman San Francisco Bay		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 223 Twin Dolphin Drive, Redwood City, CA 94065	
3a. Employer Representative Name and Title: Richard Uribe, General Manager		3b. Address (if same as 2b state same): same	
3c. Tel. No. (650) 508-7107	3d. Cell No.	3e. Fax No. (650) 598-9383	3f. E Mail Address richard.uribe@accor.com
4a. Type of Establishment (Factory, mine, wholesaler, etc) Hotel		4b. Principal Product or Service Hospitality	5a. City and State where unit is located: Redwood City, CA
5b. Description of Unit Involved: Included: See attached. Excluded: See attached.			6a. Number of Employees in Unit: 115
			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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 9/9/2019 and Employer declined recognition on or about (Date) no reply (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 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 and 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): 9/19/2019		11c. Election Time(s): 7-9 am, 11:30 am - 3 pm, and 4-6 pm	11d. Election Location(s): Location at Hotel
12a. Full Name of Petitioner (including local name and number): UNITE HERE Local 2		12b. Address (street and number, city, State and ZIP code): 209 Golden Gate Ave., San Francisco, CA 94102	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UNITE HERE			
12d. Tel. No. (415) 864-8770 ext 777	12e. Cell No.	12f. Fax No.	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: Lindsay R. Nicholas, Attorney		13b. Address (street and number, city, State and ZIP code): 1188 Franklin Street, #201, San Francisco, CA 94109	
13c. Tel. No. (415) 771-6400	13d. Cell No.	13e. Fax No.	13f. E Mail Address lnicholas@leonardcarder.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) Lindsay R. Nicholas		Signature 	Title Attorney
			Date 09/09/19

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-time and regular part-time employees, including but not limited to housekeeping, room attendants, housekeeping inspectors and supervisor, housemen, lobby attendants, laundry, laundry supervisors, hosts, servers, bussers, room service servers, bartenders, barbacks, cocktail servers, market outlet attendants, phone operators (also known as “one touch”), bellmen and doormen, banquet servers, banquet bartenders, banquet housemen, cooks, dishwashers, and cafeteria attendants.

Excluded: Office/clerical employees, managers, guards, and supervisors as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 20-RC-249000	Date Filed 09/27/2019

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 Lanai Resorts LLC dba Richard's Market		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 434 Eight St. Lanai City, HI 96763	
3a. Employer Representative - Name and Title Roger Alconcel, Manager		3b. Address (If same as 2b - state same) Lanai Resort LLC, 733 Bishop Street, Suite 2000, Honolulu, HI 96813	
3c. Tel. No. (808) 565-3781	3d. Cell No.	3e. Fax No.	3f. E-Mail Address roger.alconcel@gmail.com; ralconcel@pulumama.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail Food Store		4b. Principal product or service Groceries	
5b. Description of Unit Involved Included: All employees employed at the 434 Eight Street location in Lanai, HI. Excluded: Supervisors, guards and office clerical employees.		5a. City and State where unit is located: Lanai, HI	
6a. No. of Employees in Unit: 18		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: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>by this petition</u> 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) 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 10/8/2019	11c. Election Time(s): 6:00 a.m.-10:00 a.m.	11d. Election Location(s): Breakroom	
12a. Full Name of Petitioner (Including local name and number) United Food & Commercial Workers Union, Local 480		12b. Address (street and number, city, state, and ZIP code) 808 Factory Street	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food & Commercial Workers Union, AFL-CIO, CLC			
12d. Tel No. (808) 942-7778	12e. Cell No. (808) 783-4800	12f. Fax No. (808) 949-0609	12g. E-Mail Address oo7@ufcw480.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title David A. Rosenfeld, Attorney		13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address drosenfeld@unioncounsel.net, nlrnotices@unioncounsel.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) David A. Rosenfeld	Signature 	Title Attorney	Date September 27, 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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HONOLULU, HAWAII
2019 SEP 27 PM 1:32
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